



Better Jobs Better Care: Building a Strong Long-Term Care Workforce

An RWJF National Program

SUMMARY

Better Jobs Better Care was a four-year, \$15.5 million research and demonstration program funded by the Robert Wood Johnson Foundation (RWJF) and the [Atlantic Philanthropies](#). The program supported changes in long-term care policy and provider practices to reduce high vacancy and turnover rates among the paraprofessionals who provide direct care (nursing assistants, home health aides and personal care attendants) and to improve the quality of care provided to older adults.

Better Jobs Better Care tested new approaches to providing a more stable and qualified long-term care staff through demonstration grants to coalitions in five states and applied research grants to eight teams across the country. A Pennsylvania State University research team evaluated the demonstration projects and also used the data collected for the evaluation for several baseline studies.

Key Results

According to the program staff and the evaluators:

- Demonstration grantees in five states (Iowa, North Carolina, Oregon, Pennsylvania and Vermont) successfully built multistakeholder coalitions. Coalition members also included policy-makers, professional organizations, educators and other stakeholders with vested interests in long-term care. Many coalitions struggled to recruit direct-care workers and maintain their involvement.
- The five coalitions pursued policy and practice changes in their states that were intended to improve the jobs of direct-care workers and reduce turnover.
 - *Policy changes:* Coalitions educated policy-makers about issues of concern to the direct-care workforce, but most struggled to achieve substantive policy changes.

North Carolina was an exception, securing passage of legislation that created a special state license for long-term care providers who meet higher standards for the environment they create for direct-care workers.

- *Practice interventions:* The grantees recruited more than 120 long-term care providers to participate in the demonstration. The grantees also developed interventions to support management practice changes at these providers, including training in communications, leadership, specialized skills, peer mentoring, supervisor coaching and career-ladder programs.
- Implementation of management practice changes at providers turned out to be challenging. Although about two-fifths of providers reported having fully implemented their planned interventions and another one-third had made substantial progress, the rest had not started or made little progress by the end of the demonstration.
- The evaluation found no evidence that the practice changes implemented improved direct-care workers' jobs. Based on reports of direct-care workers in surveys at the beginning and end of the demonstration, job satisfaction declined slightly, while likelihood of leaving the job increased slightly.

Key Findings From the Applied Research Grants

Eight applied research teams added to the knowledge base about how to strengthen the quality of the direct-care workforce. They addressed two broad areas:

- The impact of management and organizational interventions on the culture of the long-term care workplace
- What attracts and retains direct-care workers

Among key findings published by the research teams in a special issue of the *Gerontologist*.¹

- Workers who perceive their organization as culturally competent reported higher levels of job satisfaction.
- Good frontline supervision is a key factor influencing the commitment of nursing assistants to their jobs.
- Commitment to the consumer, flexibility and competitive wages and benefits are critical to attract and retain home-care workers in California.
- Turnover rates among direct-care workers were lower at sites that employed a retention specialist trained to systematically address low job satisfaction and turnover.

¹ *Gerontologist*, 48 (Suppl.1), 2008. Abstracts and articles available online at http://gerontologist.oxfordjournals.org/content/48/suppl_1.toc.

- Mature workers (55+) are interested in direct-care work but need training and support to overcome barriers, such as the lack of technological knowledge and age-related functional limitations.
- Individuals who have provided care to family members and friends could add significantly to the pool of caregivers, but more outreach and targeted information is needed to recruit them.
- Managers, supervisors and nursing assistants who used a 33-hour curriculum focused on clinical and interpersonal skills reported a positive impact on job satisfaction, morale and quality of care.
- Tailored, ongoing training can improve job satisfaction while personal and job-related stressors are the most powerful predictors of dissatisfaction.

Program Management

Better Jobs Better Care was directed and managed by the [Center for Applied Research](#) (formerly Institute for the Future of Aging Services), the applied research arm of LeadingAge (formerly the American Association of Homes and Services for the Aging). The center partnered with [PHI](#) (formerly the Paraprofessional Healthcare Institute) to provide technical assistance and support to grantees. PHI is a nonprofit health care employment and advocacy organization based in New York City.

Funding

In July 2002, the Robert Wood Johnson Foundation Board of Trustees authorized *Better Jobs Better Care* for up to \$8 million through September 2006. In September 2002, RWJF entered into a co-funding partnership with the Atlantic Philanthropies, which provided an additional \$7.5 million for the initiative.

CONTEXT

Paraprofessionals—nursing assistants, home health aides and personal care attendants—are the backbone of the formal long-term care system. These direct-care workers provide necessary care and support to millions of elderly people, as well as to younger people who have chronic diseases and disabilities.

Unprecedented vacancies and high turnover among these workers have affected both home- and community-based providers and nursing homes, which have reported annual turnover rates ranging from 40 percent to more than 100 percent. These recruitment and retention problems affect both the quantity and the quality of long-term care services.

With the rapid "graying" of the U.S. population, shortages of qualified, committed paraprofessionals are likely to worsen. Numerous factors contribute to the difficulty of recruiting and retaining direct-care workers:

- Low wages and limited benefits, including inadequate or absent health insurance
- Lack of job preparation, continuing education and training, particularly in the skills needed to care for people with complex needs, such as dementia
- Limited advancement opportunities
- A perception that employers and supervisors do not value or respect these workers
- Exclusion from decision-making involving patient care, even though direct-care workers often interact more with patients than do other care team members

By the time *Better Jobs Better Care* was launched in 2002, provider and worker organizations, along with policy-makers in many states, had undertaken various initiatives to attract and retain qualified direct-care workers. However, very few of these had been evaluated.

RWJF INTEREST IN THE AREA

Developing the Health Care Workforce

Through its interest in building human capital, RWJF seeks to assure that the nation has a diverse, well-trained health care leadership and workforce to meet the needs of all Americans. Under this priority area, RWJF aims to:

- Foster new methods in leadership development
- Build diversity in the health professions
- Increase the number of health and health care professionals trained in quality-improvement methods

Jobs to Careers: Promoting Work-Based Learning for Quality Care is an RWJF national program that, like *Better Jobs Better Care*, supports these strategies. This \$15.8 million national initiative seeks to establish educational and workforce strategies to train, develop, reward and advance workers on the frontlines of health care.

Seventeen programs around the country are participating in *Jobs to Careers*, a collaboration with the Hitachi Foundation and the U.S. Department of Labor, that runs through 2011. For more information, see the *Jobs to Careers* [website](#).

Addressing the Needs of the Elderly as a Vulnerable Population

Since the early 1980s, RWJF has supported new ideas to improve the health and health care of older adults, as part of its focus on vulnerable populations in the United States. RWJF's Wendy Yallowitz, program officer for *Better Jobs Better Care*, said that in 2002 when the program was launched, long-term care was "a critical issue that got people's attention: What are we going to do about the aging population? Over 20 percent of the population will be over 65 and we have limited adequate systems of care in place. It's still in issue in 2010, where we will not be able to meet the demand or the need."

The following RWJF programs have supported this priority area:

- The *On Lok* model was developed in the early 1970s, when San Francisco-based On Lok Senior Health Services sought a community-based alternative to nursing home care for elderly immigrants. RWJF supported the development of the model² and its spread and replication through a national program, *On Lok Approach to Care for the Elderly*, which began in 1987.
- **PACE** (*Program of All-Inclusive Care for the Elderly*) evolved from the On Lok model. It helps frail seniors at risk of nursing home placement remain at home, and in their communities, by providing comprehensive acute and long-term health services in both inpatient and outpatient settings. PACE providers receive a fixed (capitated) monthly payment from Medicare and Medicaid for each enrollee they serve, and are responsible for all of their health care needs.

From 1995 to 2004 RWJF awarded three grants to the National PACE Association, which was established in 1994 to advance the work of PACE through policy analysis, advocacy, education and research. RWJF supported the development of a national accreditation program for PACE (see [Program Results Report](#) on ID# 027957); an initiative to expand the number of PACE programs (see [Program Results Report](#) on ID# 038642); and a summit and an action plan to extend PACE to rural elderly (see [Program Results Report](#) on ID# 046105).

- *Coming Home*[®]: *Affordable Assisted Living*. This 13-year, \$13 million national program was created in 1992 by RWJF and NCB Capital Impact to develop affordable assisted-living models for low-income seniors living in smaller and rural communities. (See [Program Results Report](#).)
- *Faith in Action*[®] (1983–2008) (formerly called the Interfaith Volunteer Caregivers Program) provided volunteer caregiving to people of all ages with chronic health conditions through local faith groups whose members volunteer to care for neighbors with long-term health needs. (See [Program Results Report](#).)
- In 1987, RWJF created the *Dementia Care and Respite Services Program*, the first national adult day services demonstration program; this program turned into *Partners*

² ID#s 007846 and 010561

in Caregiving: The Dementia Services Program in 1992 to determine whether the lessons from the demonstration could be applied to a new group of sites, some of which received only technical assistance. (See [Program Results Report](#).)

- *Community Partnerships for Older Adults*. This \$28 million program was designed to foster efforts of local public-private partnerships to improve long-term care and supportive service systems for older adults. The program began in 2000 and ran through 2010, supporting 16 communities throughout the United States.
- The *Cash & Counseling* program offers Medicaid consumers who have disabilities more choices about how to get help at home by providing the option to manage a flexible budget and decide for themselves what mix of goods and services will best meet their personal care needs. It is funded jointly by RWJF and the U.S. Department of Health and Human Services.
- The *Green House Initiative* is based on disruptive innovation intended to displace institutional skilled-nursing care with small, community-based homes providing meaning and growth for the people who live and work in them. Instead of a large facility with many elderly residents, *Green House* projects create homes for six to 10 residents. Each resident gets a private bedroom and bath opening off a central area for cooking, eating and gathering. Nursing assistants play a much broader role in the care of patients. The program seeks to increase the development of *Green House* homes from 25 per year to 125, representing 15 percent of annual construction starts in the market for skilled-nursing facilities. (See the *Anthology* [chapter](#) for more information.³)

THE PROGRAM

Better Jobs Better Care, which ran from July 2002 to August 2008, focused on changing long-term-care policy and practice to reduce vacancy and turnover rates among nursing assistants, home health aides and personal care attendants, and to improve the quality of that direct-care workforce. RWJF and the Atlantic Philanthropies funded the four-year, \$15.5 million effort.

According to National Program Director Robyn Stone, DrPH, *Better Jobs Better Care* was built around two simple but powerful concepts. First, quality long-term care depends on the availability of a stable, competent and committed workforce. Second, unless employers can offer direct-care workers improved working conditions, better training and quality jobs, the epidemic of high turnover and vacancy rates that has plagued the long-term-care field will continue.

The program had two components:

³ Wielawski IM. "The Green House Program." In *To Improve Health and Health Care, The Robert Wood Johnson Foundation Anthology*, Volume XIV, pp. 29–58.

- Five grantees led statewide coalitions that implemented demonstration projects designed to change practices and policies that impact on the direct-care workforce.
- Eight research teams investigated the impact of interventions on the culture of the workplace, and on recruitment and retention.

Program Management

The Washington-based Center for Applied Research served as the national program office for *Better Jobs Better Care*. The center is the applied research arm of LeadingAge. The Center was established in 1999 to integrate research, policy and practice to enhance the quality of life of older adults and strengthen the workforce that provides much of their care. Stone is also the center's executive director.

PHI

The center partnered with **PHI** (formerly the Paraprofessional Healthcare Institute) to provide technical assistance to *Better Jobs Better Care* grantees. Complementing the center's research expertise, PHI brought on-the-ground experience in strengthening the frontlines of the nation's long-term-care workforce. PHI's program activities focus on recruitment, training, supervision and client-centered caregiving practices—along with the public policies necessary to support those practices.

National Advisory Committees

Better Jobs Better Care had two national advisory committees—one for the demonstration program and another for the research component. The committee members helped select the grantees and several members attended grantee meetings and participated in site visits to the demonstration grantees midway through their projects.

See Appendix 1 for members of the two committees.

The Planning Phase

In June 2002, RWJF provided the Center for Applied Research with a \$44,000 grant to jump start the national program prior to its official approval by the Boards of Trustees of both RWJF and the Atlantic Philanthropies. During the planning period, which ran through October 2002, center staff developed a technical assistance plan, recommended national advisory committee members and designed two calls for proposals that were released in October 2002.

The center received two grants from the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation that also informed the planning process. The federal funds supported three technical expert meetings, a monograph showcasing recruitment and retention initiatives in five states, and the

development by PHI of a database of innovative provider practices to address problems among direct-care workers. PHI updated case studies of 20 provider "best practices" in February 2011, with support by the Hitachi Foundation, and made them available online.

The Better Jobs Better Care Grantee Selection Process

The two calls for proposals outlined the requirements for the demonstration program and the applied research program.

Demonstration Program

The call for proposals specified that grantee teams be headed by a nonprofit organization working with a broad coalition of policy-makers and key stakeholders in long-term care. Teams needed to include providers, workers and consumers and had to already be engaged in initiatives to improve workforce recruitment, retention and quality.

Applicant teams had to provide evidence of their capacity to undertake efforts to change both practice and policy:

- *Practice improvements* in the workplace could include (1) new models of management; (2) supervision and job redesign to reinforce the empowerment of workers and involve them in decision-making; or (3) career-ladder programs. Teams had to implement workplace improvements in one or more provider networks within their states.
- *Policy changes* could include (1) wage enhancements; (2) expanded health insurance coverage; (3) new funding for improved job preparation or ongoing education and training; or (4) reimbursement changes aimed at rewarding job redesign efforts.

To encourage collaboration and coalition-building, the call for proposals specified that only one proposal would be reviewed from each state, except in states with more than 15 million residents.

Demonstration Grantees

The national program office reviewed 175 letters of intent from applicants in 45 states and the District of Columbia and received 40 full proposals from teams in 35 states that were invited to apply. The demonstration projects national advisory committee members and staff of the national program office and RWJF made site visits to 10 finalists.

RWJF then awarded five nonprofit agencies grants of up to \$1.4 million to lead multistakeholder coalitions over a three-and-a-half-year period beginning in July 2003. Each demonstration grantee was allowed to use up to \$50,000 during an initial four-month planning period to hire staff and finalize their project work plan before full implementation funding was approved.

The five lead agencies were:

- [Center for Advocacy for the Rights and Interests of the Elderly \(CARIE\)](#). This Philadelphia-based organization was founded in 1977 to provide outreach, training, referral and advocacy for older adults, their caregivers and service providers.
- [Community of Vermont Elders](#), located in Montpelier, promotes improved quality of life for seniors through education, policy development and advocacy.
- [Iowa CareGivers Association](#) based in Des Moines, was established in 1992 to improve quality of care by supporting direct-care workers with education, advocacy and research.
- [North Carolina Foundation for Advanced Health Programs](#), located in Raleigh, was established in 1982 to improve health care access for North Carolina citizens through coalition building and leveraging private and public resources. It serves as a vehicle for receiving grant funds for programs of interest to state policy-makers.
- [Oregon Technical Assistance Corp.](#), located in Salem, was founded in 1984 to promote full participation in community life for individuals with disabilities, seniors and their families. It delivers training, technical assistance and related services at both the state and national levels.

Applied Research Program

The call for proposals invited researchers to apply for grants focused on applied research in four areas:

- Organization, management and culture change
- Job preparation and ongoing education and training practices
- Labor pool expansion strategies
- Federal and state policy initiatives

Applied Research Grantees

The national program office received over 200 initial letters of intent and invited 40 applicants to submit full proposals. The research and evaluation projects national advisory committee helped to select eight research teams to receive approximately \$250,000 in funding for one or two years:

- Benjamin Rose Institute on Aging, Cleveland
- Boston University, School of Public Health
- Brandeis University, Heller School for Social Policy and Management, Waltham, Mass.

- Connecticut College, New London, Conn.
- Cornell University, Gerontology Research Institute, Ithaca, N.Y.
- Operation ABLE of Michigan, Detroit. The Michigan agency is part of the National Able Network, which promotes employment opportunities for all age groups, including mature workers.
- University of California, Los Angeles, School of Public Policy and Social Research
- University of North Carolina at Chapel Hill, Cecil G. Sheps Center for Health Services Research

See Appendix 2 for contact information for demonstration and applied research grantees.

Technical Assistance

The national program office, in partnership with PHI, provided extensive technical assistance to the demonstration sites throughout the program. During the planning period, staff helped the demonstration sites solidify their coalitions and prepare to implement their projects. This included helping the sites develop detailed first-year work plans, solidify a project governance body representing the key stakeholder groups, and refine their budgets.

Key support to both the demonstration and applied research grantees continued during implementation, including:

- Monthly conference calls to review progress and specialized calls on topics of concern, including wages and benefits, how to work with unions and how researchers and evaluators could persuade more direct-care workers and busy long-term-care managers to participate in surveys.
- Three annual meetings for all grantees from 2003 to 2006. The national program office and PHI also held several workshops where the demonstration grantees shared lessons learned, discussed strategies for working with long-term-care providers and engaged in policy debates.
- PHI assigned two staff members to each state to help grantees develop and implement their policy agendas.

As part of its technical assistance efforts, PHI produced a report, *The Cost of Frontline Turnover in Long-Term Care*, documenting the direct and indirect costs to providers. See Appendix 3 for key findings. PHI also produced six issue briefs. See the Bibliography for PHI.

Communications Support

The national program office used the services of two communication firms to assist in the development and implementation of the communication and outreach strategies, [Burness Communications](#) and [Spitfire Strategies](#).

During years one and two, Bethesda, Md.-based Burness Communications provided strategic advice on the *Better Jobs Better Care* communications plans and counseled national program office staff on opportunities to promote the program to targeted journalists and policy-makers.

In years three and four, the national program office contracted with Washington-based Spitfire Strategies which assisted in message development and provided technical assistance to the five demonstration grantees and the research grantees to publicize their findings and lessons learned.

Demonstration grantees received a toolkit and individualized technical assistance, which was designed to help them share their findings and successes with key target audiences. For the research grantees, Spitfire and the national program office planned and organized media briefings to publicize their findings at four national conferences in 2005 and 2006.

Evaluating the Demonstration Projects

Peter Kemper, professor in the Department of Health Policy and Administration at the Pennsylvania State University and his team, conducted an evaluation designed to analyze the implementation of the five demonstration projects and to assess the outcome of state-level coalition activities and provider-level practice changes on frontline long-term-care workers. See [Findings From the Evaluation of the Demonstration Projects](#) for more details.

PROGRAM RESULTS

The *Better Jobs Better Care* national program office reported the following results:

- **More than 120 long-term-care providers, including nursing homes, assisted-living facilities and home-health agencies, participated in five multistakeholder coalitions.** These coalitions also included policy-makers, professional organizations, educators and others.
- **All five demonstration projects made practice and policy changes to strengthen the direct-care workforce in their states.**
 - **Practice changes:** The coalitions used a variety of strategies to reduce turnover and build the workforce, including:

- Training direct-care workers in specialized skills, such as dementia care, and providing leadership training
 - Providing opportunities for career advancement
 - Offering on-the-job support, such as peer-to-peer mentoring and job coaching
 - Providing communication skills training to improve relationships between supervisors and direct-care workers
 - Enhancing the voice of the direct-care worker through the development and support of state-based caregiver associations. These associations provide training and sponsor conferences, where direct-care workers can share their stories.
- **Policy initiatives:** Among other initiatives, the demonstration sites educated legislators on issues affecting the direct-care workforce and advocated for an examination of education requirements for direct-care workers and establishing registries to document worker training and credentials.

See Demonstration Projects: Activities and Results for details.

- **Eight applied research teams conducted investigations to assess:**

- The impact of management and organizational interventions on the culture of the long-term-care workplace
- What attracts direct-care workers, and what retains them on the job

The *Gerontologist*, the flagship journal of the Gerontological Society of America, devoted a special issue to highlighting these findings.⁴

Linda S. Noelker, Ph.D., a former editor of the *Gerontologist* noted that the decision to publish a special issue stemmed from the "potential of *Better Jobs Better Care* research to speak volumes about where the needs are, what we should be doing to improve retention and recruitment, and what policy implications come from the research."

For more information, see Findings From the Research Studies of Direct Care Workers. Additional details are available in *Solutions You Can Use: Transforming the Long-Term Care Workforce*.⁵

⁴ *Gerontologist*, 48(Suppl. 1), 2008. Table of contents, abstracts and articles available online at http://gerontologist.oxfordjournals.org/content/48/suppl_1.toc.

⁵ Livingston J. *Solutions You Can Use: Transforming the Long-Term-Care Workforce*. Washington: American Association of Homes and Services for the Aging and the Institute for the Future of Aging Services. 2008. Available online at www.aahsa.org/uploadedFiles/BJBC/ABJBC_Tools_and_Resources/Research_findings_fullreport.pdf.

Communications

The national program office disseminated the findings and lessons learned from *Better Jobs Better Care* to a wide variety of academic and nonacademic audiences through the following:

- The March/April 2007 issue of *FutureAge*, the bimonthly magazine of LeadingAge.⁶ Project staff mailed the issue to more 16,000 long-term-care providers, policy-makers and other stakeholders.
- *A Crisis With a Solution: Tools and Resources for Transforming the Long-Term Care Workforce*. This document describes the tools and resources developed and tested by the *Better Jobs Better Care* demonstration and research grantees and how to access them. A nine-minute video accompanies the document.
- A 25-minute video, "Stand Up and Tell Them: Views From the Frontline in Long-Term Care" and discussion guide that features direct-care workers talking candidly about many issues, including discrimination and lack of respect from patients, co-workers and supervisory staff. The team introduced the video at a May 2005 meeting in St. Louis of 400 stakeholders involved in the Centers for Medicaid & Medicare Services nursing home quality initiative.

For an abstract of the video contents, click [here](#). Information concerning purchase of a VHS or DVD and discussion guide is available [online](#).

- Issue briefs and policy reports on topics such as turnover costs and health insurance coverage for direct-care workers, forming a multistakeholder coalition, and the role of paid family caregivers.

See the Bibliography for more information.

DEMONSTRATION PROJECTS: ACTIVITIES AND RESULTS

Practice interventions of the projects included:

- Set up a peer-mentoring program that reduced turnover at home-care agencies to almost zero. (Iowa)
- Providing training or creating training curricula:
 - Supervisors and direct-care workers at the Leadership Sites received training in the LEAP model of person-directed care, which puts the client at the center of the care. An evaluation showed mixed results. (Oregon)

⁶ "Better Jobs Better Care: Building a Valued, Committed Workforce," co-edited by Linda Barbarotta, entire issue of *FutureAge*, bimonthly magazine published by AAHSA, 6(2): 48, 2007. Available online at www.aahsa.org/article.aspx?id=2634.

- Developed a core curriculum to train new direct-care workers in basic skills applicable across all long-term-care settings (Pennsylvania)
- Developed three training curricula for direct-care workers (Vermont)

Policy initiatives included:

- Providing information to the state government or participating in information gathering efforts:
 - Provided information on the need for health care coverage for direct-care workers (Iowa)
 - Created a Provider Information Manual and other resources to help other states interested in developing their own special licensure programs (North Carolina)
 - Helped secure funding for a *Legislative Study of the Direct-Care Workforce* in Vermont
 - Participated in government task forces on direct-care workers (Iowa)
- Creating awards included:
 - Created a special licensure award—North Carolina New Organizational Vision Award (NC NOVA)—to recognize long-term-care facilities that meet high standards for workplace excellence
 - Established an annual "Gold Star" awards program in 2006 to recognize home-care agencies for improving recruitment and retention practices (Vermont)
- Establishing or strengthening statewide associations included:
 - Helped create a statewide Direct-Care Worker Association (Pennsylvania)
 - Helped strengthen the newly established Vermont Association of Professional Care Providers

The activities and results of four of the five demonstration projects on practice and policy interventions are in stories at the back of this report. North Carolina, which was evaluated independently, is described in a [Program Results Report](#).

Click on the titles to access these stories:

- [*Iowa: Giving Direct-Care Workers a Voice*](#)
- [*Oregon Works!: Promoting Change Through Person-Directed Care*](#)
- [*Pennsylvania: Forming Regional Coalitions in a Large State*](#)

- *Vermont: Empowering Direct-Care Workers Through Education*

FINDINGS FROM THE EVALUATION OF THE DEMONSTRATION PROJECTS

Evaluators Kemper and Brannon led the team of evaluators from Pennsylvania State University in evaluating *Better Jobs Better Care* demonstration grants:

- **An implementation evaluation documented and analyzed the five coalitions, articulated their successes and challenges.** The evaluation team analyzed qualitative data from project work plans and progress reports and notes from telephone and in-person interviews with project staff, coalition stakeholders and state policy experts.
- **An outcome evaluation assessed the impact of provider-level practice changes on recruiting and retaining direct-care workers and other job-related outcomes.** The evaluation team conducted surveys of clinical managers, direct-care workers and frontline supervisors, and collected direct-care worker employment data from participating providers. See [Appendix 4](#) for details on each of these surveys.

The Atlantic Philanthropies co-sponsored the evaluation with a \$500,000 grant. A grant of \$309,939 from the federal Office of the Assistant Secretary for Planning and Evaluation funded the frontline supervisor survey.

Was the Demonstration Implemented as Intended⁷

- **Demonstration grantees in five states (Iowa, North Carolina, Oregon, Pennsylvania and Vermont) successfully built multistakeholder coalitions.** Coalition members included policy-makers, professional organizations, educators and other stakeholders with vested interests in long-term care. Many coalitions had difficulty recruiting direct-care workers and maintaining their involvement.
- **The five coalitions pursued both policy and practice changes in their states that were intended to improve the jobs of direct-care workers and reduce turnover.**
 - Coalitions educated policy-makers about issues of concern to the direct-care workforce and pursued a variety of policy changes, but most achieved limited policy changes.
 - North Carolina was an exception, securing passage of legislation that created a special state license for long-term-care providers who meet higher standards for the work environment they create for direct-care workers. A confluence of

⁷ Kemper P, Brannon D, Barry T, Stott A and Heier B. "Implementation of the Better Jobs Better Care Demonstration: Lessons for Long Term Care Workforce Initiatives." *Gerontologist*, 48(Suppl.1): 26-35, 2008. Abstract and full text available online at http://gerontologist.oxfordjournals.org/content/48/suppl_1/26.abstract.

leadership, state engagement, process facilitation, self-organization and other factors contributed to this achievement.⁸

- The grantees recruited more than 120 long-term-care providers to participate in the demonstration and developed interventions to support management practice changes.
- Grantees made technical assistance and training interventions available to providers, including training in communications, leadership, specialized skills, peer mentoring, supervisor coaching and career-ladder programs.

Did Providers' Management Practices Change?⁹

- **Implementation of management practice changes at providers turned out to be challenging.** Many providers did not fully implement their planned practice changes during the demonstration period. That finding has important implications for interpreting estimates of effects on job quality and turnover.
 - Approximately 35 percent to 40 percent of providers reported that they had fully implemented their planned interventions; another one-third had made substantial progress; and the rest had not started or had started but made little or only "some" progress.
 - Management practices that increased during the course of the project included training supervisors and direct-care workers, peer mentoring, career enhancement opportunities, and use of cross-training and self-managed work groups.
 - Practices that did not increase included improved management communication, feedback to direct-care workers, their greater participation in care planning and communication about their tasks.
 - The percent of direct-care workers reporting having received training in working with supervisors, mentoring, communicating with co-workers and working in teams increased modestly.
 - The percent of direct-care workers who reported that management was doing something "out of the ordinary" to improve their jobs or to encourage them to stay did not increase meaningfully, staying at about 31 percent.
- **Providers that successfully implemented changes to their management practices differed in several pre-existing characteristics:**

⁸ Brannon D, Kemper P and Barry T. "North Carolina's Direct Care Workforce Development Journey: The Case of the NC NOVA Partner Team." *Health Care Management Review*, 34(3): 284–293, 2009.

⁹ Kemper P, Brannon D, Heier B, Vasey J, Setia M, Kim J and Stott A. *The Better Jobs Better Care Management Practice Change Initiatives: Implementation and Effects on Job Outcomes and Turnover*. Princeton, NJ: Robert Wood Johnson Foundation, September 2010.

- These providers employed more experienced workers, paid more, offered better benefits, had lower turnover, and were more likely to be non-profit organizations.
- At the beginning of the demonstration, direct-care workers at these providers were more likely to recommend the care provided through their employers and much less likely to intend to leave.

Did Management Practice Interventions Improve Direct Care Jobs? ¹⁰

To assess the impacts of the technical assistance and training interventions that *Better Jobs Better Careers* grantees made available to participating providers, the evaluation team compared responses to surveys of direct-care workers at the beginning and end of the demonstration. The comparisons showed no evidence that the technical assistance and training interventions improved direct-care workers' jobs:

- **Contrary to the program's intent, job satisfaction declined slightly, and the percent of workers reporting that they were likely to leave their job increased slightly.**
- **Evidence on turnover was inconclusive because of insufficient sample size.**
- **A number of methodological sensitivity tests failed to find evidence of improvement in jobs.**

The evaluators cautioned, however, that the limited duration of the demonstration—allowing most providers two years at most to implement changes prior to evaluating their impact—may explain the apparent lack of improvement in job quality.

FINDINGS FROM BASELINE EVALUATION STUDIES

Drawing on the baseline data they collected for their evaluation at the outset of the demonstration the Penn State research team conducted several early studies to inform the field.

What Did Direct-Care Workers Say About Their Jobs?

Based on baseline surveys of more than 3,000 direct-care workers, the research team found that:

- **Workers in nursing homes, assisted-living facilities and home care all called for two changes to improve their jobs: increased compensation and improved work relationships.¹¹**

¹⁰ Kemper P, Brannon D, Heier B, Vasey J, Setia M, Kim J and Stott A. *The Better Jobs Better Care Management Practice Change Initiatives: Implementation and Effects on Job Outcomes and Turnover*. Princeton, NJ: Robert Wood Johnson Foundation, September 2010.

- **Differences across the three settings in some areas were significant.**
 - Workers in home care and assisted-living facilities were much more likely than workers in nursing facilities to say that increased compensation was the single most important thing employers could do to improve their jobs.
 - Almost one-quarter of workers in nursing homes said that improving work relationships was the single most important way to improve their jobs, compared with 19 percent in assisted-living facilities and 11 percent in home care.
- **The majority (57%) of workers surveyed said they were likely to stay at their job over the next year.**¹² Some 13 percent indicated a high probability of quitting in the next year and 30 percent were undecided.
- **Commitment to stay on the job differed among workers in nursing homes, home care and assisted-living facilities.** Home-care aides, who were older than workers in other settings, appeared to be the most committed to staying.

How Are Direct Care Workers' Perceptions of Their Jobs Related to Intent to Leave?

Researchers used the same baseline data to analyze the association between perceptions of job attributes reported by direct-care workers with whether they said they likely they were to leave of their jobs. Results of their analysis found the following associations, controlling for these and other factors:¹³

- **Direct-care workers with more than a high school education, workers who perceived that they had job alternatives, and those who viewed the job as "dead-end" said they were more likely to intend to leave than other workers.**
- **Direct-care workers' assessments of the quality of supervision they receive also were highly associated with intent to leave; when workers' reported poorer quality of supervision they said they were more likely to leave.**
- **At the same time, workers who rated helping others and team spirit as highly rewarding aspects of their jobs were less likely to say they would leave.**

¹¹ Kemper P, Heier B, Barry T, Brannon D, Angelelli J, Vasey J and Anderson-Knott M. "What Do Direct-Care workers Say Would Improve their Jobs? Differences Across Settings." *Gerontologist*, 48(Suppl.1): 17–25, 2008. Abstract and full text available online at http://gerontologist.oxfordjournals.org/content/48/suppl_1/17.abstract.

¹² Brannon D, Barry T, Kemper P, Schreiner A and Vasey J. "Job Perceptions and Intent-to-Leave Among Direct-care workers: Evidence from the Better Jobs Better Care Demonstrations." *Gerontologist*, 47(6): 820–829, 2007. Abstract and full text available online at <http://gerontologist.oxfordjournals.org/content/47/6/820.abstract/>

¹³ Brannon D, Barry T, Kemper P, Schreiner A and Vasey J. "Job Perceptions and Intent-to-Leave Among Direct-Care workers: Evidence from the Better Jobs Better Care Demonstrations." *Gerontologist*, 47(6): 820–829, 2007. Abstract and full text available online at <http://gerontologist.oxfordjournals.org/content/47/6/820.abstract>.

What Management Practices Were in Place at Providers at the Beginning of the Program?

The evaluation surveyed top clinical managers at providers participating in *Better Jobs Better Care* at the beginning and end of the demonstration. Analysis of responses to questions about use of management practices at baseline found:¹⁴

- **Limited use of direct-care worker training, opportunities for career advancement, and mentoring programs**
- **Providers used overall job design practices, such as participation in care planning, communication about tasks and feedback, more often than staff training and professional development practices**

How Should Turnover Be Measured?

The evaluation assessed measures of direct-care worker turnover to design a system for collecting data to measure turnover and retention:¹⁵

- **Differences in the definitions of turnover and the data elements used to construct turnover measures has a large effect on measured turnover rates as well as their interpretation.**
- **A turnover tracking system should allow for comparable measures of number of direct care workers employed, separations, job tenure and retention.**

FINDINGS FROM THE RESEARCH STUDIES OF DIRECT CARE WORKERS

The eight applied research teams reported findings¹⁶ in a supplement of the *Gerontologist* and in reports. Their projects fell into two categories:

- Organizational and management interventions
- Surveying direct-care workers to assess their needs

Organizational and Management Interventions

Boston University: The Value of Cultural Competency

Researchers studied the impact of enhancing cultural competency at 10 eastern Massachusetts long-term-care facilities. After asking direct-care workers, supervisors and

¹⁴ Stott A, Brannon D, Vasey J, Dansky K, Kemper P. "Baseline Management Practices at Providers in Better Jobs Better Care." *Gerontology & Geriatrics Education*, 28(2), 2007.

¹⁵ Barry T, Kemper P, and Brannon D. "Measuring Worker Turnover in Long-Term Care: Lessons From the Better Jobs Better Care Demonstration." *Gerontologist*, 48(3): 394–400, 2008.

¹⁶ *Gerontologist*, 48 (Suppl. 1), 2008. Table of Contents, abstracts and articles available online at http://gerontologist.oxfordjournals.org/content/48/suppl_1.toc.

managers about the workplace environment, they used their feedback to help develop an action plan and intervention for each facility and offered workshops on cultural competence. The research team reported these findings in the *Better Jobs Better Care report, Solutions You Can Use: Transforming the Long-Term Care Workforce*¹⁷

- **Workers who perceive their organization as culturally competent also report higher job satisfaction levels.** Workers with less fluency in English were more likely to perceive problems in workplace cultural competency.
 - Managers and frontline workers differed significantly in their perceptions of facilities' cultural competence. Managers were much more likely to see the workplace as culturally competent and to believe providers feel empowered to act in culturally competent ways.
 - In some facilities, perceived workplace cultural competency improved significantly after site-specific trainings and workshops. After these trainings:
 - White workers were more aligned with nonwhite workers in attitudes toward race/culture.
 - Nonwhite workers perception of the workplace as culturally competent improved slightly.

Brandeis University: Good Frontline Supervision Is Key

Researchers interviewed certified nurse assistants and the licensed nurses who supervised them in 18 Massachusetts nursing homes. The goal was to determine how management practices and philosophy, especially leadership and frontline supervision, contribute to positive outcomes for frontline employees and residents in nursing homes. The Brandeis team reported the following findings:¹⁸

- **Good frontline supervision is a key factor influencing nursing assistants' job commitment.**
 - After accounting for satisfaction with wages, benefits and advancement opportunities, good basic supervision was the most important factor affecting commitment of certified nursing assistants to their jobs and their intent to stay.

¹⁷ Livingston J. *Solutions You Can Use: Transforming the Long-Term Care Workforce*. Washington DC: American Association of Homes and Services for the Aging and the Institute for the Future of Aging Services. 2008.

¹⁸ Bishop CE, Weinberg DB, Leutz W, Dossa A, Pfefferle SG and Zincavage RM. "Nursing Assistants' Job Commitment: Effect of Nursing Home Organizational Factors and Impact on Resident Well-Being," *Gerontologist*, 48(Suppl. 1): 36-45, 2008. Abstract and full text available online at http://gerontologist.gerontologyjournals.org/cgi/content/abstract/48/suppl_1/36.

- Enhancing the job of nursing assistants by relying more on their knowledge and experience, increasing their autonomy and teamwork were not significantly related to their intent to stay.
- Residents were more satisfied with their relationships to nursing staff and their quality of life on units when a higher proportion of certified nursing assistants said they intended to stay in the job and reported positive relationships with their supervisors. Resident satisfaction was not related to how much autonomy or input the nursing assistants had.
- Based on these data, researchers suggested that nursing supervisors may need more training, staff time and management support to improve their performance as supervisors of nursing assistants, a job most were not trained to carry out.

Cornell University: Retention Specialists Decrease Turnover

Researchers helped to train retention specialists at 16 nursing homes and tested the impact on turnover rates, job satisfaction and intention to quit among certified nursing assistants.

The 16 nursing homes appointed a staff member to serve as a retention specialist, allocating at least 20 percent of their time to retention activities for one year. These individuals learned how to diagnose their facility's retention problems and to devise site-specific plans to address them through peer mentoring, career ladders and other strategies.

To measure the impact, researchers interviewed more than 1,000 certified nursing assistants at 32 New York and Connecticut nursing homes—the 16 with retention specialists and 16 that served as control sites—at baseline, six months into the project and after one year. The Cornell team reported the following findings:¹⁹

- **Turnover rates among direct-care workers were lower at nursing homes that employed retention specialists.**
 - Turnover among certified nursing assistants at the 16 sites with retention specialists declined significantly: from 21 percent to 17 percent in the first six months and to 11 percent at 12 months. There was no significant decrease in the 16 sites that did not have the specialists.
 - The retention specialist program had a positive effect on general perceptions of the nursing home and specifically on certified nursing assistants' assessment of the facility's efforts to train and retain staff.

¹⁹ Pillemer K, Meador R, Henderson C Jr., Robison J, Hegeman C, Graham E and Schultz L. "A Facility Specialist Model for Improving Retention of Nursing Home Staff: Results From a Randomized, Controlled Study." *Gerontologist*, 48(Suppl. 1): 80–9, 2008. Abstract and full text available online at http://gerontologist.gerontologyjournals.org/cgi/content/abstract/48/suppl_1/80.

- The nursing homes introduced or refined 40 interventions or policy changes as a result of the retention specialist program. These interventions—in descending order of use—were a community resource kiosk, peer mentoring, respect and recognition programs, communication skills programs, management changes, career ladder programs, expanded orientation, and peer interviewing.
- The program did not appear to affect job satisfaction or intention to quit. In addition, its effect appeared strongest at six months and had diminished by 12 months.
 - To counter the "drop-off" effect, the research team suggested booster sessions for the retention specialist or hiring a "retention team," rather than a single specialist.

University of North Carolina: Emphasizing Education and Training

Researchers evaluated *Win A Step Up*, a 33-hour curriculum for nursing assistants focusing on clinical and interpersonal topics such as infection control, team work and dementia. PHI developed supplementary training on active listening and problem-solving skills for nursing assistant supervisors. The research team reported these findings.²⁰

- **Managers, supervisors and nursing assistants who participated in the WIN A STEP UP program reported a positive impact on job satisfaction, morale and quality of care.**
 - Managers at seven of the eight participating nursing home sites reported that they would repeat the program, citing its positive impact on nursing assistants' confidence, clinical skills and knowledge.
 - Nursing assistants who participated in the program rated their perceived career rewards more highly than nonparticipants, suggesting that the program strengthened their views of care work as a career and not "just a job."
 - Nursing supervisors who participated in the two-day coaching supervision component of the program reported positive changes in their management practices—and those of their peers.
 - Modest reductions in turnover occurred at six participating sites. During the three months after completing the program, turnover for nursing assistants at comparison sites increased by 10 percent, while declining slightly (by 2%) at participating sites.

²⁰ Morgan JC and Konrad TR. "A Mixed-Method Evaluation of a Workforce Development Intervention for Nursing Assistants in Nursing Homes: The Case of WIN A STEP UP." *Gerontologist*, 48(Suppl. 1): 71–79, 2008. Abstract and full text available online at http://gerontologist.gerontologyjournals.org/cgi/content/abstract/48/suppl_1/71.

- Public policy initiatives that strive to improve workplace culture, such as the North Carolina New Organizational Vision Award (NC NOVA), can potentially increase the effectiveness of programs like *Win A Step Up*.

Surveying Direct-Care Workers to Assess Needs

Connecticut College: Retaining Related Caregivers in the Workforce

Researchers surveyed 2,200 workers employed through California's In-Home Supportive Services program to determine the impact of wages and benefits on workers' decision to enter and remain in the workforce. Most workers in this program are "related caregivers," paid to provide care to family members, friends or neighbors. The Connecticut College research team reported these findings:²¹

- **Commitment to consumers in need of care, flexibility, and competitive wages and benefits are critical to attract and retain home-care workers in California.**
 - Many people take a job with California's In-Home Supportive Services Program to care for a family member or friend in need. Overall, commitment to the consumer is the most important reason those surveyed provide home care, with 60 percent reporting this as among the top three reasons why they took the job and stayed with it.
 - Wages and benefits are important to both family and nonfamily providers. In one community, when the wages of family and friends paid as caregivers went from \$5 to \$10 per hour and individual health insurance was offered to virtually all workers, turnover fell from 61 percent to 26 percent.
 - When health insurance was available to part-time paid family and friend caregivers working a minimum of 35 hours per month, 43 percent named health insurance as one of top three reasons for taking the job.
 - Most workers are low-income and work multiple jobs so flexibility also matters. Overall, 42 percent of home-care workers surveyed reported that they took the job and stayed with it because they were looking for flexibility.

The University of California, Los Angeles: Why Some Related Caregivers Stay On

Of about 44,000 caregivers who had provided care to family members and friends under California's In-Home Supportive Services program between 2002 and 2003, about 10 percent continued working as caregivers.

²¹ Howes C. "Love, Money, or Flexibility: What Motivates People to Work in Consumer-Directed Home Care?" *Gerontologist*, 48(Suppl. 1): 46–60, 2008. Abstract and full text available online at http://gerontologist.gerontologyjournals.org/cgi/content/abstract/48/suppl_1/46.

Researchers conducted telephone surveys of a sample of these "related" workers to determine how to retain them in long-term-care jobs. Of those surveyed, 203 had left caregiving ("leavers") and 180 continued to provide care ("stayers"). The research team reported the following findings:²²

- **Former related caregivers could add significantly to the pool of caregivers, but more outreach and targeted information is needed to encourage them to remain in the field.**
 - Leavers were more likely than researchers expected to express a willingness to care again for family members (59%) or strangers (43%). A higher percentage of stayers said they were willing to care for family (82%) or strangers (67%).
 - Most related caregivers reported that a friend or family member's need was their strongest motivation to take the job (79%). Stayers were more likely than leavers to care for a distant relative and to have had another full or part-time job.
 - Stayers and leavers cited different reasons for being paid caregivers. Stayers were more likely than leavers to report reasons involving helping others and making a difference in people lives. Leavers were more likely to report job-related qualities such as an adequate salary and benefits or having independence or new challenges.

Benjamin Rose Institute: Increase Training and Reduce Stressors

To assess the training needs of certified nursing assistants and home health aides, researchers surveyed 644 direct-care workers and 138 supervisors employed by home-care agencies, assisted-living facilities and licensed skilled nursing homes in a five-county area of Ohio. In addition to education and training, workers and supervisors answered questions about racism on the job, their commitment to the field and other factors related to job satisfaction. Researchers reported these findings:^{23,24}

- **Tailored and ongoing training can improve job satisfaction.**
 - Almost all the direct-care workers reported that they had received initial training (98%), orientation to the job (95%) and continuing education (94%). A smaller

²² Benjamin AE, Matthias RE, Kietzman K and Furman W. "Retention of Paid Related Caregivers: Who Stays and Who Leaves Home Care Careers?" *Gerontologist*, 48 (Suppl. 1): 104–113, 2008. Abstract and full text available online at http://gerontologist.oxfordjournals.org/content/48/suppl_1/104.abstract.

²³ Ejaz FK, Noelker LS, Menne HL and Bagaka's JG. "The Impact of Stress and Support on Direct-Care Workers' Job Satisfaction." *Gerontologist*, 48(Suppl.1): 60–70, 2008. Abstract and full text available online at http://gerontologist.gerontologyjournals.org/cgi/content/abstract/48/suppl_1/60.

²⁴ Menne HL, Ejaz FK, Noelker LS and Jones JA. "Direct Care Workers' Recommendations for Training and Continuing Education." *Gerontology & Geriatrics Education*, 28 (2): 91–108, 2007. Article available online at www.benrose.org/Research/Direct%20Care%20Workers%27%20Recommendations%20for%20Training%20and%20Continuing%20Education.pdf.

percentage reported that the training had prepared them well for their job (between 50% and 60%).

- The top recommendations for improving initial training were: more hands-on experiential training; longer training; learning better communication skills; and learning how to deal with residents' problem behaviors and mental illness.
 - Suggestions for improving the orientation were: making it longer; using good quality training staff; providing more hand-on experiences; and giving new hires more opportunity to experience different units and types of residents.
 - Almost one-fifth (18%) of workers in assisted-living facilities had not received any continuing education. More than half (52%) cited lack of staff coverage as a barrier to attending in-service training.
- Direct-care workers who had negative perceptions of their initial training, continuing education and job orientation also had less job satisfaction.
 - Most supervisors (91%) had received an orientation to the facility where they worked and of those 45 percent found it very helpful. Suggestions for improvement included receiving a formal overview of the facility rules, regulations and procedure; making the orientation longer; and providing experienced mentors for one-on-one training.
 - Almost half of the supervisors (49%) reported that they had not received any formal education on supervision. Of those that had, only 13 percent believed that they were well prepared to supervise.
- **Personal and job-related stressors were the most powerful predictors of job dissatisfaction among direct-care workers.** Background characteristics, such as race and marital status, were less important.
 - Significant personal stressors include depression and changes in physical and emotional health since becoming a direct-care worker. Workplace health screening, employee assistance and health-promotion programs may be effective in addressing these stressors.
 - Job-related stressors included issues related to scheduling changes, training and pay and benefits.
 - Job satisfaction is lower when direct-care workers are the target of racial or ethnic remarks from other staff. Slightly more than one in five direct-care workers (21%) in the study had heard other staff members make racial or ethnic remarks.
 - Although a much higher percentage of direct-care workers (70%) had heard residents and clients make racist remarks, two-thirds of them believed the remarks were not intended to be malicious.

- To enhance workplace support, researchers recommended sensitivity training on racial and cultural differences; promoting effective communication among residents, families, and staff via newsletters, brochures and discussion groups; and having a no-tolerance policy on discrimination.

Operation ABLE: Attracting Mature Workers

Operation ABLE of Michigan worked with Operation ABLEs in six other states to study the feasibility of using mature workers to help fill the need for frontline workers in nursing homes and home health agencies. Based on a telephone survey of employers representing 615 nursing homes and 410 home health agencies, and more than 1,000 low-income, older workers, researchers reported these findings:²⁵

- **Mature workers (55+) are interested in direct-care work but need training and support to overcome barriers, such as the lack of technological knowledge and age-related functional limitations.**
 - A large percentage (43%) of older workers were interested in direct-care work and 60 percent wanted to work at least 30 hours per week. The majority were interested in certification training (55%) and career advancement (86%). More were interested in working in home care (69%) than in nursing homes (57%).
 - Nursing home jobs of most interest to mature workers, such as activity aide or medication assistant, were the least plentiful. Employers indicated they frequently assigned only one person to such positions and often gave them as "perks" to frontline workers with seniority.
 - Employers in nursing homes and home health agencies had very positive perceptions of mature workers. More than half said that mature workers were more likely to have positive characteristics, such as loyalty, independence, practical skills, patience, and a desire to care for the sick and elderly. More than half thought that mature workers were less likely than younger ones to leave within 10 days of training or be absent because of other caregiving responsibilities.
 - Despite these perceptions, employers had reservations about employing mature workers. Some believed health care costs would increase and the majority believed older workers were unwilling to use technology and had higher wage expectations.
 - The researchers concluded that Operation ABLEs could promote use of mature adults as direct-care workers by developing technology training programs geared to the needs of nursing homes and home-care agencies.

²⁵ Hwalek M, Straub V and Kosniewski K. "Older Workers: An Opportunity to Expand the Long-Term-Care/Direct Care Labor Force." *Gerontologist*, 48(Suppl. 1): 90–103, 2008. Abstract and full text available online at http://gerontologist.oxfordjournals.org/content/48/suppl_1/90.abstract.

LESSONS LEARNED

Lessons on Running Large National Demonstrations

1. Assess organizational capacity early in the planning process. PHI "was hired to provide technical assistance on implementation issues, coaching supervision and training policy," says PHI President Steven Dawson. "What they [the demonstration sites] needed before that was organizational TA to build their capacity to think through planning more specifically, in terms of outcomes, and to use resources to build their organizational base. We were building a demanding project on top of very fragile grantees."

2. In programs involving large coalitions, allow ample time for planning and implementation. The length of a demonstration needs to match the difficulty of the interventions being undertaken.

The initial four-month planning period was too short for demonstration sites to refine their work plans and build consensus among large groups of coalition stakeholders, some of whom had been past adversaries. Most of the grantees did not move into full implementation until the third year, leaving them inadequate time of sustain policy and management practice interventions. Turnover among coalition lead agency staff further delayed implementation. (Evaluator/Kemper, NPO staff)

3. In large and complex programs like *Better Jobs Better Care*, with two organizations providing technical assistance, make the division of responsibility clear. The division of responsibility between the national program office and PHI puzzled demonstration sites and created some tension. Ultimately, the program office and PHI jointly developed a set of ground rules that defined PHI's role in providing technical assistance but allowed grantees to contract with other consultants if their budgets allowed. (NPO staff)

4. Make sure that technical assistance on communications is delivered early in the project, and is focused to be of most help to grantees. Vermont Project Director Dolly Fleming says it would have been helpful if the national program "had produced marketing or branding products [such as 30-second spots or newspaper ads promoting direct-care workers] as samples that we could incorporate or use as a template." She says that the limited amount of help that was made available came way too late in the project and focused more on branding *Better Jobs Better Care*, than on the raison d'être for the program.

5. Show busy long-term-care managers and frontline workers the value of participating in research studies. The eight applied research teams and the evaluators had problems recruiting sites and survey respondents. "We faced the difficulty of collecting data from organizations that aren't compensated for it and have extremely tight budgets," said evaluator Kemper. Researchers need to convince providers that study findings will directly benefit their operations. Allowing direct-

care workers to participate in surveys during work hours is another way to boost response rates. (NPO Director/Stone; Evaluator/Kemper)

6. **Design communication plans with grantee preferences in mind.** The national program office developed its website as a major communications channel, but then discovered some grantees preferred to communicate via telephone or e-mail. Had the "grantee only" portion of the site been developed at the start of the program as the only venue for accessing the documents, it might have been more widely used. (NPO Managing Director/Bryant)

Lessons About Direct-Care Workers

7. **Direct-care workers need training and support to ensure their participation in quality improvement initiatives.** Low-wage workers have little flexibility in their schedules to allow participation during working hours and multiple demands from family and sometimes a second job make participation during nonworking hours difficult as well. (NPO Director/Stone, Managing Director/Bryant)
 - **Funding should cover the costs of "lost" wages or backfilling shifts.** Because direct-care workers are typically paid by the hour, staff training budgets should include sufficient resources to cover any wages they lose during training or the additional labor costs to employers for backfilling shifts.
 - **Make sure to have at least two direct-care workers at meetings with management.** Managers and supervisors "who spend their lives around a conference table" are comfortable with the language and procedures used in such settings. Direct-care workers need extra support, including support from their peers, to feel comfortable enough to communicate openly.
 - **Consider holding a "pre-meeting" with direct-care workers.** This can be an opportunity to review the agenda, answer questions and provide support and encouragement. Training should be targeted on both specific content ("How does Medicaid work?") and more general meeting skills (how to build an agenda). Such investments in worker participation are costly, but necessary for full engagement.

Lessons About Policy Change

8. **Policy change is difficult but barriers can be overcome.** Most demonstration grantees focused initially on workplace practice change. Waiting for a policy agenda to evolve through a consensus-building process, as most states did, required time and patience and often delayed implementation. North Carolina and Iowa were exceptions, using their close ties to the state to advance a policy agenda early in the project.
 - **Building multi-stakeholder coalitions helps to win over policy-makers.** Coalitions that bring long-term-care providers together with nontraditional

partners, such as consumer groups, educators, workforce development boards and direct-care workers, are more effective in delivering key messages than a single constituent group, such as nursing homes. (NPO Director/Robyn Stone)

- **Weave policy objectives into related initiatives.** *Better Jobs Better Care* was not a "parallel universe" disconnected from other quality improvement initiatives in the state, says North Carolina Project Director Susan Harmuth. "The framework and general concepts for our licensure program were in place, but as we went along, other things were going on from a policy perspective, such as a rating system for nursing homes, that made sense for us to link into for sustainability."

AFTERWARD

Since *Better Jobs Better Care* ended in August 2008, the Center for Applied Research staff continue to translate results of the research and demonstration grants into practice and to disseminate products broadly, even internationally. "We are constantly networking, giving regional workshops and webinars. It's a 10-year journey," said National Program Director Stone in a 2010 interview with RWJF.

Center for Applied Research staff also:

- Developed several initiatives focused on nursing leadership, based on their conclusion that "nursing supervisors are the lynchpins in making long-lasting changes that will improve working conditions for direct-care workers."
- Received funding from the California HealthCare Foundation to develop and evaluate a Leadership Enrichment and Development Program for Licensed Vocational Nurses (LVN LEAD) in four California nursing homes. The training program is designed to help licensed vocational nurses be more effective leaders and supervisors of frontline care workers. An evaluation report on the pilot program is available online. LeadingAge also launched Nurse Leadership Enrichment and Development (NurseLEAD) online training program to help charge nurses and team leaders become more effective coaches, leaders and supervisors of frontline staff. The program is available online.
- Examined how seven states, including three *Better Jobs Better Care* sites (North Carolina, Oregon and Vermont) have invested and engaged in policy and practice initiatives to promote culture change in nursing homes. Findings and lessons learned are described in *The State Investment in Culture Change Toolkit*. The Commonwealth Fund supported this project with a grant of \$170,833 from November 2006 to December 2008.
- Launched the LeadingAge (formerly AAHSA) Workforce Talent Cabinet to develop a plan for attracting, recruiting and retaining a quality long-term-care workforce

across all professions and settings to meet the future needs of providers, staff, residents and clients. From 2008 to 2010, the cabinet:

- Reviewed current research on what it takes to attract, recruit and retain a well-trained and quality long-term-care workforce
- Gathered and synthesized special initiatives and best practices identified by the stakeholders
- Recommended policy, practice and education changes and proposed strategies needed to achieve the goal of a well-trained, quality long-term-care workforce

In 2009, the cabinet released a report that defined the core competencies for the professional long-term-care workforce. The report looks at what is being done to prepare all professionals to care for older adults, examines the efforts to develop the core competencies needed in long-term-care settings and offers an agenda for moving forward.²⁶

- Developed an ethical workplace assessment. LeadingAge's Commission on Ethics in Aging Services developed a 10-question audit for nursing home managers and direct-care workers designed to help organizations determine staff members' perceptions of organizational policies and practices related to ethics. The Ethical Workplace Assessment is available [online](#).

The eight applied research project teams are continuing to analyze data, prepare manuscripts for publication and disseminate findings through presentations at national conferences. They also have, or are seeking, funding from the National Institutes of Health and other sources to build on their *Better Jobs Better Care* research.

See Appendix 5 for information on continuing work by the demonstration projects and examples of the projects of the applied research grantees.

²⁶ *Defining Core Competencies for the Professional Long-Term Care Workforce: A Status Report and Next Steps*. Commissioned by the American Association of Homes and Services for the Aging Talent Cabinet, April 2009. Available online at www.leadingage.org/uploadedFiles/Content/About/Center_for_Applied_Research/Publications_and_Products/Defining%20Core%20Competencies_FINAL.pdf.

IOWA: GIVING DIRECT-CARE WORKERS A VOICE

Starting Up

The director of *Better Jobs Better Care* in Iowa was Di Findley, founder and executive director of the Iowa CareGivers Association, the lead agency for the project. Findley, who was a nursing assistant for 13 years, started the association in 1992 to give direct-care workers a stronger voice.

The beginnings were modest, recalls Findley. "I started in an unfinished basement with a Princess phone and a computer with a 12-inch black-and-white screen. In the first three years, our budget never exceeded \$25,000." Although the small organization still struggles for resources, by 2003, it had a reputation as the one organization in the state solely focused on direct-care workforce issues. For that reason, it was a logical choice to lead *Better Jobs Better Care*.

A Unique Project Led by Direct-Care Workers

The mandate to serve workers directly was unique among *Better Jobs Better Care* lead agencies. This was a very positive attribute, but it had one downside as noted by evaluator Peter Kemper, Ph.D., in the department of health policy and administration at the Pennsylvania State University: Some providers saw it as a labor-organizing threat.

Findley's response? "Despite union phobia among some providers we had great commitment from many progressive providers without whom we could not have been successful. In our project, direct-care workers were equal partners in the planning, decision-making, and accomplishments."

The 20-member coalition included AARP, Iowa Association of Homes and Services for the Aging, community colleges, and state agencies. Some 13 long-term-care nursing facilities and home care agencies were involved in developing, implementing and evaluating the practice interventions.

Practice Interventions

- **A peer-mentoring program reduced direct-care worker turnover and facilitated culture change in provider sites.** The coalition trained some 141 direct care staff, including 39 home care workers, at a two-day workshop focused on leadership and communication skills to be trained as mentors.
 - Trained mentors participate in orientation, continuing education sessions and weekly meetings at provider sites. "The mentors really carry the torch and promote teamwork," according to Heidee Barrett, project outreach and education specialist. "They help give direct-care workers a voice, because they have the credibility to go to management when issues arise."

- According to the evaluation, turnover dropped across the participating providers by 4.6 percentage points at the end of 18 months.
- In 2006, the association received a one-year transition grant from RWJF and funding from the Atlantic Philanthropies to integrate the mentoring program into the curriculum of community colleges.

Policy Initiatives

The grant supported policy initiatives that were limited to public education, advocacy and technical assistance. The limited lobbying activities undertaken by the *Better Jobs Better Care* coalition were supported by other sources.²⁷

- **Coalition members produced 10 research studies to inform policy recommendations and educate legislators.** Key reports and findings include:
 - A 2004 survey of wages and benefits found that 25 percent of certified nursing assistants in Iowa's nursing homes had no health care coverage and 12 percent relied on public assistance for their health care.
 - A 2005 survey found that more than one-quarter of certified nursing assistants had not received the required 12 hours of in-service/continuing education. Only half those working in a unit for patients with chronic confusion and dementia reported taking a required six-hour training course.
 - A 2006 survey of Iowa AARP members found that 80 percent of respondents agreed that individuals who provide hands-on personal care in nursing homes and home-care settings should themselves have affordable health care coverage.
 - In 2007, the association used its one-year transition grant from RWJF and funding from the Atlantic Philanthropies to publish eight fact sheets and summary reports. One of these is an overall summary: [2007 Better Jobs Better Care Accomplishments](#).

All reports and fact sheets are available at www.iowacaregivers.org.

- **The research and work of the volunteer *Better Jobs Better Care* coalition was the catalyst to the establishment of a Governor appointed Direct-Care Worker Education Task Force that included three Direct-Care Workers.** In 2007, the legislature funded the Department of Public Health to implement task force recommendations, including standards for expanding a state registry to include all direct-care workers, rather than only those in nursing homes. In 2010, after the RWJF-funded *Better Jobs Better Care* project ended, the legislature passed a bill that calls for the establishment of a Board of Direct-Care Workers by 2014.

²⁷ The Iowa CareGivers Association and the coalition did not use RWJF funds in support of lobbying activities.

- **Using data from the wage and benefit survey, coalition members increased awareness about the need for health coverage for direct-care workers by:**
 - Hosting a "Massachusetts Day in Iowa" forum with 100 people in attendance to consider how the Massachusetts health care coverage initiative could apply to Iowa
 - Developing and disseminating a "Real People Real Stories" DVD of three direct-care workers telling their stories about lack of access to health care
 - Drafting a set of principles to guide health care reform

The survey was repeated in 2010.

Afterward

A lot of the work supported by the *Better Jobs Better Care* funding has continued in Iowa. The work had begun before the program, according to Findley, and participation in the program gave it a boost that has continued.

"We did not invest 4+ years of time and energy in the project only to have it exist in a three-ring binder on a shelf," she wrote RWJF. "The information gathered, study findings, lessons learned and policy changes have and will continue to inform policy initiatives, workplace and public policy practices/rules.... Direct-care workforce issues have become part of the state of Iowa's long-range long-term-care plan. In addition, the governor and state department directors have addressed the issues in their priority planning retreats."

OREGON WORKS!—PROMOTING CHANGE THROUGH PERSON-DIRECTED CARE

The Oregon Works! project of *Better Jobs Better Care* aimed to improve recruitment and retention of direct-care workers at eight participating long-term-care sites, called Leadership Sites, which included four nursing homes, two assisted-living facilities, a residential care facility and a home care agency. The union representing the state's independent home-care workers also participated.

The lead agency was the Oregon Technical Assistance Corporation, which led a coalition of stakeholders with a prior history of working together on long-term care initiatives.

Practice Interventions

- **Supervisors and direct-care workers at the Leadership Sites received training in the LEAP model of person-directed care.** LEAP (Learn, Empower, Achieve,

Produce) is a comprehensive workforce development program created in 1999 to empower staff, increase retention and promote staff-resident relationships through a model of person-directed care. This approach puts clients at the center of decision-making and engages direct-care workers and other providers as their advocates.

- **An evaluation by the Oregon Health and Science University/Hartford Center for Geriatric Nurse Excellence reported mixed results from focus groups with supervisors, workers and family members and a survey of direct-care workers:**
 - At five of the eight sites, supervisors and direct-care workers reported an improvement in their working relationships. At most sites, workers felt they had a greater voice in resident/client care at the end of the project.
 - On the direct-care worker survey, scores dropped in all five dimensions of person-directed care (personhood, knowing the person, relationships, comfort and autonomy/choice) across all the sites. The evaluator suggested that the declines may reflect a growing awareness among staff about what person-centered care means and a more critical attitude about the extent to which they provided it.

Policy Initiatives

- **Coalition partners developed and implemented a person-centered care policy statement designed to help set standards for long-term-care practices in Oregon.** The Governor's Task Force on the Future of Long-Term Care planned to include person-centered care language in future work.
- **A competency-based occupational profile was developed for entry-level direct-care workers in community-based settings.** This profile was designed to promote common standards and training for direct-care workers, facilitate career advancement and ensure that future employers recognized their prior training when they changed jobs.

PENNSYLVANIA: FORMING REGIONAL COALITIONS IN A LARGE STATE

The lead agency for the 40-member Pennsylvania coalition for the *Better Jobs Better Care* project, the Center for Advocacy for the Rights and Interests of the Elderly, divided the state into five regions in order to provide a local focus in the large state. In each region, a coalition led by a community agency recruited six long-term-care providers who tested interventions designed to support direct-care workers.

Practice Interventions

- **Direct-care workers and managers in the five regional coalitions received training to create more supportive workplaces.** Training consisted of:

- Team building for 182 direct-care workers, using the Professional Care Management Institute's (PCMI) Key Solutions Team Building Training
- A two-day training for 60 managers from 28 provider sites, conducted under contract with PCMI
- A joint direct-care worker-manager team established to improve retention.
- Coaching supervision for frontline supervisors

Following the training, direct-care workers and managers formed teams to jointly implement at least one culture-change intervention. A common focus was improving communication among all staff about consumer needs and preferences.

- ***Better Jobs Better Care-Pennsylvania* awarded small grants to three regions to continue efforts to support direct-care workers.**
 - The Indiana County region piloted a peer training where seasoned direct-care workers at three provider sites planned and taught a one-hour in-service on confidentiality.
 - The Lehigh Valley region started a local chapter of the Pennsylvania Direct-Care Worker Association and trained 10 new workers using a core curriculum developed by the *Better Jobs Better Care* coalition.
 - The Lackawanna region helped two providers incorporate their team project into organizational policy and share lessons learned with other providers in the region.

Policy Initiatives

- **The *Better Jobs Better Care* coalition helped create a statewide Direct-Care Worker Association in 2006 with a grant from the Pennsylvania Department of Public Welfare.** Its mission is to promote compassionate and quality care by providing education, advocacy and support for the state's direct-care professionals.

The coalition, through an advisory committee, contributed to the formation of the association by:

- Publishing *Frontline Care*, a magazine written by and for direct-care workers, from July 2004 to early 2005. The magazine was suspended due to poor advertising revenues.
- Holding two statewide conferences, one in November 2005 that drew more than 300 direct-care workers and a two-day conference in November 2006 for 235.
- Providing leadership training for direct-care workers.

At the end of the grant, the association had more than 300 members, and membership grew to 700 by 2009.

- **Developed and tested a core curriculum to train new direct-care workers in basic skills applicable across all long-term-care settings.** The curriculum applied students' life experiences and included participatory exercises and stories of hypothetical consumers.
 - Coalitions in three regions (Philadelphia, Lehigh Valley and Southwest Pennsylvania) tested the 60-hour curriculum. Class content was divided into person-centered skills taught by a social worker and direct-care skills taught by a nurse.
 - By 2006, two Area Agencies on Aging and a vocational-technical school had adopted the curriculum for personal-care worker training.
 - Building on its experience with the curriculum and under contract with Pennsylvania State University, *Better Jobs Better Care* convened stakeholders to establish core competencies for personal care home workers. These became the basis of a new competency exam and training program designed to prepare workers to meet new state regulations.
- ***Better Jobs Better Care-Pennsylvania* staff served on the state Department of Labor's Direct-Care Workgroup to recommend ways to strengthen the direct-care workforce.** One recommendation was to create a career ladder for workers and entry-level core training with certification.

VERMONT: EMPOWERING DIRECT-CARE WORKERS THROUGH EDUCATION

The Community of Vermont Elders (COVE) was the lead agency for a multi-stakeholder *Better Jobs Better Care* coalition whose members had a history of working together on long-term care policy issues. The initial goal was to address recommendations contained in the 2001 Vermont Paraprofessional Staffing Study, which outlined the steps the state should take to create a stable, valued, well-compensated workforce to ensure quality of care.

Twelve providers participated in Vermont's *Better Jobs Better Care* projects. Each conducted a workplace assessment to identify its own priorities for direct-care worker recruitment and retention. "That way," says Michelle Champoux, the project's training coordinator, "we made sure we developed both centralized and individualized curricula that addressed the needs expressed by each participating site."

Practice Interventions

- **The coalition developed three training curricula for direct-care workers:**

- A core training curriculum, called *Care Well*, designed for personal care attendants, was distributed to Vermont's Technical Education Centers and to home health agencies.
- Two specialized trainings, *Beyond Basics in Dementia Care* and *Beyond Basics in Palliative Care*, were aimed at existing workers. The 12-hour trainings were offered in five locations through partnerships with the Area Health Education Centers.
- The project received a grant from the state Department of Education to develop a methodology for assessing personal care aides' proficiency-based on their additional training.
- **The 12 participating long-term-care providers received training in leadership development and peer mentoring to support organizational culture change.** Half of the sites also received intensive individualized support from project staff.

Policy Initiatives

The grant supported policy initiatives that were limited to public education, advocacy and technical assistance. The grantee and coalition did not use Robert Wood Johnson Foundation funds in support of lobbying activities. The limited lobbying activities undertaken by the *Better Jobs Better Care* coalition were supported by other sources.

- **COVE, which had funding from other sources, and the coalition helped create the Direct-Care Worker Registry Task Force.** It grew out of a collaboration created by COVE's Long-Term-Care Workforce Policy Committee, which brought together partners, including trade associations and state officials. The registry, launched by the state Department of Disabilities, Aging and Independent Living, a coalition member, provides consumers better access to caregivers while expanding employment opportunities for direct-care workers. As of the end of 2009, more than 200 direct-care workers had registered.
- **The coalition established an annual "Gold Star" awards program in 2006 to recognize home care agencies for improving recruitment and retention practices.** The Vermont Assembly of Home Health Agencies, a coalition member, adapted an awards program that had been created in 2005 to recognize nursing homes.
- **The coalition helped to strengthen the newly established Vermont Association of Professional Care Providers by sponsoring educational events for the public, legislators and the media, and offering association members training and reimbursement to attend national conferences.** COVE had a state grant to establish the association.
- **COVE and a larger coalition that included the department of Disabilities, Aging and Independent Living, helped secure funding for a Legislative Study of the Direct-Care Workforce in Vermont.** *Better Jobs Better Care* co-funded the study

with the Vermont legislature, which allocated \$40,000 to the work. The Department of Disabilities, Aging and Independent Living completed the study, which included these recommendations for recruiting and retaining direct-care workers:

- Increase wages
- Increase access to health insurance
- Offer accessible and affordable professional development, orientation, and training options to workers and employers
- Recruit direct-care workers from new sources

An [Executive Summary](#) and the [full report](#) are available online from the Department of Disabilities, Aging and Independent Living.

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Reviewed by: Karyn Feiden and Molly McKaughan

Program officer: Wendy Yallowitz

Grant ID#: BJC

Program Director: Robyn I. Stone (202) 508-1206; rstone@aahsa.org

APPENDIX 1

Better Jobs Better Care National Advisory Committee Members

(Current as of the time of the grant; provided by the grantee organization; not verified by RWJF.)

(Member affiliations current as of the end of the program.)

National Advisory Committee: Demonstration Sites

Roger Auerbach
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Kerry Rodriguez Diaz
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Donna Yee
Chief Executive Officer

Asian Community Service
Sacramento, Calif.

Nancy R. Zweibel, Ph.D.
Senior Program Officer
The Retirement Research Foundation
Chicago, Ill.

APPENDIX 2

Better Jobs Better Care Grantees

Demonstration Program Grants

Iowa Caregivers Foundation (Des Moines, Iowa)

Expansion of a peer-mentoring program

ID# 048914 (July 2003 to June 2007): \$655,506

Project Director

Pam Biklen

(515) 241-8697

Pam.biklen@iowacaregivers.org

North Carolina Foundation for Advanced Health Programs (Raleigh, N.C.)

Development of special licensure designation for home care agencies and residential and nursing facilities

ID# 048898 (July 2003 to December 2006): \$620,375

Disseminating the North Carolina New Organizational Vision Award special licensure program for home care agencies and nursing facilities

ID# 059740 (December 2006 to April 2009): \$99,833

Project Director

Susan L. Harmuth

(919) 733-4534

susan.harmuth@ncmail.net

Oregon Technical Assistance Corp. (Salem, Ore.)

Improving the relationship between provider organizations and direct-care workers

ID# 048896 (July 2003 to March 2007): \$701,994

Project Director

Jean E. Tuller, M.P.A. (no longer employed there)

Center for Advocacy for the Rights and Interests of the Elderly (Philadelphia, Pa.)
Promoting policies supporting job quality enhancements in nursing facilities and home care agencies

ID# 048899 (July 2003 to December 2006): \$728,000

Project Director

Diane A. Menio

(215) 545-5728

menio@carie.org

Community of Vermont Elders (Montpelier, Vt.)

Expanding and improving training programs and incentives for direct-care workers in a rural state

ID# 048915 (July 2003 to December 2006): \$699,908

Project Director

Dolly Fleming (no longer employed there)

Applied Research Program Grants

Benjamin Rose Institute (Cleveland, Ohio)

Impact of job preparation, ongoing education and training on job satisfaction and commitment among frontline workers and their supervisors

ID# 056056 (January 2006 to March 2006): \$31,910

ID# 049220 (January 2004 to December 2005): \$194,308

Project Director

Farida K. Ejaz, Ph.D.

(216) 791-8000

fejaz@benrose.org

Boston University School of Public Health (Boston, Mass.)

Determining whether an organizational cultural competence intervention is associated with certified nursing assistant job satisfaction and motivation

ID# 049215 (January 2004 to November 2006): \$259,845

Project Director

Victoria A. Parker

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vaparker@bu.edu

Brandeis University, The Heller School for Social Policy and Management
(Waltham, Mass.)

The effects of leadership, relationships and work design on improving institutional long-term care for residents and workers

ID# 049224 (September 2003 to August 2005): \$259,982

Project Director

Christine E. Bishop Ph.D.

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Connecticut College (New London, Conn.)

Examining the effects wage and benefit differentials have on recruitment, retention and hours of work among the home care workforce

ID# 049213 (January 2004 to December 2006): \$257,473

Project Director

Candace Howes, Ph.D.

(860) 439-5447

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Cornell University Gerontology Research Institute (Ithaca, N.Y.)

Study of a model to improve retention of certified nursing assistants in nursing homes

ID# 049219 (October 2003 to September 2006): \$259,913

Project Director

Karl Pillemer, Ph.D.

(607) 255-8086

kap6@cornell.edu

Operation ABLE of Michigan (Detroit, Mich.)

Study on recruitment, training and retention of older workers in long-term care

ID# 049221 (September 2003 to August 2005): \$243,377

Project Director

Karen Kosniewski

ablepres@voyager.net

University of California, Los Angeles, School of Public Policy and Social Research
(Los Angeles)

Labor force expansion through retention of related caregivers

ID# 049225 (October 2003 to January 2006): \$238,689

Project Director

A.E. Benjamin, Ph.D.

(310) 206-6044

tedbenj@ucla.edu

University of North Carolina at Chapel Hill, Cecil G. Sheps Center for Health Services Research (Chapel Hill, N.C.)

Study of training, education and payment upgrade performance of direct-care workers

ID# 049218 (October 2003 to September 2005): \$247,891

Project Director

Thomas R. Konrad, Ph.D.

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APPENDIX 3

Costs of Turnover Among Frontline Workers

PHI documented the high direct and indirect costs of turnover among frontline workers providing long-term care, and published the results in a report, "[The Cost of Frontline Turnover in Long-Term Care](#)." After reviewing literature on turnover costs in long-term care and among workers in low-wage jobs, PHI concluded:

- At the provider level, the direct cost of turnover per frontline worker is at least \$2,500. This conservative estimate includes the cost of worker separation, overtime and use of temporary staff, hiring new staff, and training and orienting them to the job.
- Indirect costs to the provider can be substantial but are often overlooked because they are less visible. These include lost productivity, reduced service quality, loss of revenues and clients, and deterioration of workplace culture and employee morale.
- Consumers and third-party payers also bear the costs of turnover. Consumers experience reduced quality of care while third party payers, such as Medicaid and Medicare, pay added costs for illness and injury related to poor quality care.

The report also discusses the implications of these findings for long-term-care providers, consumers and policy-makers.

APPENDIX 4

Evaluation Data Sources

The evaluation team collected data from these sources:

- **Clinical manager survey.** A Web-based survey of the top clinical manager at each provider asked about organizational characteristics and management practices among long-term-care providers participating in *Better Jobs Better Care*.

The evaluators administered the survey at the time the provider site enrolled in the demonstration and at the end of the project. Of 148 provider sites initially enrolled in *Better Jobs Better Care*, 135 clinical managers completed surveys (91% response rate); at the 123 sites remaining at the end of the project, 112 clinical managers completed the follow-up survey (91% response rate).

Kemper, Peter. Evaluation of Better Jobs Better Care: Clinical Manager Survey, 2004–2007 [Iowa, North Carolina, Oregon, Pennsylvania and Vermont] [Computer file]. ICPSR29063-v1. Ann Arbor, MI: Inter-University Consortium for Political and Social Research [distributor], 2010-10-18. doi:10.3886/ICPSR29063. Available through a restricted data use agreement [online](#).

- **Direct-care worker survey.** A paper-and-pencil survey measured job satisfaction, job rewards and problems, and intent to quit among direct-care workers. Employers distributed the eight-page survey at staff meetings or in paychecks. Workers received \$2 as an incentive to return the surveys, which they sent by mail to ensure confidential responses.

Some 140 providers identified 6,934 direct-care workers to receive surveys at the beginning of the project and 3,469 completed the survey (50% response rate). At the end of the project, 6,089 workers from 123 providers received the survey and 2,528 workers completed it (42% response rate).

Kemper, Peter. Evaluation of Better Jobs Better Care: Direct Care Worker Survey, 2004–2007 [Iowa, North Carolina, Oregon, Pennsylvania and Vermont] [Computer file]. ICPSR29064-v1. Ann Arbor, MI: Inter-University Consortium for Political and Social Research [distributor], 2010-11-05. doi:10.3886/ICPSR29064. Available through a restricted data use agreement [online](#).

- **Supervisor survey.** An 11-page paper-and-pencil survey asked frontline supervisors about their responsibilities, job quality, satisfaction, problems, rewards and the management practices of the providers where they worked. Where the supervisor and clinical manager were the same person, as sometimes occurred in small agencies, the supervisor received a shorter version of the survey.

Kemper, Peter. Evaluation of Better Jobs, Better Care: Frontline Supervisor Survey, 2005–2007 [Iowa, North Carolina, Oregon, Pennsylvania, Vermont] [Computer file]. ICPSR23000-v1. Ann Arbor, MI: Inter-university Consortium for Political and Social

Research [distributor], 2008-09-26. doi:10.3886/ICPSR23000. Available through a restricted data use agreement [online](#).

- **Employment information system.** A secure, Web-based data system designed and administered by the Penn State Survey Research Center collected direct-care worker employment data on hiring, termination, wages, health insurance, vacancies, work status and number of hours worked from providers participating in the *Better Jobs Better Care* demonstration projects. This data allowed comparisons of turnover across the range of participating long-term-care settings.

APPENDIX 5

Continuing Work of Demonstration Projects and Applied Research Grantees

Demonstration Projects

Iowa

The Iowa Caregivers Association and coalition partners are continuing to conduct workforce improvement activities, including:

- Maintaining efforts to educate, credential and track direct-care workers. The Direct-Care Worker Education Advisory Council (formerly the Task Force) continued to meet and produce reports and recommendations for educating and credentialing direct-care workers. Legislation passed in 2010 will establish a board of direct-care workers by 2014 within the Department of Public Health to oversee credentialing.

The state allocated funding for a staff person to maintain the state registry (set up during the project), which now includes direct-care workers.

- Joining the Health Care for Health Care Workers Campaign to promote access to insurance. Iowa is one of six state campaigns participating in this national initiative of PHI. Information on the [Iowa campaign](#) is available on the national campaign website.

According to project director Di Findley, the Iowa team did not "invest over four years of time and energy into *Better Jobs Better Care* only to have it now exist in a 3-ring binder on a shelf...unread, or as a "fun while it lasted" memory. The association and 12 coalition members are committed to ensuring that the traction and momentum built around direct-care workforce issues are furthered."

North Carolina

In April 2009, the North Carolina Foundation for Advanced Health Programs received \$356,226 from the Atlantic Philanthropies to implement the original vision of the North Carolina New Organizational Vision Award (NC NOVA)—providing a financial reward

to organizations attaining NC NOVA designation. The funding will enable NC NOVA to establish the processes and protocols needed to implement the financial reward, through a Medicaid reimbursement differential.

"In our state, we knew the policy-makers would not increase the reimbursement rate for the sake of direct-care workers alone," project director Susan Harmuth said. "That's why we developed a program that would showcase why providers with exemplary programs should eventually receive extra support."

Oregon

While the formal program has ended in Oregon, coalition members are still working together on a variety of projects and most of the practice sites are continuing with many of the activities initiated under *Better Jobs Better Care*.

- Many *Better Jobs Better Care* stakeholders helped create **M.O.V.E.** (Making Oregon Vital for Elders) and play leadership roles in this statewide coalition, which focuses on culture change.
- All of Oregon's *Better Jobs Better Care* nursing home sites participated in the Leading Edge program, sponsored by Oregon's Quality Improvement Organization from 2005 to 2008. It aimed to enhance workforce practices and address clinical issues of pain management and pressure ulcer prevention and care.
- Oregon received an RWJF *Jobs to Careers* grant. Two assisted-living facilities that were practice sites in *Better Jobs Better Care* are participating in this national program, which explores new ways to help frontline health care workers develop new professional skills.

Pennsylvania

Although the Pennsylvania demonstration project did not have formal post-grant plans, the regional partners continued to strengthen the direct-care workforce, both within their individual organizations and as part of a regional collaborative.

- The Pennsylvania Direct-Care Worker Association, started by and for direct-care workers in 2006 with support from *Better Jobs Better Care*, is continuing. Its goal is to advance the profession through idea sharing, peer support and skills building. The association held its sixth annual statewide conference, the Sky's the Limit, in September 2010.

Vermont

Although Vermont's *Better Jobs Better Care* project concluded with the grant, stakeholders are responding to issues identified in the final legislative report of the Direct-Care Workforce Study.

- COVE, the Vermont BJBC lead organization, continued to play a role in supporting several other direct-care workforce initiatives, including hosting the Vermont Direct Care Worker Association, and assisting provider engagement in several regional PHI Coaching Supervision practice initiatives.

Applied Research Program Grantees

Examples of the research projects being conducted after funding ended:

- Training social workers based in long-term-care facilities to function as change agents for increasing organizational cultural competence (Boston University).
- A case study of a labor management partnership to foster person-centered care in New York City nursing homes (Brandeis University).
- Development and evaluation of a version of the retention specialist project tailored for the home-care environment (Cornell University).

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Communications or Promotions

Grantee Profile or Story

"Stand Up and Tell Them: Views from the Frontline in Long-Term Care." co-produced by David L. Brown and Better Jobs Better Care, Video program, American Association of Homes and Services for the Aging, ©2005. Two versions produced: 10 minutes and 25 minutes, available in both VHS and DVD formats, with an accompanying Discussion Guide, produced by BJBC and authored by Joy Livingston, published in 2004, Second Edition, 2005.

Grantee Websites

www.LeadingAge.org/betterjobs.aspx. Many of the *Better Jobs Better Care* publications and products are archived on this site, maintained by *LeadingAge*.

www.phinational.org. The website of PHI (formerly Paraprofessional Health Institute) contains a link to the [National Clearinghouse on the Direct Care Workforce](#), which is maintained by PHI staff. The clearinghouse contains an archive of 42 articles and reports on *Better Jobs Better Care* from the national program office and grantees. The clearinghouse also has extensive information on each of the five demonstration grantees, including products from *Better Jobs Better Care*.

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