



FINDING AND KEEPING DIRECT CARE STAFF



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

—Sallie Tisdale
Harvest Moon: Portrait of a Nursing Home

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FINDING AND KEEPING DIRECT CARE STAFF

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

The Paraprofessional Healthcare Institute, Bronx, NY

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

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

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Acknowledgments

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

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

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

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1 Finding and Keeping Direct Care Staff

INTRODUCTION

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

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

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

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

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

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

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



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

Purpose of this *Guide*

This *Guide* has four goals:

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

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

The Authors

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

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

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

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

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

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

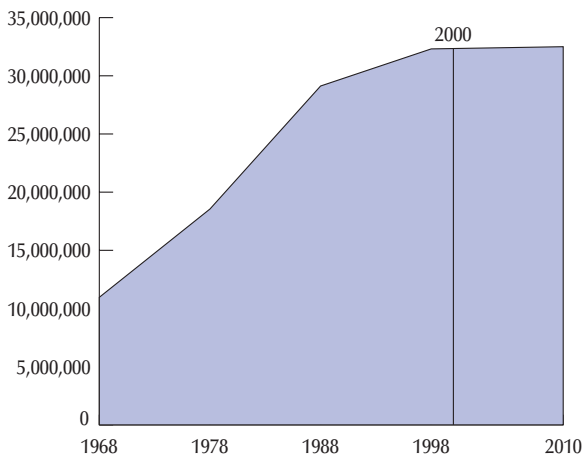
Whether faith-based or secular, for-profit or not-for-profit, we believe that your organization is likely to benefit from some of the staffing solutions suggested here.

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

The hidden source of direct care shortages

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

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



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

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

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

The emerging “care gap”

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

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

Although a long-term vision is important . . .

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

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

... a short-term plan is essential

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

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

