

GREATER ROCHESTER AREA PARTNERSHIP FOR THE ELDERLY

WORK GROUP 2001

Long Term Care Worker Shortages

**COMMUNITY, GOVERNMENT AND WORKPLACE
ACTION PLANS**

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PREFACE

Work Group 2001 grew out of a request for interested parties to “**Become Part of the Solution**”—the theme of the Greater Rochester Area Partnership for the Elderly’s (GRAPE’s) second Legislative Breakfast on the subject of Long Term Care Worker Shortages--February 2, 2001. Specific goals for the group were to:

- ❖ Review prior community, advisory and work group recommendations, 1989-2001.
- ❖ Focus on solutions rather than problems and develop an action plan pertinent to the Rochester area in 2001.
- ❖ Use the Action Plan or Plans developed to influence social and public policy to effect community, governmental and workplace interventions for easing long term care worker shortages at all levels of care

The group came together six times between March 12 and June 4 and met many more times “on-line” in order to reach consensus on strategies considered most useful for our community’s long term care workplaces. A great deal of energy went into sifting through reams of recommendations from reports issued since 1989, brainstorming and boiling down lists of solutions into **three major action arenas—Community, Government and Workplace**. What follows is an extensive **Executive Summary**, but with a partial listing of action steps. The comprehensive listing of strategies and action steps is contained in the main **Action Plan**, pages 1-20. Most recommendations made can be applied generally to frontline worker shortages in all health care work venues.

GRAPE has focused on continuing care/long term care workers for the past two years because GRAPE’s membership has identified critical worker shortages as impeding provision of quality care to elderly persons. Indeed, six of the original seventeen Work Group 2001 members were unable to participate in work sessions due to short-staffing problems and/or the associated increased work demands placed upon them.

Although earlier reports included recommendations and strategies for addressing health care worker shortages, this is the first time to our knowledge that strategic mini-plans, complete with action steps, have been developed for frontline worker shortages in three action arenas. Following a summer break, GRAPE’s Advocacy Committee will continue to refine these plans--prioritizing, adding time lines and assigning responsibility to action steps developed by Work Group 2001. This work and its aftermath will ensure completion of the problem-solving cycle (See **Appendix D**) begun by Work Group 2001, moving the process through the cycle’s Planning, Implementation and Evaluation stages. This action plan will then become, as hoped by Work Group 2001, a working blueprint for future community, government and workplace action, instead of a report gathering dust on someone’s desk or becoming an item for the circular file.

On behalf of GRAPE’s Advocacy Committee, I wish to thank members of Work Group 2001 for their hard work and diligence in the completion of this excellent Action Plan. Special thanks also to Ellen Gniewek for her assistance in co-authoring this work.

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Work Group 2001: Long Term Care Worker Shortages

GRAPE's Mission: GRAPE is an organization of 260 professionals and interested persons who aspire to improve the quality of services for older people. This mission is accomplished by sharing expertise, knowledge and skills and by acting as advocates in ways deemed appropriate by the membership. GRAPE seeks to provide high quality education/training programs for members. The organization attempts to influence social and public policy and facilitate debate about emerging issues.

Goal and Charge for Work Group 2001: *To improve the quality of health and long term care services for older people by (1) reviewing prior community, advisory and work group recommendations (1989-2001); (2) focusing on solutions rather than problems and developing an action plan or plans pertinent to 2001; (3) utilizing action plans to influence social and public policy to effect community and governmental interventions for easing worker shortages at all levels.**

***NOTE:** Worker Shortages reviewed and discussed were at **all levels**, ranging from specialists, such as Rheumatologists, Cardiologists and Pharmacists to Nursing and personal care occupations—RNs, LPNs, CNAs, HHAs, PCAs and Choreworkers. All are essential to providing institutional, residential and/or community-based care to elderly persons. Care venues include, but are not limited to, hospitals and nursing homes, hospice, adult care facilities, assisted living and enriched housing programs, adult day health care programs and care in the home. **The primary focus of Work Group Action Plans will be recruitment and retention of frontline workers who provide direct care to elderly persons in the following four occupations: CNA, HHA, PCA and Homemaker and Chore Worker.**

GRAPE's Advocacy efforts will go beyond the issuance of Work Group 2001 Action Plans in June, 2001. Work will include: (1) development of priorities, timelines and responsible parties to complete the problem-solving cycle begun by Work Group 2001; (2) follow-up grassroots advocacy to spur community, workplace and governmental action on Work Group recommendations, and (3) GRAPE's continuing community collaboration with interested parties working to ease the current worker shortage crisis.

GRAPE's Advocacy Efforts, in the area of continuing care worker shortages, since 1999 have included:

1. Two Legislative Breakfasts at Monroe Community Hospital, Rochester, New York: January 28, 2000 and Feb. 2, 2001
2. Testimony before both the County and State Offices for the Aging Public Hearings in Rochester, New York, summer and fall of 2000.
3. Collaboration with LIFESPAN's Culture Change Project, 2000-2001
4. Advisory Committee Member, Rochester Health Commission's Task Force on Health Worker Shortages, *Wages, Recruitment, Retention* sub-group participant, January, 2001-Present.
5. Public Testimony before the New York State Assembly Majority Committees on Health and Aging, Rochester, New York, January 28, 2001.
6. Convening of a 16-person Work Group on the issue, March 12, 2001- June 4, 2001.
7. Written testimony submitted to the New York State Assembly Minority Task Force Roundtable, Rochester, New York, April 19, 2001

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**GREATER ROCHESTER AREA PARTNERSHIP FOR THE ELDERLY (GRAPE)
WORK GROUP 2001
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**COMMUNITY, GOVERNMENT AND WORKPLACE
ACTION PLANS**

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[Please contact us by e-mail and we will mail you Appendix items B, C, and D]

Executive Summary

The Rochester area is experiencing severe worker dearth, similar to the rest of the country. Results of a Monroe County employer *Job Vacancies Survey*, conducted by the Rochester Resource Alliance and published in February, 2001, demonstrates that health care jobs are in greatest demand with the highest percentage of jobs rated "hard to fill"—40%—among all worker sectors surveyed. 20% of the hard to fill jobs were in Retail and 11% were in the Manufacturing sector. Health care worker shortages are most pronounced in long term care--or *continuing care* as this field is coming to be known—an area which has profound difficulty attracting and retaining

workers. Long term care worker shortages were recently found to be among the top five problem areas facing elderly persons, identified by "Helping Seniors," a community investment impact team of United Way of the Greater Rochester Area.

Safety and quality of care are at great risk, as evidenced by the federal Health Care Financing Administration's (HCFA's) Year 2000 compliance/surveillance report, which finds a correlation between inadequate staffing and the occurrence of pressure sores, dehydration, malnutrition and other adverse outcomes among nursing home residents. Employers pay dearly in civil penalties for such findings. Society pays a higher price yet, in terms of spiraling health care costs and increased, life-threatening risks for its most vulnerable citizens.

Attraction, Recruitment and Retention Problems:

While current long term care worker shortages are resulting in part from economic and demographic trends and will continue to worsen over the next decade, the reasons for inability to attract and retain workers are many and complex. Some reasons for recruitment and retention problems include, but are not limited to:

- **Demographics:** 2000 Census figures show 21% fewer persons in the ages 20-34 Cohort living in the Rochester area today compared with 1990. Meanwhile, the number of older adults in the Rochester area, ages 75+, has *increased* by 28%. Nationally, between 2000 and 2050, the population 85 years old and older is projected to grow by 323%. (See **Home Care Association of New York State, Inc. Graph, The Demographics: More to care for and fewer to provide care**, January 28, 2000, **Appendix C**, and **McNamara, 1999**)
 - **Competition for young workers:** There is fierce competition, for entry level and frontline workers, with all other sectors of the economy which can provide higher wages and better benefits for workers. This incongruity in salaries is attributed to consistent cutbacks in Medicare and Medicaid reimbursements to long term care providers over the past decade.
 - **Acknowledging Job Demands:** The skills, talents, temperament and stamina needed for occupations in long term care may further limit the pool of career workers. Establishing incentives to attract quality workers for time-limited commitments may expand that pool and perhaps this is where some of the recruitment energy should be directed.
 - **Public attitudes and government policies:** Inability of the public and government to recognize and appreciate the intrinsic value of health care, in general, and the value of long term care in particular. A general distrust of the health care system is prevalent. This is particularly true of the long term care arena, where quality of care is suspect after years of adverse media exposure.
 - **Workplace environment and lack of recognition/respect:** Taking care of elderly persons is notoriously demanding, difficult, frequently demeaning work in workplaces, which frequently exhibit low worker morale and hostile work environments. Understaffing and mandatory overtime in some facilities has led to a high burnout rate. Indeed, lack of recognition and respect in the workplace topped the local list of reasons why long term care workers leave their jobs, with low pay and understaffing ranked second and third in a 1999 survey completed here in Monroe County.
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- **Women's Issues:** There are an increasing number of job choices for women in the current demographic squeeze. Many women working in health care are single heads of household and sole breadwinners of their families. Along with these responsibilities come a number of problems and family concerns, which may include: the low wages, neighborhood and domestic violence, substance abuse, problems with the criminal justice system, inadequate health insurance, safe housing and lack of affordable, accessible transportation, reliable child and elder care. Entry level/frontline workers in health care are predominantly women. Many women in long term care occupations are the working poor—supporting their families and living at or below poverty level, while needing a great number of social supports for themselves and their families. Many families of frontline healthcare workers qualify for Medicaid and food stamps because of the low salaries earned by these breadwinners.

Spotlighted Long Term Care Occupations:

While recognizing the critical need for RNs and LPNs in the continuum of long term care, there are professional groups advocating for these occupations. GRAPE has chosen to focus advocacy efforts for the past two years on four frontline occupations crucial to the continuum, both in- and outside of nursing homes. The occupations addressed specifically in this paper are those of Certified Nursing Assistant (CNA), Home Health Aide (HHA), Personal Care Aide (PCA) and Homemaker/Chore Worker. While the last occupation does not require certification in New York State, it is expected that employers will provide training for workers who fill these positions.

Action Plan:

Parts I, II and III of the Action Plan suggest possible strategies and action steps for addressing and positively impacting the local long term care worker crisis in three arenas identified by Work Group 2001: **Community, Government and Workplace**. The Executive Summary contains a compilation of recommended possible strategies and one or two “premier” action steps. A complete listing of action steps is found in the main body of this work, pages 1-20.

Recommendations made in all three arenas assume **community collaborative action**—with strong leadership and a membership inclusive of civic groups, all levels of government, insurers, charitable foundations, labor unions, a local resource alliance, employers, academic institutions, professional and service organizations.

PART I. COMMUNITY ACTION

Work Group 2001 reviewed the history of Rochester’s community health planning system and all state/local task force or work group recommendations and reports issued since 1989. The Group believes this Community can play a large part in relieving long term care worker shortages, by: (1) providing job and education opportunities, (2) empowering workers to be part of the problem-solving effort and (3) boosting the public’s perception and image of long term care. Action is recommended in seven areas: *Community Study, Media, Education, Recognition and Respect, Advocacy, Support Services and Volunteerism*.

COMMUNITY STUDY/FOCUS GROUPS: Work Group 2001 believes that no community action steps will be effective unless long term care workers are highly involved in problem-solving efforts. Therefore, the Group recommends formation and analysis of focus groups on the issue of

long term care worker shortages, which include CNAs, HHAs, PCAs and Homemakers or Choreworkers.

Desired Outcome: Long term care workers will stay in their jobs and become part of the solution process through empowerment and direct involvement in community and on-site problem-solving efforts.

Possible Strategies: Fund paid or unpaid focus groups and analysis of focus groups so that long term care workers can be part of problem-solving efforts. This would ensure that all other community action steps reflect *real* needs of long term care workers.

Premier Action Step: Advocate to fund community long term care worker focus groups and analysis of focus group work.

MEDIA: The long term care arena has taken a lot of flak from the media over many years. Sensationalism sells journalism. Most of what has been broadcast or written—from “Granny Cam” episodes to criminal actions brought against a few nursing home/long term care worker staff. This casts long term care workers and workplaces in a bad light. Inadequate public financing is partially to blame for the public’s negative perception of long term care—and that issue will be dealt with in *Part II: Government Action*. However, Work Group 2001 believes the community can play a large part in changing both media and public opinions of long term care.

Desired Outcomes: (1) Media will recognize workplaces and workers in positive ways, dwelling more on accomplishments than on deficiencies; (2) public respect for and community image of the long term care field and workers will be enhanced; (3) workers will be attracted to jobs in long term care.

Possible Strategies. The Work Group recommends achieving outcomes through strategies and action steps aimed at: (1) public service messages and media coverage which highlight the positive motivation and the intrinsic satisfaction experienced by dedicated workers; (2) developing public relations campaigns specifically designed to attract workers to long term care jobs.

Premier Action Steps. Seek funding for a media campaign to attract workers and implement a community education campaign to both enhance worker image and change the public’s perceptions of the long term care delivery system;

EDUCATION: This community action area has two parts, one pertaining to family caregivers and elderly persons receiving care and the second pertaining to workers.

Desired Outcomes: (1) Workers will stay on their jobs because those served will recognize, understand and respect worker roles and responsibilities; (2) Workers will expand their education/career goals for personal development.

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GRAPE WORK GROUP 2001 LONG TERM CARE WORKER SHORTAGES ACTION PLAN

INTRODUCTION:

Rochester Health Care Planning and Long Term Care Background/History:

Since the 1930’s, the Greater Rochester Area has been unique in seeking community solutions to problems dealing with health care planning, financing and delivery. Serious community health planning discussions led to addressing the need for long term care case management and non-institutional (home care) services development in the early 1950’s. The 1970’s saw Rochester’s first health maintenance organization—Genesee Valley Group Health Association—and the substitution of subacute care for acute care,

through federal waivers obtained by the Monroe County Long Term Care Program, Inc. (MCLTC). In 1977 MCLTC began operation of Assessment for Community Care Services (ACCESS) for skilled nursing care in the home.

By the mid-1980's the community was beginning to look at demographics and realize it was facing, and would continue to face, critical shortages in health care workers into the 21st century. This realization led to several community studies and initiatives—culminating in publication of one led by Monroe Community College's Long Term Care Planning Program in 1989 and another completed by the Finger Lakes Health Systems Agency and issued in 1993. Also in 1989, the New York State Labor-Health Industry Task Force on Health Personnel submitted its final report to the New York State Department of Health. From these studies and initiatives, the community developed stopgap measures, particularly in the area of worker education, to ease health care worker shortages. The Rochester area was lulled into a false sense of security in the 1990's by hospital downsizing and mergers which, for a time, created a pool of workers.

Today's Crisis:

Results of a Monroe County employer *Job Vacancies Survey*, conducted by the Rochester Resource Alliance and published in February, 2001, demonstrates that health care jobs are in greatest demand with the highest percentage of jobs rated "hard to fill"—40%—among all worker sectors surveyed. By comparison, 20% of the hard-to-fill jobs were in Retail and 11% were in the Manufacturing sector. Health care worker shortages have become the paramount barrier to providing quality health care in Rochester and everywhere else in the nation. Indeed, the recent closing of The Genesee Hospital in Rochester, and one hundred other hospitals around the nation, was attributed in part to lack of trained, qualified staff. Long term care worker shortages were recently found to be among the top five problem areas facing elderly persons, identified by "Helping Seniors," a community investment impact team of United Way of the Greater Rochester Area.

The long term care arena is suffering greatly, as it experiences the most difficulty attracting workers, after years of cutbacks in Medicare and Medicaid, more stringent federal regulations and low public esteem. In 1984, Dr. Gerald Eggert, Executive Director of the Monroe County Long Term Care Program/ACCESS, said, "In sum, the negative perception the public has of nursing homes, coupled with the lack of accountability to and participation by the public in governance, has contributed to inadequate public financing for long term care. Inadequate financing has in turn contributed to limited physician involvement and ongoing staffing problems with those who provide care to patients."

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While shortages documented in health occupations range from Rheumatologists and Cardiologists to Registered nurses (RNs), licensed practical nurses (LPNs), lab personnel and unit clerks, GRAPE's Work Group 2001 has chosen to concentrate study and effort on shortages in long term care frontline workers who provide most of the direct, hands-on care and services to elderly persons. This is in accordance with GRAPE's mission and needs surveys of GRAPE's membership. Specifically, these frontline occupations are: Certified nursing assistants (CNAs) who work in nursing homes, hospitals, community-based senior housing alternatives and long-term care programs; home health aides (HHAs) who work in the home and in certain senior housing alternatives such as Adult Care Facilities; Personal Care Aides (PCAs) who work in Adult Care facilities and in community-based services such as the Elderly In-Home Services for the Elderly Program (EISEP), Homemakers and Chore Workers who provide services to help elderly persons remain in the community longer. While

homemakers and chore workers do not currently require certification in New York State, it is expected that employers will provide training for workers who fill these positions.

Reasons for Long Term Care Worker Shortages: The issue of recruitment and retention of long term care workers is full of variables and complexities. Reasons for worker shortages, while predominantly demographic and economic in nature, are also varied and complex. They include, but are not limited to:

- **Demographics:** 2000 Census figures show 21% fewer persons in the ages 20-34 Cohort living in the Rochester area today compared with 1990. Meanwhile, the number of older adults in the Rochester area, ages 75+, has *increased* by 28%. (*Census 2000: Gender and age breakdown in the six-county area*, p. 4A, **Democrat and Chronicle**, May 22, 2001; See also, 2000 Home Care Association of New York State Graph, *The Demographics: More to care for and fewer to provide care*, **Addendum C**)
- **Competition for young workers:** There is fierce competition with all other sectors of the economy for entry level and frontline workers. Other employment areas such as retail and fast food can provide higher wages and better benefits for workers than can long term care employers. This incongruity in salaries is mainly due to consistent cutbacks in Medicare and Medicaid reimbursements to long term care providers over many years.
- **Acknowledging Job Demands:** The skills, talents, temperament and stamina needed for occupations in long term care may further limit the pool of workers. There is need to consider time-limited commitments as a way to expand the pool of workers.
- **Public attitudes and government policies:** Inability of the public and government to recognize and appreciate the intrinsic value of health care, in general, and the value of long term care in particular have led to inadequate public financing for long term care. A general distrust of the health care system is prevalent, attributed in part to restrictions placed upon it by Managed Care. This public mistrust is particularly prevalent in the long term care arena, where quality of care is suspect after years of adverse media exposure.

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- **Workplace environment and lack of recognition/respect:** Taking care of elderly persons is notoriously demanding, difficult, frequently demeaning work in workplaces, which frequently exhibit low worker morale and hostile work environments. Understaffing and mandatory overtime in some facilities has led to a high burnout rate. Lack of recognition and respect in the workplace topped the local list of reasons why long term care workers leave their jobs, with low pay and understaffing ranked second and third in a 1999 survey completed here in Monroe County.
- **Women's Issues:** There are an increasing number of job choices for women in the current demographic squeeze. Many women who decide to work in health care are single heads of household and sole breadwinners of their family. Along with these responsibilities come a number of family problems and concerns which may include: the low wages, inadequate health insurance, unsafe housing situations, neighborhood and domestic violence, substance abuse and lack of

affordable, accessible transportation, reliable child and elder care. Entry level/frontline workers in health care area predominantly women. Many of them are the working poor—supporting their families and living at or below poverty level, while needing a great number of social supports for themselves.

Work Group 2001:

Recommendations contained in this report are the product of a GRAPE work group which came together six times between March 12 and June 4, 2001 for intense work sessions. During these sessions and many more “homework” sessions on-line, Work Group 2001 proposed strategies for addressing long term care worker shortages in three action arenas: **Community, Government and Workplace**, which comprise Parts I-III of this report.

The work group reviewed volumes of recommendations made by state and local groups between 1989 and 2001, paring them down into strategic categories with accompanying action steps. They were asked to “think outside the box” while at the same time deciding upon “do-able” long-term solutions to the worker shortage problem. Many of the recommendations which appear here were first proposed by state and local work groups as early as 1989 and are still pertinent to today’s long term care work environments. Once possible strategies were formulated, Work Group 2001 devised matching action steps.

- **Part I: Community Action** will encompass seven areas: *Community Study, Media, Education, Recognition and Respect, Advocacy, Support Services, Volunteerism.*
- **Part II: Government Action** will focus on three areas: *Regulatory, Legislative and Funding Proven Models.*
- **Part III: Workplace Action** also addresses *Recognition and Respect; Rewards and Incentives, Empowerment, Mentorship, Growth Opportunities, Management and Supervision.*

Recommendations made in the three arenas assume community collaborative action—with strong leadership and a membership inclusive of civic groups, all levels of government, insurers, charitable foundations, labor unions, a local resource alliance, employers, academic institutions, professional and service organizations.

I. Community Action

Work Group 2001 believes the community can play a large part in relieving long term care worker shortages by providing job and education opportunities, by helping to ensure that workers are empowered to take part in solution of the problem and by boosting the public’s perception and image of long term care. GRAPE’S Work Group 2001 has made recommendations for community action in seven identified solution areas: (1) Community Study; (2) Media; (3) Education; (4) Recognition and Respect; (5) Advocacy; (6) Support Services, and (7) Volunteerism.

1. **COMMUNITY STUDY**: It might seem that our community can ill afford time and effort spent on **yet** another study, given the critical staffing shortages of the moment in long term care. However, Work Group 2001 contends that no action steps will be effective unless long term care workers are highly involved in problem-solving efforts.

Desired Outcome of Community Action: Long term care workers will stay in their jobs and become part of the solution process through empowerment and direct involvement in community and on-site problem-solving efforts.

Possible Strategies:

- Fund a **community study of the true costs** to the employer of **job turnover** or of an employee working two jobs in the Rochester area.*
- **Fund paid or unpaid focus groups and analysis of focus groups** so that long term care workers can be part of the problem-solving efforts. This would ensure that community action steps reflect the *real* needs of long term care workers.

Action Steps:

- Use quantitative results from PHI statewide study (see **NOTE**, below) and any other published studies/surveys on costs of worker turnover to convince local employers to pay a higher hourly wage in order to retain workers and save job turnover dollars.
- Advocate to fund community long term care worker focus groups and analysis of focus group work.

***NOTE:** 1996 data indicated a national average cost of \$4,000 to replace each departing C.N.A. (Pillemer). The Home Care Association of New York State, Inc. (HCA) reported in April, 2001 that the Paraprofessional Healthcare Institute (PHI) is currently doing a New York State study to determine the true costs to employers of worker turnover. Regional results of that study will be available later this year.

2. **MEDIA:** Printed, A/V and internet/electronic media have for years searched, found and reported upon stories with negative overtones which have cast the long term care field in a bad light. Workers and their workplaces are seldom profiled in positive ways. The recent controversy over families videotaping long term care workers without their knowledge ("Granny Cam" issue) and the national and local media's preoccupation with it, is exemplary of the problem. The public's perception of long term care, through media eyes, has become that of unsanitary and unsafe work places, manned by criminals, full of abuse and neglect for needs of elderly persons. The community can work to change negative media and public perceptions of long term care.

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Desired Outcome(s): (1) Media will recognize workplaces and workers in positive ways, dwelling less on deficiencies and more on accomplishments; (2) Public respect for and community image of the long term care field and workers will be enhanced; (3) Workers will be attracted to jobs in long term care.

Possible Strategies:

- **Positive public services messages** and media coverage, which highlight motivation and the intrinsic satisfaction experienced by dedicated workers.
- **Develop public relations campaign** specifically designed to attract workers to long term care jobs.

Action Steps:

- Community collaborative, as described in the Introduction, cooperates to educate and to supply the media with positive human interest stories and continuous encouragement to look at positive aspects of long term care.

Increase local newspaper linkages by 400% and local news coverage by a comparable number of minutes.

- Seek funding for a community education campaign, co-sponsored with members of a community collaborative or in concert with other long term care services organizations, to both enhance worker image and positively change the public's perception of the long term care delivery system. Approach United Way and other charitable foundations for support. Community education campaign might be designed similar to that for the teen target group, "Not Me, Not Now" or like a recent one for workers/staff caring for persons with developmental disabilities
- Seek funding for development of recruiting tools aimed at attracting health care workers to long term care. These could be television or radio ads, with slogans like "Make a Difference in Someone's Life," "Your Community Needs You!," "Get Paid for Caring," "House empty? Come to Ours." Use the words "career opportunities."
- Promote *partnership in caring* among the funding agency or foundation, the long term care worker, the family and elderly patient or resident.
- Target the 45-65 year-old age group as part-time paid staff, since younger workers are unavailable. Draw from displaced homemakers, retired military personnel, early retirees. Market as a second career for these persons.

3. **EDUCATION:** This community action area has two parts. Part one addresses public education and re-education of family caregivers and elderly persons to the value of health care and long term care. The Work Group recommends teaching consumers of service what is involved in hands-on care and letting family caregivers know what is and what is not expected from health care workers. It was also suggested that kindness, patience and tolerance be taught to those who receive care and to their family members.

Part two recommends community action to help build career ladders or career alternatives for frontline workers and create a community scholarship fund to assist with worker tuition. Further emphasis on worker education is found in both *Government* and *Workplace* Action recommendations.

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Desired Outcomes: (1) Workers will stay on their jobs because those served will recognize, understand and respect worker roles and responsibilities; (2) Workers will expand their education/career goals for personal and professional development.

Part One: Education/Re-education of Family caregiver/elderly persons

Possible Strategies:

- *Speaker's Bureau* for schools and colleges. Education to lower grades (elementary and middle schools) about healthcare occupations. Emphasize intrinsic, people-oriented job rewards.
- *College Internships* for credit with long term care providers
- *Develop a Training film* to be shown to Family Caregivers and Elderly persons to educate about what is expected from health care workers and what is not. Create the film to include examples of treating workers with dignity and respect, kindness, patience and acceptance.

- *Include elders in a positive way in elementary school textbooks; show more disabilities there and teach about them.*

Action Steps:

- Expand Council for Elders' (Advisory Board to the Monroe County Office for the Aging) Pilot Program/Speaker's Bureau to include an emphasis on long term care occupations--speak to elementary school children, trade school and college students, as well as high school classes. Stress the humanitarian/helping aspects of the jobs and bring elderly persons into the school to talk to children and teens.
- Coalition cooperative to provide on-site, for-credit internships for college students.
- Collaborate with and support the Monroe County Department of Social Services in efforts to produce and distribute a training film for family caregivers and older adults receiving care. Suggest that all long term care worker supervisors also view this training film.
- Work with elementary schools to have entire grades or classrooms "adopt" a nursing home or community-based program for the elderly. Once established, work to build caring, continuing relationships between children and elders.
- Seek funding for an intergenerational film for use in schools and use it for public relations school visits. Convince national schoolbook publishers to begin including elders and disabled persons in textbooks/readers for elementary school children.

Part Two: Frontline Worker Education

Possible Strategies:

- Provide a *Community Scholarship Fund* for long term care workers.
- Provide funding for a *Demonstration or Pilot Project to create career ladders* for the benefit of long term care workers.
- *Develop a training film* for long term care workers, which focuses on human contact and relational/connecting aspects of caring for elderly persons.
- *School to work programs* in high schools and BOCES

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- Seek funding to seed a Community Scholarship Fund for frontline long term care workers, utilizing models and experience of the University of Rochester's Finger Lakes Geriatric Education Center and its affiliate Colleges--Ithaca, Cornell and Nazareth. This fund could also be used for the dual training of CNAs and HHAs, and PCAs, with separate programs for Homemakers, Chore Workers and others who provide eldercare services *including family/informal caregivers*.
- Seek funding to develop a program, similar in scope to the GEM (Guaranteed Educational Mobility) program of the late 1980's—funded by United Way, Home Care Research, Inc.(HCR), Monroe County and the Rochester Area College Foundation—to help advance nursing assistants and home health aides to the level of Licensed Practical Nurse (LPN).
- Employers would provide a variety of support mechanisms for the career ladder development plan, including flexible hours, study space, textbooks, tutoring and mentoring.
- Seek funding to develop a Training Film for long term care workers. The film should focus on humanitarian, *nurturing* aspects of caring for elderly persons.

Include aspects of understanding dementia, mutual respect and dignity issues. Show this film to all potential employees.

4. **RECOGNITION AND RESPECT:** Low pay and understaffing ranked second and third, respectively, to lack of respect as reasons why long term care workers leave their jobs, according to a 1999 Monroe County survey. While recognition and respect will be dealt with to a greater extent in **Part III, Workplace**, Work Group 2001 feels there are ways in which the community can bolster recognition and enhance the positive image of long term care workers.

Desired Outcome(s): Long Term Care Workers will remain at their jobs, feeling pride in their work, a greater sense of self-worth and heightened self-esteem.

Possible Strategies:

- Formal community recognition of long term care workers from all venues (i.e., aide of the month announced in the newspapers).
- Encourage development of pooled, area-wide contests and promotions which motivate health care workers, tout the long term care job and recognize above-average experience.

Action Steps:

- Expand community collaborative efforts such as LIFESPAN's** annual C.N.A. Awards Luncheon to include publicized recognition of workers from other long term care venues and programs (i.e., home care, the EISEP program, adult day services, adult care facilities, assisted living programs, etc.) throughout the year.
- Work through an established community collaborative to design area-wide friendly competition contests, choose "Worker of the Month," present awards with fanfare and publish particulars in the media.

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- Establish *Spot Light Areas for Best Practices* in a variety of long term care settings, such as SNFs, ACFs, Home Care, Adult Day Services—highlighting in Press, Radio and Televised Media, the positive aspects of these workplaces and their workers.

***LIFESPAN of Greater Rochester, Inc., is a United Way-sponsored, not-for-profit agency offering more than 30 programs to serve the area's aging population and their families.*

5. **ADVOCACY:** Once all community work groups (Rochester Health Commission's Task Force on Health Worker Shortages, GRAPE Work Group 2001, Rochester Health Forum) have completed their tasks in 2001, Work Group 2001 feels there is need to involve the entire community in follow-up Grassroots Advocacy. Grassroots advocacy is broadly defined as efforts by society at the local level to support commonly held beliefs, causes or viewpoints. (Compilation by Merriam-**Webster's Ninth New Collegiate Dictionary**) Grassroots efforts can encompass everything from support for cultural changes to influencing/effecting changes associated with social and public policy.

Some of these efforts should be directed toward policymakers at federal and state levels of government. Work Group 2001 feels that legislators should become more directly oriented and more sensitized to work accomplished in long term care arenas.

Desired Outcomes: (1) Improve quality of health care and access to long term care services in the community through participation in ongoing Grassroots Advocacy campaigns; (2) Legislators will advocate for regulatory, budgetary and legislative action to improve the long term care environment.

Possible Strategies:

- Organize community and elder-specific grassroots advocacy efforts
- Follow up legislative advocacy for *all areas* of long term care provision, not just health care worker shortages.
- Educate legislators in local delegation to a deeper understanding or challenges faced by long term care providers and their workers.

Action Steps:

- Challenge each legislator in area delegation to “adopt” a facility or community-based long term care program.
- Organize professional organization-sponsored post card campaigns to help seniors advocate for specific legislation.
- Arrange talks by professionals to corporate groups, employee assistance programs, senior center groups, retiree clubs and persons in community-based adult day services programs, educating them about health care/long term care issues and federal or state legislation which affects them. Obtain support via letters/post cards to appropriate decision-maker(s).
- Assist in development of “Legislative Advocacy” Discussion Groups in each center, club or program (Provide groups with Albany *Legislative Gazette*, internet web sites and other resource materials)
- Development of plan particulars by the Community Collaborative which finds willing legislators for a “Walk in My Shoes” long term care workplace experience.

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6. SUPPORT SERVICES: The health care worker shortage issue is an extremely complex one. In addition to lack of recognition/respect and low pay, there are other vexing problems for long term care workers, ranging from transportation difficulties to lack of affordable, accessible child care. Other complex challenges faced by many families living in Rochester area in 2001 many include unsafe housing and neighborhoods, domestic violence, and substance abuse issues. Work Group 2001 believes the Community can be supportive in helping alleviate these stressors.

Desired Outcome: Long Term Care Workers will not be forced to leave their jobs due to lack of affordable, accessible child care and transportation services or other family circumstances.

Possible Strategies:

- Ensure viable child care for long term care workers
- Provide or assist in provision of free/cheap transportation—through low cost car loans, low cost bus passes, parking permits for apartment areas (where home health aides must pay).

- Access to quality human services agencies as needed.

Action Steps:

- If not already done, complete a feasibility study for potential utilization of a community-operated day care center—one which might operate 24-hours per day to accommodate the shift schedules of workers.
- Work through community collaborative to establish snow day and school vacation programs within workplaces in order to accommodate child care needs of workers
- Establish a Babysitting Registry for workers on the 11 p.m. to 7 a.m. shift.
- Work through coalitions of Long Term Care employers, Catholic Family Center and other family service agencies to accommodate transportation needs of employees.
- Advocate for waivers to the Americans with Disabilities Act (ADA) for Lift Line Para-transit service and rural county transportation services (outside of Monroe) to see if waivers from ADA can be granted in order to use busses for transporting long term care workers to their jobs.
- Ensure, as a community, the availability of legal, human services and EAP assistance for workers.

7. VOLUNTEERISM: Over the years, three local work groups on long term care worker shortages have highlighted volunteerism as one logical way to deal with demographic and understaffing realities. GRAPE Work Group 2001 recommends several strategies to boost the image of long term care while providing the crucial support needed by paid workers.

Desired Outcome: Understaffing in long term care facilities and community-based programs will be reduced by the presence of well-trained, willing and motivated volunteers.

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Possible Strategies:

- Teen Volunteer Programs in facilities and in community-based care programs.
- Enlist general public involvement as volunteers in long term care settings
- Encourage seniors and civic groups to volunteer in schools
- Ensure genuine intergenerational opportunities.
- Involve civic groups to fulfill their goals and do their charitable work by volunteering in long term care workplaces.
- Rethink the role of families and neighbors as volunteers providing care and services.

Action Steps:

- Approach Girl- and Boy Scout troops, other Boys and Girls Clubs, high school and BOCES classes to recruit teens for volunteer programs.
- Speak to Senior Clubs, Civic Groups and the United Way Volunteer Connection about fulfilling their organizational goals by serving as long term care volunteers in skilled nursing facilities (SNFs), Adult Care Facilities (ACFs), Assisted Living Facilities (ALFs), etc. Stress human interest and human contact values and show educational film.

- Use a community collaborative, as described in the Introduction, to engage and arrange training for long term care volunteers and workers.
- Provide in-depth training for volunteers in areas of dementia/Alzheimer's Disease, feeding, communications, grief and loss, etc., to make their volunteer experience more meaningful.
- Encourage volunteers and residents or program participants to share each other's stories, since research has shown that the more known about the patient the better care volunteers will provide.
- Recruit volunteers through church bulletins and inserts in utility bills
- Adopt an entire fourth grade and, once the connection has been established, work to build continuing relationships among elderly persons and children.
- Advocate for reimbursement incentives and for removal of facility/agency and governmental barriers to involvement of informal/family caregivers as trained volunteers in long term care settings, including the home.

II. GOVERNMENT ACTION

Work Group 2001 believes there is much government can do to alleviate the current crisis in long term care and recommends action in three areas: *Regulatory, Legislative and Culture Change Funding*. In some instances, federal as well as state action is recommended.

Desired Outcome Resulting from Governmental Intervention: There will be no arbitrary standards and credentials barriers to long term care employment in New York State and workers will be encouraged by incentives to begin- and remain working in the continuing care service delivery system.

1. REGULATORY ACTION: Long term care worker shortages have made stringent federal and state regulations even more onerous to deal with than in the past. Discussion of staffing ratios and tightened regulations aside, the primary issue for most long term care settings today, is recruitment and retention of quality staff that have the *temperament and desire* to care for elderly persons.

Nursing assistants working in New York State hospitals are not required to be certified. A GED or high school education is sufficient to hire an aide for hospital work. Federal regulations require nursing homes and home health agencies to hire *only* certified personnel. Not being able to hire certain frontline workers due to inconsistencies in certification requirements is a great frustration for long term care providers in these times of worker dearth.

Paperwork relief in the long term care arena is essential. Having to complete some fifty pieces of paper for each nursing home or home care admission and then fulfilling many more paperwork requirements post-admission—some of them redundant--detracts from quality patient/resident care.

Work Group 2001 believes that the federal Health Care Financing Administration (HCFA) and New York State Department of Health (DOH) must reassess their current surveillance systems, standards and certification regulations in order to eliminate some of the barriers to hiring quality personnel for work in long term care.

Possible Strategies:

- Paperwork reduction/elimination of redundancy
- Consistency in regulations across regulators, government programs and levels of care, pertaining not only to personnel issues but also to environmental and other regulatory areas.
- Common certification for Certified Nursing Assistants (CNAs), Home Health Aides (HHAs) and Personal Care Aides (PCAs), to open up a larger pool of qualified workers
- Change State DOH surveillance mechanism to make it less punitive and re-educate surveyors to realities and difficulties of care provision.

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Action Steps: For the New York State Department of Health

- Facilitate a study group comprised of Professional Associations, Labor and Management to identify ways to streamline and reduce unnecessary paperwork and to assess the impact of government regulations on the workforce.
- Appropriate funding to develop local demonstration projects and pilot projects on worker recruitment and retention.
- Change regulations/current law so Adult Homes can hire C.N.A.s
- Advocate with the Commissioner of the State Department of Health to speed up the process of granting common certification to CNAs, HHAs and PCAs to permit reciprocity.
- Advocate for enabling categories of licensure and continuity in interpretation of regulations
- Think outside of the box: develop, promote and devote resources to new alternatives which support more effective, creative use of the existing work force.
- Remove constraints on the use of assistants that unnecessarily and inappropriately limit their scope of practice.
- Mandate that experienced surveyors work for a period of time in the types of facilities/agencies/congregate care programs they survey; surveyors-in-training should serve a sort of internship before becoming approved to do surveillance in these areas.

2. **LEGISLATION AND PROVISION OF INCENTIVES:** In October, 2000, the Paraprofessional Healthcare Institute (PHI) released results of its national survey on state initiatives to improve paraprofessional health care employment. 40 states have been addressing inadequate staffing levels in some way. Some states are looking at a broad array of reforms to help providers recruit and retain a stable well-trained workforce. A large number of states are seeking to improve wages for CNAs. Those that are most forward looking, according to the PHI, are also seeking to improve benefits, training and opportunities for advancement in order to compete for workers in the new economy.

Work Group recommends a variety of ways to improve wages and benefits, training and opportunities for advancement in order to attract and retain long term care workers.

Possible Strategies: For the New York State Legislature

- Wage Pass-Through Legislation as in 22 other states
- Remove unnecessary or artificial barriers and provide financial incentives for greater patient and family participation
- Increase Medicaid Payments and SSI Reimbursements/Tie to Worker Wages/Benefits increases
- Develop incentives for family caregivers
- Offer Tax Incentives to purchase Long Term Care insurance.
- Revise Temporary Assistance to Needy Families (TANF) guidelines to make them less bureaucratic and more attractive to participation of long term care employers; provide incentives for job training alliances between health care providers and SUNY schools.
- Provide, through legislation, incentives to work in long term care, i.e., lower mortgage rates, loan rates, SUNY Tuition Credits, NYS Retirement System benefits—similar to those of teachers, policemen, firemen and veterans.

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- Child/Elder care subsidies
- Work transportation subsidies
- State-funded health insurance program for workers from HCRA funds.

Action Steps:

- Provide families and other informal caregivers of elderly persons with the opportunity and incentives to become involved and knowledgeable in long term care practices; these incentives might include tax credits for care expenses and grants to modify homes or to subsidize training and education.
- Urge County Legislature/State Legislature to establish a consumer-directed Personal Assistance Program in every county. This program allows chronically-ill elderly or disabled persons to hire friends, family, church members or other acquaintances while getting care reimbursed by Medicaid. (Personal Assistance Program is now operating in the Capital District Area).
- Study workplace retention results from other states which have wage pass-through programs; draft legislation for New York State to include mandating a living wage with paid benefits, career ladders and training in adult basic education—all pass-through legislation items, as done in New Jersey, Massachusetts and California.
- Perform cost/benefit analysis of various long term care worker incentives such as lower mortgage and loan rates, SUNY tuition credits, NYS Retirement System benefits. Draft legislation to enable incentives and fund them using Civil Monetary Penalties, Tobacco Settlement funds or HCRA monies.

- Draft Legislation for subsidized child care and work transportation subsidies and fund the subsidies through vouchers paid from state TANF funds, State Department of Labor (DOL) or Department of Health (DOH) grant-funded programs.
- Fund public service messages that boost the image of long term care employees and stress the humanitarian/contact plusses of jobs in continuing care.
- Increase Medicaid and SSI reimbursements to long term care providers and tie directly to worker wage/benefits increases. Hold providers accountable for use of reimbursements for wages/benefits.
- Provide tax cuts for those who go into continuing care and remain there for a specified period of time.

3. FUNDING PROVEN MODELS: More than one-third of all states surveyed by the Paraprofessional Healthcare Institute (PHI) in 1999-2000 were examining ways to shape incentives to promote better management, supervision and other improvements in the nursing home workplace culture. Nine states have been able to access Civil Monetary Penalty funds to support new programs on training, supervision and management. One of these initiatives is the Eden Alternative, which has been responsible for remarkable improvements in nursing homes. Its founder, Dr. William Thomas—a Harvard-trained physician—believes that in ten years the Eden Alternative and other workplace culture change models “will be everywhere. It will be how we do long term care.” In initial studies, Dr. Thomas cited 50% reduction in infection rate, 71% decrease in daily drug costs per resident and a 26% cut in the turnover rate of nurse aides—and this study was done in 1994. Another factor which impacts turnover is absenteeism. One study notes a 44% reduction in absenteeism in an Eden Alternative facility.

Dr. William Thomas is an original member of the national Pioneer Nursing Home Culture Change movement based in Rochester, New York, at LIFESPAN.* Its central belief is “residents first” and the goal is to recreate nursing homes as places for *living*, with good medical and nursing care supporting rather than dominating a daily life that is meaningful to each resident. Nursing homes involved in the movement aim to restore control to the resident and to those closest to the resident—Certified Nursing Assistants.

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GRAPE’s Work Group believes that culture change projects and other proven models deserve serious attention, given the less than 30% annual turnover rates reported by Pioneer network facilities, which advocate and implement culture change.

Possible Strategies:

- Study other states’ models for funding culture change (i.e., New Jersey)
- Develop community coalitions, similar to *Practicing Organizations on the Path to Culture Change* in Rochester, New York, to encompass other long term care occupations such as nursing, home health aides, personal care aides, homemakers and chore workers.

Action Steps:

- Use facility fines/civil penalty money to fund and support culture change and other facility/agency programs to encourage retention.
- On-going Grants/Demonstration Projects either funded through the state budget or through the New York State Department of Health.
- Incorporate culture change values into C.N.A., HHA, PCA, Homemaker/Chore Worker and other staff training programs.

* LIFESPAN served as incubator for the national nursing home Pioneer Network, now established with its own nonprofit status, its own Web site and based at LIFESPAN in Rochester. The national Pioneer Network’s Executive Director is Rose Marie Fagan, who is also Director of the Nursing Home Culture Change Project for LIFESPAN.

III. WORKPLACE ACTION

The complex issues surrounding attraction, recruitment and retention of long term care workers have been well documented in prior sections of this white paper. To re-iterate some points: Entry level workers can earn more money for less work today in a fast food restaurant, in retail stores or in a Thruway Toll Booth. They are not likely to seek low-paying jobs caring for frail, incontinent elders. If they do come to work in long term care, they do not stay long and they are expensive to replace. A literature review by the Foundation for Long Term Care in September, 1999, found the national average turnover rate for CNAs to be 105% (Wilner and Wyatt) and the average cost to replace an aide was \$4,000.00 (Pillemer). Results of a 2000-2001 Paraprofessional Healthcare Institute (PHI) regional study of job turnover costs in New York State should be released later this year.

As mentioned previously, while lack of respect tops local and national survey lists of complaints by aides, low pay and understaffing ranked second and third respectively in a 1999 Monroe County survey. Supervisory relationships were given as another prime reason why employees leave their jobs.

Work Group 2001 has identified six workplace action areas: (1) Recognition and Respect; (2) Rewards and Incentives; (3) Empowerment; (4) Mentorship; (5) Growth Opportunities; (6) Management and Supervision. Some recommendations cost nothing to implement other than the conscious effort to do so on a daily basis. Others would

require monetary contributions by the employer, which would likely be offset by lower rates of job turnover among employees.

Desired Workplace Action Outcome: Long Term Care workers will be attracted to and remain employed in the field, experiencing high levels of job satisfaction, enhanced self-esteem and feelings of worth.

1. RECOGNITION AND RESPECT. Everyone appreciates recognition and respect, particularly for work well done. Since so many hours of our lives are spent in the workplace, we need to feel valued by our employers. Employees want to *know* they are doing a good job and be told so. Tom Peters, in his book ***In Search of Excellence***, advocates that managers walk around and see if they can “catch someone doing something right.” Unfortunately, in today’s heavily-regulated and busy long term care workplace, employees are seldom recognized for their accomplishments throughout the day.

Possible Strategies:

- Build meaningful relationships between residents and employees
- Employers should always exceed their employees’ expectations
- Keep promises made at time of hire (about full time hours, etc.)
- Make the workplace fun! Treat staff like gold!
- Institute culture change programs in *every* long term care workplace.
- Acknowledge, respect, celebrate and ***truly*** understand diversity in the workplace.

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Action Steps:

- Use “**100 Ways to Say VERY GOOD!**” every day (See **Appendix B**) in recognition of good performance; trouble-shoot problems quickly and advocate for the employee through a formal employee advocacy system.
- Set up a liaison system between management and employees.
- Embrace culture change, which promotes an environment of mutual caring and quality relationships.
- Provide sensitivity training for supervisory staff. Use training films to foster mutual respect and understanding of cultural diversity issues.
- Surprise employees while at work with “Employee of the Month” Awards; CEO/Administrator makes presentation before peers with fanfare.

3. REWARDS and INCENTIVES: Rewards or incentives to stay working in long term care may be as simple as providing more flexible work schedules or allowing job sharing for employees who have proven to be consistently reliable in their attendance and work productivity. Perhaps offering employer-supported programs such as pension plans, 100% health care coverage, legal services, counseling, stress management and transportation assistance would entice employees to work in the long term care field and provide incentives for them to stay longer.

Possible Strategies:

- Reward being there!

- Provide employee incentives such as referral bonuses and on-site child or elder care services for family members
- Offer employer-supported pension plans
- Offer discounted legal services
- Offer psychological counseling
- Make health care coverage truly affordable (Paying 80% of the cost does not encourage employees to seek coverage)

Action Steps:

- Give monetary rewards for perfect attendance and for longevity in employment. Give quality workers who stay on the job, 50% of the cost to replace them at the end of each year.
- Offer recreational opportunities/discounted tickets, parking perks, discounted AAA memberships, cell phone discounts to employees.
- Provide more flexible work schedules and/or job sharing for employees who prove to be consistently reliable in their attendance and work productivity. (i.e., Offer two 16-hour weekend days = 40 hours with benefits; build overlap into work schedules)
- Establish employer-supported programs to include but not be limited to pension plans, health care coverage, legal services, counseling, stress management, child care and transportation.
- Give praise consistently for work well done (see **Appendix B**)

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3. EMPOWERMENT: Studies have shown that when employees feel they have a voice in the ways in which care is rendered and in the management of their workplace, they feel appreciated and satisfied with their jobs. They are less apt to leave a job where they feel some ownership in day-to-day operations (*Foundation for Long Term Care*, 2000 documents). Work Group 2001 believes the key to success in this action area is that employers must do more than “talk the talk.” Management must keep promises, believe in what is implemented and truly “walk the walk” when employee empowerment programs are set up in organizations.

Possible Strategies:

- Involve front line workers in decision-making as part of the team approach to care
- Change titles of positions to reflect a team or empowerment theme.
- Involve seasoned staff as preceptors/mentors to new employees, encouraging that employee’s individuality. Foster “connectedness” to patients/families and to the organization.

Action Steps:

- Involve direct care staff as *active* members of the care plan team
- Set up a Retention Task Force in each long term care setting and appoint front line staff to sit on it during work hours
- Train mentors in ways to establish and nurture patient/employee relationships as part of mentorship with new employees
- See that employees are provided with all the tools/supplies they need in order to perform their jobs effectively
- Have an open door policy, which encourages suggestions from employees for quality improvement. Reward winning suggestions!

4. MENTORSHIP: The value of having a peer do new employee orientations, be coach and cheerleader, provide gentle reminders, recognize abilities and give praise has been ranked high on local/national satisfaction surveys and polls of health care workers, employed in both acute and continuing care settings (Foundation for Long Term Care, April, 2000). The mentor/preceptor experiences enhanced job satisfaction as s/he provides support and training for the new employee. The new employee gains a sense of self-esteem and job satisfaction from the connection to the workplace and positive feedback from the mentor.

Possible Strategies:

- Build effective teamwork by providing mentorships, internships, preceptor programs for new employees
- Give potential employees a clear picture of work expectations.
- Stress sensitivity toward needs of the elderly person for whom they care.

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Action Steps:

- Implement a Mentorship Program with mentors/preceptors who are nurturing, quality care providers, who have a natural love for work with elderly persons
- Provide an in-depth facility tour and/or a job shadow opportunity prior to hiring. Have experienced preceptors participate in the tour. Treat potentials like royalty. Everyone on staff should know a potential employee is coming to visit and make certain that person feels welcome.
- Have new staff spend a day and/or a night as a resident in a nursing home or participant/client in community-based long term care program

5. GROWTH OPPORTUNITIES: Everyone hopes to continue gaining knowledge and to grow to their full potential no matter what their work in life. Health care careers, and long term care occupations in particular, have acquired a reputation for being “dead end jobs” with lack of prestige and no where to go.

Possible Strategies:

- Wider local nursing facility participation in Organizations on the Path to Culture Change project.
- Teach on-site life skills, computer, remedial and literacy skills for frontline workers.
- Teach leadership and communication skills, on-site
- Develop a career ladder for direct care staff, with specialization within C.N.A. and HHA occupations
- Offer educational opportunities as steps for LPNs or RNs.

Action Steps:

- Join local consortium of nursing homes participating in Organizations on the Path to Culture Change.
- Offer tuition benefits to employees who stay with the organization for more than one year.
- Provide on-going in-services pertaining to life-skills, literacy, computer skills, leadership and communication. Give awards upon completion.
- Designate experienced, quality staff to be liaisons between Management and Employees and/or advocates for employees in each Department/Unit of the Facility/Agency and compensate them for this added responsibility

6. MANAGEMENT and SUPERVISION: Some reasons consistently given by nursing assistants for not staying on the job involve the direct supervisory relationship and disengaged top management. Morale feeds from the top down in all organizations. Tom Peters states in his book, ***In Search of Excellence***, that the best way to give employees an appreciation and respect for the institution is to have them observe top management walking around and concerned. If employees never see top management in that capacity, there is likely to be some loss of identification with the institution.

There are other management issues of concern. One relates to inadvertently hiring persons terminated elsewhere for elder abuse. Other issues involve extraneous paperwork mandated by employers and maximizing technology in the workplace to compensate for lack of workers.

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Possible Strategies:

- Mandate leadership and/or management training for all nurses and nursing supervisors. Teach them to be approachable, to listen and respond.
- Institute "Management by Walking Around" (MBWA)
- Provide cross-cultural education to supervisors to help them understand cultural diversity in the workplace.
- Improve hiring practices to include a collaborative effort with all health care organizations to create a direct care staff registry in order to prevent rehire of staff who have been convicted of or terminated due to patient abuse.
- Eliminate employer-mandated extraneous paperwork.
- Maximize technology to alleviate understaffing problems.

Action Steps:

- Start a "Walk in My Shoes" program similar to that of one local nursing home, reported in minutes of a recent Rochester Health Commission Health Care Worker Shortages Task Force meeting, whereby CEO and Nursing Administrators work side by side with frontline workers in different departments for designated periods of time (i.e., in the laundry or kitchen). Turnover rate in 2000 was 6% for this facility.
- Recognize exemplary performance observed during MBWA with "Awards for Excellence" to specific employees, published in Facility/Agency newsletter and elsewhere.
- If paperwork is not required by Code or Regulation, eliminate it.
- Provide computer cross-training to broaden pool of workers able to help with paperwork completion; install more Hoyer lifts and other equipment to alleviate understaffing care problems.

SUMMARY AND CONCLUSION

The author has been a member of three separate work groups since 1989, writing two policy papers apart from this one, dealing with issues of health care or long term care worker shortages. Most of the issues are the same today as they were in 1989. The problem has exacerbated with changing demographics and the passage of time. Our community has twice been lulled into false senses of security about the worker shortage—once, in the early nineties, when implementation of training and education programs at Monroe Community College and Nazareth College appeared to stem shortages and again, when hospital mergers and downsizing created a temporary pool of laid-off workers.

We can no longer ignore obvious demographic and economic trends. Rochester area community collaborators, government representatives and other stakeholders have risen to the occasion many times since the 1930's, to initiate critical health care planning/problem-solving efforts. Short of serious societal consideration of death with dignity issues—suggested by several attendees at GRAPE's February Legislative Breakfast--such collaborative effort is the only antidote for easing the current worker shortage crisis.

GRAPE's Advocacy Committee will continue to play an active part as collaborator with other community organizations on related issues and as advocate for the provision of quality care and services to elderly persons. The Committee will also begin in September, 2001, to attach priorities, timelines and responsible parties to action steps, fulfilling the wishes of Work Group 2001 that there be completion of the problem-solving cycle (see **Appendix D**) for this project. The ultimate hope of the Group is that this work will not become a dusty, useless remnant of many months' effort, as happened to so many of its predecessors. Rather, the plans should become blueprints for community, government and workplace action.

In addition to distributing this body of work locally, GRAPE will seek funding to widely disseminate it to state/national professional organizations and governmental bodies including, *but not limited to*, the United States House of Representatives, United States Senate, New York State Assembly, New York State Senate, New York State Office for the Aging, Adult Day Health Care Council, Home Care Association of New York State, Inc., New York Association of Homes and Services for the Aging, New York State Adult Day Services Association, New York State Health Facilities Association, State Society on Aging.

Among the many still-valid recommendations from the **1989 Final Report of the New York State Labor-Health Industry Task Force on Health Personnel**, was this one: "New York State and the health care industry must reassess existing approaches to service delivery in light of changing service demands and the finite pool of personnel resources. This can and should be supportive and consistent with providing accessible and appropriate quality care."

Work Group 2001 challenges the Community, Government and Workplace arenas to collaboratively implement the recommended strategies and action steps contained in this report and begin to address in earnest the critical worker shortages which threatens quality of care for elderly and disabled persons.

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APPENDIX A

Greater Rochester Area Partnership for the Elderly Work Group 2001 Long Term Care Worker Shortages COMMUNITY, GOVERNMENT AND WORKPLACE ACTION PLANS BIBLIOGRAPHY

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