

Make More Than a Living... Make a DIFFERENCE

RECRUITMENT, TRAINING, EMPLOYMENT AND RETENTION REPORT ON CERTIFIED NURSING ASSISTANTS IN FLORIDA'S NURSING HOMES



Gema G. Hernandez, D.P.A.
Secretary

JANUARY, 2000

*Prepared for the Florida Department of Elder Affairs
by Brian Peacock Consulting, Inc.*



JEB BUSH
GOVERNOR

GEMA G. HERNANDEZ, D.P.A.
SECRETARY

January 14, 2000

The Honorable Jeb Bush, Governor
The Honorable Toni Jennings, President, The Florida Senate
The Honorable John E. Thrasher, Speaker, The Florida House of Representatives
Interested Individuals

Dear Friend of Elders:

Pursuant to HB 1971, Section 28, I am submitting the **Recruitment, Training, Employment, and Retention Report on Certified Nursing Assistants in Florida's Nursing Homes**. This report represents an initial response to the request by the Legislature to study the major factors affecting the recruitment, training, employment, and retention of qualified certified nursing assistants within the nursing home industry. This is a critical issue and this report has only opened the door for us in recognizing the need, barriers and solutions.

Appendix A contains a crosswalk between the legislative requirements of HB 1971, Section 28 and report findings. Because of the lack of available training program data and time restraints, the report falls short in meeting the legislative mandate for a comprehensive review of the performance of CNA training programs. Training is key in ensuring competent and compassionate CNAs. It is therefore imperative when reading the report to understand that recommendations are made based upon data that was available for study. Recommendations for the collection and analysis of additional data have been made.

This report was guided by the work and expertise of a diverse task force representing more than 25 organizations. Representatives of government and industry such as management and staff of nursing homes (including CNAs), training programs and advocacy groups worked together putting aside individual goals to recommend strategies to address the health care labor shortage and its affect on the health and safety of our older citizens.

In my role as Secretary of a department that has the mission to advocate and serve Florida's elders, I have several personal recommendations for issues that must be addressed to guarantee the safety and quality care of elders.

- Explore and analyze current state approved training curriculum to make sure that topics address issues critical to care of elders. There should be a standard curriculum comprehensive enough to take care of a minimum set of knowledge and skills determined necessary to care for elders including palliative care, biomedical, HIV, end of life, mental health and dementia specific issues.
- Include in training cultural competencies related to understanding the values and traditions of different cultural backgrounds.

- Incrementally increase training hours and requirements for certification and continuing education based on the increasing complexity and frailty level of residents. Phase out the Challenger option allowing only persons completing state approved training programs focused on competency levels and knowledge based skills to be certified.

- Address additional allied needs and requirements of health care workers such as mental health issues and employee assistance programs.

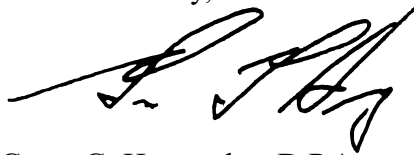
- Evaluate and recommend changes in laws, regulations and requirements from the standpoint of how they guarantee the safety of elders.

- Look further at the importance of the relationship, coordination and teamwork between the CNA and nurse.

I am looking forward to advancing the partnerships and work that has begun here and to sustaining the momentum of bringing interested persons, groups and the legislature together to continue to make gains with the end result of better serving Florida's most frail elders.

Committed to working together for older Floridians, I am . . .

Sincerely,

A handwritten signature in black ink, appearing to read 'Gema G. Hernandez', with a stylized, flowing script.

Gema G. Hernandez, D.P.A.



GEMA G. HERNANDEZ, D.P.A.
SECRETARY

*RECRUITMENT, TRAINING,
EMPLOYMENT AND RETENTION REPORT
ON CERTIFIED NURSING ASSISTANTS
IN FLORIDA'S NURSING HOMES*

JANUARY, 2000

*Prepared for the
Florida Department of Elder Affairs
by Brian Peacock Consulting, Inc.*

For more information or additional copies of this report or the University of South Florida's Policy Exchange Center on Aging literature review, contact:

The Florida Department of Elder Affairs
Division of Statewide Community-Based Services
4040 Esplanade Way
Tallahassee, Florida 32399
(850)414-2000
or visit:
<http://www.state.fl.us/doea>

Cover photo and recruitment slogan courtesy of Florida Health Care Association.
For more information, contact:

LuMarie Polivka-West
(850)224-3907

Brian Peacock Consulting, Inc.
2937 Kerry Forest Parkway, Suite B-1
Tallahassee, Florida 32308
• 850/668-6705 •
E-mail: bpeacock@nettally.com

TABLE OF CONTENTS

ACKNOWLEDGMENTS	iv
EXECUTIVE SUMMARY	vi
BACKGROUND/INTRODUCTION	1
LEGISLATIVE MANDATE/WORK SCOPE	3
STUDY APPROACH	5
EXTENT OF THE CNA SHORTAGE	9
STATE-APPROVED CNA TRAINING PROGRAMS	23
CERTIFICATION AND BACKGROUND SCREENING	35
RECRUITMENT AND RETENTION	44
REVIEW OF BEST PRACTICES	57
CONCLUSION	63
BIBLIOGRAPHY	64
APPENDIX A: CROSSWALKING REPORT FINDINGS AND HOUSE BILL 1971	67
APPENDIX B: PUBLIC AND PRIVATE TRAINING PROGRAMS	71
APPENDIX C: COMPLETED BEST PRACTICES SCREENING FORMS	81
APPENDIX D: SURVEY OF FLORIDA NURSING HOMES	121

TABLE OF CONTENTS (cont'd)

LIST OF TABLES

Table 1:	Unemployment Rates in Florida by Workforce Development Region -----	11
Table 2:	Wages of Nursing Assistants (Aides), Orderlies, and Attendants in Florida by Workforce Development Region 1997 -----	12
Table 3:	Occupational Employment Projections for Nursing Assistants (Aides), Orderlies, and Attendants by State -----	13
Table 4:	Basic Supply and Demand Comparison for Nursing Assistants (Aides), Orderlies, and Attendants in Florida by Workforce Development Region -----	15
Table 5:	Estimated Demand: Aggregate Ranking of Demand Factors for Nursing Assistants (Aides), Orderlies, and Attendants in Florida by Workforce Development Region	17
Table 6:	Aggregate Ranking of Supply Elements for Nursing Assistants (Aides), Orderlies, and Attendants in Florida by Workforce Development Region -----	18
Table 7:	Largest Variations in Supply/Demand Rankings Among the Workforce Development Regions -----	19
Table 8:	Smallest Variations in Supply/Demand Rankings Among the Workforce Development Regions -----	19
Table 9:	Medical Jobs Requiring One to 12 Months of Combined On-the-Job Experience and Informal Training 1996 Base Year and 2006 Projected Employment -----	21
Table 10:	Cost of Public CNA Training in Florida -----	24
Table 11:	CNA Training Programs Summary: All Students From July 1, 1997 to June 30, 1998 -----	27
Table 12:	1998 Fourth Quarter (October-December) Employment: Percentage Employed by Industry -----	28

ACKNOWLEDGMENTS

The Department of Elder Affairs (Elder Affairs) recognizes the extensive contributions of the large number of contributors to the certified nursing assistant (CNA) recruitment, training, employment, and retention report. A task force was created to guide the report development process. The task force participants and their respective affiliations are as follows:

Task Force Participants

Affiliations

Group 1 (CNA Training Programs)

Jane Johnson	Florida Association of Homes for the Aging, Co-Chairperson
Lee Ann Griffin	Florida Health Care Association, Co-Chairperson
Jason Bassett	CNA-Sarasota
Judy Conlin	Department of Education
Delores Fry	Ultimate Training School
Lois Gackenhimer	Academy for Practical Nursing and Health Occupations
Max Ketterman	State Board of Non-Public Career Education
Beth Labasky	Florida Society for Respiratory Care
Scott Marcelais	Florida Alliance for Assistive Services and Technology
Jay Pfeiffer	Department of Education
Robert Velarde	Florida Nurses Association

Group 2 (Certification and Background Screening)

Molly McKinstry	Florida Association of Homes for the Aging, Chairperson
JoAnne Cahill	Assessment Systems, Inc.
Barbara Conditt	Department of Health
Danica Luehm	Florida Hospital Association
Harriett Moore	Florida Hospital Association
Karen Peterson	Florida Association of Community Hospitals
Peggy Rigsby	Florida Health Care Association
Ruth Stiehl	Florida Board of Nursing
Mary Wadley	CNA-Miami

Group 3 (Recruitment and Retention)

Pat Hall	Agency for Health Care Administration, Chairperson
Susan Acker	Agency for Health Care Administration
Barbara Alford	Florida Health Care Association
Brenda Basford	Azalea Trace Health Care Center
Frances Cady	Countryside Health Care Center
Delores Coachman	Department of Labor and Employment Security
Gloria Darden	CNA-Miami
Paulette Geller	Winter Park Health Foundation
Barbara Hengstebeck	Coalition to Protect America's Elders
Cynthia Pettis	Glencove Nursing Pavillion
Robbie Sharp	Elder Care Services

Group 4 (Extent of the CNA Shortage)

Bill Dobson	Department of Labor and Employment Security, Chairperson
-------------	--

Group 5 (Impact of the CNA Shortage)

Karen Soehner	St. Augustine Health and Rehabilitation Center, Chairperson
Dale Ewart	Unite for Dignity
Lynn Fesco	Extendicare - Colonial Care Center
Janet Findling	Long-Term Care Ombudsman Council

Other Persons Providing Input:

Curtis Austin	Enterprise Florida Jobs and Education Partnership
Gail Camputaro	Council on Aging of Volusia County
Micheline Louis Charles	CNA-Miami
Cheryl Cooper	Nursing Assistant Institute, Virginia
Jim Crochet	Agency for Health Care Administration
Leslie Dughi	Florida Assisted Living Association
Burton Dunlop	Florida International University
April Henkel	Florida Council on Aging
Shannon Kelley	Florida Health Care Association
Bethany Knight	Tender Loving Calling, Glover, Vermont
Cherry Pfau	Genesis Elder Care
LuMarie Polivka-West	Florida Health Care Association
Andrew Porch	Heaton Publications, Albertville, Alabama
Bill Porter	Agency for Health Care Administration
Clara Sallins	CNA-Miami
Richard Soehner	Vickers Landing

In addition to the task force members, the University of South Florida's Policy Exchange Center on Aging provided invaluable assistance in the development of the report by conducting an extensive literature review on the topic of recruiting and retaining CNAs.

Secretary Gema G. Hernandez, D.P.A., and staff of Elder Affairs were involved extensively in the process. A large part of their contribution was facilitating the involvement and input of the task force. Specifically, the involvement of these persons included contract management, work group support (e.g., coordinating communication among work group members), and content input. Elder Affairs' staff involved with the development of the CNA recruitment, training, employment, and retention report include Gail LaRosa, Sandi Smith, Jay Breeze, Martha Creel, Laurie Koburger, Marshall Kelley, Connie Hall, JoAnn Williams, Ghazwan Lutfi, Elvira Wilson, AnnWagner, Sammie Reimers, and Walter Hoebich.

EXECUTIVE SUMMARY

INTRODUCTION

The CNA position fills a fundamental service role within nursing homes. A shortage of CNAs threatens the ability of nursing homes to deliver quality care, and thus threatens the safety and well-being of some of our state's frailest citizens. Because CNAs are critical to the delivery of care in a number of other health-related services (e.g., hospitals and home health care settings), attracting more CNAs to work in nursing homes could translate into less CNAs being available to work in other settings. It is therefore necessary that solutions developed be designed so as not to cause additional or undue staffing problems in these other areas.

Effectively recruiting and retaining quality CNAs to work in nursing homes is not a problem unique to Florida. Of the 48 states surveyed by the State of North Carolina's Division of Facility Services, 88 percent (42) indicated that CNA recruitment and retention is presently a major workforce issue (North Carolina Division of Facility Services, 1999).

Although multiple content areas are addressed in the report, the process undertaken to develop the report (including the literature review) revealed that retention is the biggest challenge facing nursing homes with respect to the employment of CNAs. The shortage of CNAs in Florida is real, and retention must be successfully addressed. The available data suggest that Florida's CNA training programs are generating adequate numbers of CNAs to fill the new job openings that result from economic growth. In spite of this, the industry still reports a critical labor shortage. The shortage of CNAs is due primarily to CNAs subsequently leaving the field. The challenge that exists to improve retention is multi-faceted, and involves (but is not limited to) improving how CNAs are selected and making the CNA position one that fosters longevity.

MAJOR FINDINGS

- While available data provide valuable information, additional data must be collected and analyzed to more fully understand the scope and nature of Florida's CNA crisis.

The remaining major findings are grouped by content area. These areas include the extent of the CNA shortage, CNA training programs, certification and background screening, and recruitment and retention.

Extent of the CNA Shortage

- Current economic conditions in Florida are characterized by a number of labor market indicators that reflect possible labor shortages for many occupations, including the occupation of nursing assistants. These indicators include low unemployment rates and an increase in the duration of job openings/vacancies.
- As of August 1999, Florida's overall annual job growth rate of 3.8 percent ranked number one nationally when compared to the other populous states. With this present job growth rate, current and future nursing assistants have more employment opportunities that may offer equal or higher earnings potential than the nursing assistant position.
- Nineteen (19) of Florida's 25 Workforce Development Regions have significantly more graduates from CNA programs than **new** jobs projected to be needed in the labor market. These projected openings do not include those caused by workers leaving the occupation due to promotions or career changes.
- Using disparity between the supply of, and the demand for nursing assistants to indicate labor shortages, areas of the state were identified that have the largest disparity. These include WDR 2

(Okaloosa/Walton), WDR 7 (Columbia/Dixie/Gilchrist/Union), WDR 9 (Alachua/Bradford), WDR 14 (Pinellas), WDR 23 (Miami-Dade/Monroe), and WDR 25 (Lake/Sumter).

- Using disparity between the supply of, and the demand for nursing assistants to indicate labor shortages, areas of the state were identified that have the smallest disparity. These include WDR 5 (Gadsden/Leon/Wakulla), WDR 6 (Jefferson/Hamilton/Lafayette/ Madison/Suwannee/Taylor), WDR 13 (Brevard), and WDR 19 (Desoto/Hardee/ Highlands).
- Across all industries, the average hourly CNA wage in Florida for 1997 was \$7.74, compared to an average hourly wage in nursing homes for 1997 of \$7.67. Within individual WDRs, the lowest average nursing home hourly wage of \$5.67 was found in WDR 2 (Okaloosa/Walton). The highest average hourly nursing home wage in the individual WDRs for 1997 was \$8.35, which was in WDR 18 (Sarasota/Manatee).

STATE-APPROVED CNA TRAINING PROGRAMS

- The issue of cultural diversity in Florida is of such significance that the extent to which CNA training currently addresses cultural diversity should be examined, and enhancements made as indicated.
- There is controversy regarding persons who “challenge” the CNA examination; i.e., those who take the examination without completing an approved training program. Nursing homes report a reliance on the challenge process because it allows them to fill staffing needs quicker, while the training community reports concern over the quality of care that persons who have not completed a CNA training program may provide. Additional research is needed to determine whether there exists any correlation between test challengers and an inability to competently perform the job of a CNA.
- A limited amount of available CNA training program data makes it difficult to conduct an in-depth review of training program performance. Recommendations are made within the body of the report regarding the collection and analysis of these data.
- The following table presents summary training program enrollment data, program completion rate data, and the CNA examination pass rate data by program type. Note: Due to data being unavailable, the table does not include data for all public and private training programs (see the body of the report for details).

CNA Training Programs Summary Students From July 1, 1997 to June 30, 1998

	Private	Public			Total
	Nursing Assistant	Nursing Assistant High School	Other Nursing Assistant Programs	Community College	All Programs
Total Number of Programs	97	69	93	19	278
Total Enrollment	3,193	1,124	13,186	321	17,824
Number of Completers	2,312	782	*9,362	*228	12,684
Completion Rate	72%	70%	71%	71%	71%
CNA Exam Pass Rate	81%	89%	89%	93%	88%
Number Added to Registry	--	--	--	--	10,905

Source: DOE, 1999.

*The numbers who complete the nursing assistant training portion of the public Patient Care Technician (PCT) and Patient Care Assisting (PCA) training programs were estimated by subtracting the PCA and PCT number of completers from the total enrollment and estimating the completion rate as an average of the high school and private sector training programs.

- The Florida Education and Training Placement Information Program (FETPIP) data were used to track a cohort of persons placed on the CNA registry between 7/1/97 and 6/30/98 to determine their employment status. Approximately 53 percent of the trained CNAs were found to be working in a health-related field up to one year after certification.
- The data indicate that people are completing training programs and passing the CNA examination in sufficient numbers to meet the demand resulting from new job openings. The problem appears to be CNAs remaining CNAs.

CERTIFICATION AND BACKGROUND SCREENING

- The effectiveness of the CNA registry could be significantly improved by providing a single agency with control over the CNA registry database, implementing an automated phone system, and improving the funding of the registry.
- Multiple state databases exist that contain CNA information. These databases need to be consolidated.
- The contract for the testing agency (i.e., Assessment Systems, Inc.) that administers the CNA examination needs to be updated to require the transmittal of test results daily to DOH.
- The ASI CNA examination application form does not accurately distinguish among applicants who have completed a state-approved training program, those who are expected to complete a state-approved training program, and those who are challenging the examination. This imposes a critical limitation on the ability to track and analyze the subsequent performance of those who are certified by the type of applicant.

Note: As a result of the task force meetings, DOH has agreed to initiate the negotiations with ASI to incorporate the collection and reporting of specific data on those who take the CNA examination. Additionally, ASI has agreed to place the application for the CNA examination on their website, even before the contract renewal period.

RECRUITMENT AND RETENTION

- Recruitment and retention is the most comprehensive of the topical areas in the report. Not only does it encompass the greatest number of issues of any single area, but these issues tend to be fundamental to the CNA crisis that nursing homes are currently facing (e.g., wage and benefits, leadership problems).

- The problems with recruitment and retention were found to be twice as high (costly) as facility administrators thought when objective cost accounting procedures were used.
- CNA wages and benefits need to be improved (i.e., increased).
- Within nursing homes, the role of the CNA is often not valued by other staff. CNAs report that this leads to turnover.
- Screening tools for use with persons seeking CNA employment are being used successfully in various places throughout the country. In addition, shadowing techniques and career counseling can be helpful in increasing a recruit's awareness of the CNA position. Ensuring a fit between an individual's values and those of the employing entity is critical to promoting employment longevity.
- Workload problems undermine CNAs' ability to do quality work and lead to job burnout.
- The CNA shortage contributes to the use of staffing agency personnel to meet state minimum staffing requirements. The average staffing agency CNA cost is \$6.07 an hour greater than the average facility-employed CNA including benefits (see body of the report for details). A majority of the Directors of Nursing surveyed expressed that using staffing agency personnel can compromise quality patient/resident care. Among providers in the industry, the most widely accepted reason for this diminished care is the short-term duration of their assignment; i.e., a lack of long-term commitment to quality or continuity.
- During 1997, Florida nursing homes were cited for both inadequate staffing and sub-standard care at a higher rate than the national average.
- Since November 1, 1998, on a statewide basis, 16 percent of Florida's nursing homes surveyed have restricted admissions due to their inability to meet their own facility CNA staffing requirements. (In addition, nine percent of the facilities surveyed have restricted admissions to maintain compliance with the state nursing staffing requirements.)
- Florida's substantial population of older adults is largely untapped as a source of full- or part-time CNAs.
- Advertising with the message that working in a nursing home/assisted living facility as a CNA is an honorable and worthy profession is needed throughout the state.

CONCLUSION

According to the available data, almost all regions of Florida are experiencing a shortage of trained CNAs. The abundance of job opportunities for workers in Florida's labor market combined with low unemployment rates appear to be major contributors to the CNA turnover problem. Furthermore, the available data suggest that the number of persons being trained (12,684 for 1997) and certified (10,905 for 1997) is adequate to meet the demand for CNAs resulting from economic growth. Therefore, the primary cause of the CNA shortage is that CNAs are not remaining CNAs.

It is common place to say that CNAs who stay do so for the residents and those who leave do so for the pay, but the picture is much more complex. CNAs can struggle with workloads that are unworkable, negative attitudes from other staff within the nursing home setting about the work that CNAs do that make for a poor work environment, negative perception of nursing homes, low pay, and relatively few benefits.

Florida needs to aggressively address the need to find alternative sources of persons to work as CNAs. Recirculating workers through the various health-related fields that employ CNAs (e.g., nursing homes,

hospitals, home health agencies) is not the answer. Solving the CNA crisis in nursing homes should not be damaging to one or more other service areas. The demographics of Florida suggest that its elder population could provide meaningful numbers of well-experienced men and women to help alleviate the CNA shortage. The CNA occupation needs to be marketed more effectively to junior and senior high school students. Effective assessment, counseling, and screening of CNA applicants could facilitate better matches between individuals and the job and subsequently increase the percentages of CNAs who remain in the profession.

The public and private sectors in Florida must join together and take determined action now. Unless successfully addressed, the need for CNAs will continue to increase, while the availability of persons to work as CNAs will decrease. This is clearly indicated by Florida's demographics, as baby boomers move rapidly toward retirement and the labor pool (correspondingly) dwindles.

RECOMMENDATIONS

The recommendations presented in the Executive Summary are those that were assigned a higher priority by the task force. The full set of recommendations is presented in the body of the report. Recommendations are grouped by content area. These recommendations reflect that government cannot solve this crisis alone. A joint response between the public and private sectors is necessary if lasting solutions are to be developed, implemented, and sustained. While some of the recommendations may appear costly or difficult to implement, the long-term benefits of making these changes should justify the required investment and effort.

CNA Recruitment, Training, Employment, and Retention Report on CNAs in Florida's Nursing Homes: Primary Recommendations

Content Area	Recommendation	Required Action
EXTENT OF THE CNA SHORTAGE	Develop an occupational classification specific to CNAs with a unified definition. Collect and report labor market information for CNAs as a separate group. Note that a barrier to accomplishing this recommendation is that the current occupation classification and definition is a federal Department of Labor standard classification.	This recommendation requires action by the Department of Labor and Employment Security.
Data on CNA Supply and Demand		
STATE-APPROVED CNA TRAINING PROGRAMS	Compile CNA training and follow-up data to include both public and private CNA training institutions, including demographic data such as age and ethnicity. Analyze wages of program completers and related data.	This recommendation requires joint public and private sector action— DOE and the public CNA training programs, along with the private CNA training programs must work together to accomplish this.
Training Data		

The Challenge Option	Continue the option for individuals to challenge the examination, but conduct additional research/collect data to determine whether there exists any correlation between test challengers and an inability to competently perform the job of a CNA. (See the following recommendation.)	Continuing the challenge option requires no further action. Collecting data to determine if any correlation exists between challengers and poor job performance requires a joint effort between DOE, DOH, and nursing homes.
Continuing Education and Financial Assistance/Incentives for Training	Amend the ASI CNA examination application form to accurately distinguish among applicants who have completed a state-approved training program, those who are expected to complete a state-approved training program, and those who are challenging the examination.	This recommendation requires a joint response by DOE and ASI. Once data are collected, follow up can be conducted to compare outcomes.
	The Legislature, DOE, and nursing home representatives should work together to identify dollars that are already available (but unused) to provide scholarships or grants to individuals to enhance and/or continue their education in health care. Once identified, nursing homes need to be made aware of available scholarship dollars. It is recommended that, unless prohibited, available scholarship dollars be dispersed among as many providers as possible; i.e., facility-specific awards as opposed to individual-based awards. The intent is to increase the involvement of facilities in the career development of the CNAs that work for them. Facilities could further their commitment to a career ladder concept for CNAs by matching scholarship awards.	Fully using existing scholarship resources requires a joint effort by the Legislature, DOE, and nursing homes.
In-Service Training	Allow CNAs to substitute end-of-life care in-service education for the required HIV/AIDS training every other cycle. This would allow for more variation of in-service training topics.	This recommendation requires initial action by DOE and DOH, legislative change, and a subsequent response by nursing homes.
Curriculum Content	Examine the extent to which initial and continuing CNA education addresses communication skills and cultural diversity of the trainee and residents and other issues critical to care of elders, including dementia-specific and end-of-life issues. Enhancements and additions should be made as indicated.	This recommendation requires cooperative action by DOE and the private sector.
CERTIFICATION AND BACKGROUND SCREENING		
Background Screening	Unless legally prohibited, require background screenings prior to training. Specifically, do the following: (A) Develop a standard notice to inform students of the disqualifying offenses and the settings in which they apply. This notice should require student signature indicating advisement of the potential to be prohibited from working as a CNA. (B) Require all schools (public and private) to give the notice to each CNA training applicant.	This recommendation requires initial action by DOE, DOH, and local school districts (which can set policy), with subsequent action by both public and private CNA training programs.
	Establish the authority for exemption requests to be processed before a person enters school to become a CNA.	This recommendation requires legislative response.
	Ensure that facilities can complete a Level I background screening on the same day an applicant applies for employment.	This recommendation requires response from law enforcement agencies, including the Florida Department of Law Enforcement, and from the Department of Children and Families.

Certification Data	The State of Florida should grant interstate reciprocity with a clear Level I screening from the state in which the CNA is currently certified. As part of this, the Legislature must develop the minimum criteria for employment requirements for CNAs seeking reciprocity.	This recommendation requires legislative response.
	Modify Level I screening requirements so that CNAs would be eligible for employment if their Florida Department of Labor and Employment Security (FDLES) records indicate no violent crimes within the past 15 years, provided that none of their past 15 years was spent incarcerated. Additionally, require that the Agency for Health Care Administration (AHCA) review both the list of disqualifying offenses in Chapter 435, Florida Statutes, and the exemptions from disqualification that have been granted. Based on analysis of the exemptions, determine if the list of disqualifying offenses should be revised or if additional statutes of limitations should be established for certain offenses.	This recommendation requires legislative response.
	Consolidate multiple state databases into one to create a central registry for all CNA information. This could be done by creating a mechanism to copy data from other systems or by creating links between other relevant databases and the CNA registry. Ensure that the Florida Health Information Systems Council is made aware of this recommendation, and that the recommendation is implemented consistent with established guidelines and objectives by the council.	This recommendation requires action by, coordination between DOH, AHCA (and any other public entity collecting CNA information), and the Florida Health Information Systems Council.
Test Results	Update ASI's contract to require the transmittal of test results daily to DOH.	The updating of ASI's contract with DOH requires only joint DOH and ASI agreement.
The CNA Registry	Mandate that the state-contracted CNA testing organization be able to provide and accept applications via the Internet, and process applications and complete testing within ten calendar days of the receipt of the application. Applicants should be made aware of their test scores within five calendar days of the test date.	This recommendation requires the updating of ASI's contract with DOH, and ASI's ongoing responsiveness with respect to the provision of applications and turnaround time.
	Investigate federal reimbursement for the costs of maintaining the CNA registry and assure that all available federal funds are being accessed.	The investigation as to whether all federal reimbursement is being used to help pay for the registry can be a joint public/private effort. DOH, along with nursing homes/the respective professional associations to which they belong should work together on this initiative.
	Consider use of an interactive voice response (IVR) system, volunteers, or DOH's Internet site to handle inquiries of the CNA registry.	Depending upon which alternative is taken (unless both are implemented), this recommendation will require either joint legislative and DOH action, or DOH action only (if the Internet option is pursued).

RECRUITMENT AND RETENTION		
Turnover	Develop screening tools for use with persons seeking CNA employment. Multiple versions of the tool are necessary to ensure that unique local/regional characteristics and needs are given appropriate consideration in the hiring process. Prior efforts in this area should serve as a useful foundation to developing these tools.	The private sector (nursing homes along with their respective professional associations) is capable of implementing this recommendation independent of any public sector involvement. Legal counsel is advisable to help ensure that any screening tools developed are not in violation of existing equal employment laws.
	Provide pre-training career counseling and use shadowing techniques to increase a recruit's awareness of the CNA position.	CNA training programs and nursing homes will be responsible for implementing this recommendation.
Workload and Scheduling	Incrementally raise minimum CNA staffing standards. To successfully implement this recommendation, a corresponding increase to the Medicaid reimbursement rate must occur. This will affect the CNA shortage in that more CNAs will be required, but retention could be improved. Any increase should consider the use of ancillary personnel, both those with greater expertise and training than CNAs (e.g., patient care technicians) and those with less, such as hospitality aides and nurse aides enrolled in an approved CNA training program. (Federal law allows nursing assistants enrolled in approved training programs to perform CNA tasks once they have been trained and demonstrated competency in these tasks.) For those facilities that rely on the services provided by nursing assistants, the ability to count them toward any increased staffing ratios is valuable.	Referred to the Medicaid Reimbursement Panel for consideration and further development.
	Consider individual resident care needs when assigning CNA caseloads.	Referred to the Medicaid Reimbursement Panel for consideration and further development.
Concern About the Public Image of Nursing Homes/Occupational Image of CNAs	Professionalize the CNA occupation. Renew CNA certification every two years. Require a continuing education statement that the CNA attests to having received 12 hours per year (24 hours every two years) of continuing education. Establish pilot projects to study this issue, including the impact of subsequent efforts to enhance the occupation.	Legislative action is involved in requiring the renewal of CNA certification every two years.
	Develop care plans through an actual interdisciplinary meeting that includes a certified nursing assistant representative. Now, care plans are often developed through consultation, but not an actual meeting.	Nursing homes are responsible for implementing this recommendation on an individual facility basis.
	Long-term care recruitment advertising with the message that working in a nursing home/assisted living facility as a CNA is an honorable and worthy profession should be done throughout the state.	This recommendation can be implemented by the private sector. Sources of funding for such advertising could come from grants/foundations with the purpose of helping to ensure the health and well-being of older adults.

Low CNA Wages/Inadequate Benefits	Continue the current appropriation (distributed by the Medicaid task force) authorized in HB 1971 for certified nursing assistant wages. These monies should be for the purpose of improving staffing, employee wages, and employee benefits.	Referred to the Medicaid Reimbursement Panel for consideration and further development.
Management Practices/Working Conditions	Require team leadership training for licensed practical nurses (LPNs) to be delivered as a separate module within a continuing education curriculum. This leadership training needs to incorporate aspects of a new, more person-centered culture for elder care in nursing homes.	The Board of Nursing, responsible for the training that is delivered to LPNs, should oversee development of the training.
Targeted Recruitment	Recruit retirees and others not in the labor force and replicate and expand previously successful older worker training programs.	This recommendation should be a joint public/private partnership. The Department of Elder Affairs, Enterprise Florida Jobs and Education Partnership, and nursing homes should work together to locate funding, and develop and implement projects to train older adults for CNA positions.

BACKGROUND/INTRODUCTION

During the 1990s, Florida has experienced a marked growth in its elder population. Since the beginning of the decade, the portion of the population aged 60 and above has increased by 13 percent. The state's 85-plus population is currently growing three times faster than the overall population (Maines, 1997). Florida's current elder population of 3.5 million represents more than 23 percent of the state's residents, and the baby boomers will add one million to that number when they start retiring in 2010. An even more dramatic increase is anticipated in the number of elders 85 years of age or older who are more likely to be frail. While these older residents currently make up just two percent of the state's population, their numbers are projected to rise by 45.5 percent bringing the total to just under half a million by 2010 (Florida Demographic Estimating Conference).

Nursing homes are an essential component of the health care continuum, and their critical role in health care will only increase as the number of elderly people throughout the nation and Florida grows. Presently, a shortage of nursing assistants exists. This shortage threatens the ability of nursing homes to meet mandated staffing requirements and impairs efforts to provide quality care to residents. While ensuring that nursing homes have an adequate supply of quality staff, both now and in the future, is a priority, significant hurdles exist to meeting the staffing needs of Florida's nursing homes. Multiple factors, including low unemployment and (related) intense labor market competition from other industries work to reduce the number of persons willing to work as nursing assistants in nursing homes (and in other health-related fields).

The extensive cultural diversity found in Florida is another factor impacting the work environment for certified nursing assistants (CNAs) and nursing home staff in general, and it can also influence the quality of life for residents. It is important that CNAs are provided training necessary to give them the cultural competencies to deal with the diversity of values and traditions of residents and their families.

The CNA position fills a fundamental service role within nursing homes. A shortage of CNAs threatens the ability of nursing homes to deliver quality care, and thus threatens the safety and well-being of some of our state's frailest citizens. Because CNAs are critical to the delivery of care in a number of other health-related services (e.g., hospitals and home health care settings), successfully addressing the CNA shortage in nursing homes could have negative implications for these other service areas. Attracting more CNAs to work in nursing homes can translate into less CNAs being available to work in other settings. It is therefore necessary that solutions developed be designed so as to not cause additional or undue staffing problems in these other areas.

Effectively recruiting and retaining quality CNAs to work in nursing homes is not a problem unique to Florida. Of the 48 states surveyed by the State of North Carolina's Division of Facility Services, 88 percent (42) indicated that CNA recruitment and retention is presently a major workforce issue (North Carolina Division of Facility Services, 1999). Florida is one of the states with the most nursing homes and nursing home beds. Only five other states report having more nursing homes and more nursing home beds than Florida (Florida Panel on Medicaid Reimbursement's Draft Medicaid Nursing Home Reimbursement Report to the Legislature, 1999).

Medicaid/Medicare residents comprising the majority of nursing home residents means that a large part of nursing home revenues are fixed. In 1996, Medicaid and Medicare paid for 76 percent of all nursing home patient days, whereas other payers (private pay or private insurance) paid for 24 percent of care (Agency for Health Care Administration, 1998).

The CNA recruitment, training, employment, and retention report identifies the causes of the current shortage of CNAs for nursing home employment, identifies strategies to remedy the present shortage, and recommends ways to develop a sufficient number of qualified CNAs to ensure that future shortages do not occur. Such a report is warranted given: (1) the significant role and responsibility of CNAs in caring for many of Florida's most fragile citizens; (2) that Florida is a diverse state economically and demographically; and (3) the increasing demand for nursing home care and related types of care due to the aging of Florida's (and the nation's) population along with a dwindling labor force. Given Florida's economic and demographic diversity, what works in one area of the state with respect to recruiting and retaining CNAs may not be effective (or as effective) in another region.

Although multiple content areas are addressed in the report, the process undertaken to develop the report (including the literature review) revealed that retention is the biggest challenge facing nursing homes with respect to the employment of CNAs. The shortage of CNAs in Florida is real, and retention must be successfully addressed. The available data suggest that Florida's CNA training programs are generating adequate numbers of CNAs to fill the new job openings that result from economic growth. In spite of this, the industry still reports a critical labor shortage. The shortage of CNAs is due primarily to CNAs subsequently leaving the field. The challenge that exists to improve retention is multi-faceted, and involves (but is not limited to) improving how CNAs are selected and making the CNA position one that fosters longevity.

LEGISLATIVE MANDATE/WORK SCOPE

The certified nursing assistant recruitment, training, employment, and retention report is a legislatively mandated effort. Specifics as to the scope of the study are listed in House Bill (HB) 1971, Section 28, that passed during the 1999 legislative session. The effort as described in the legislation is broad, and is comprised of three major tasks. These tasks are as follows:

- 1) A one-time review of the performance of CNA training programs. This review compares the types of training programs with respect to admission criteria, program requirements, graduation rates, job placement, and job retention in nursing homes to job retention in other health care environments and other similar job classifications for which CNAs may qualify.
- 2) An identification of factors likely to improve the rates of employment and retention of CNAs in nursing homes.
- 3) An assessment of the extent and impact of CNA shortages within major regional Florida job markets.

A detailed analysis of the shortage of CNAs is broken down into the following:

- The extent and characteristics of the labor shortage within the various regions of the state.
- The causes of the shortage, including but not limited to, salary and benefits, working conditions, career development, and the availability of CNA training programs.
- The impact of the labor shortages on the ability of nursing homes to hire sufficient staff to meet both the minimum staffing standards required by agency rule and the facility-specific staffing standards based on residents' needs.
- The impact of the labor shortage on the increasing use of temporary nursing pool agencies by nursing homes, the influence of this trend on the quality and cost of services provided, and the benefits of additional regulation of nursing pool agencies given the shortage of CNAs.
- A comparison of Florida's CNA shortage to that of other states.
- The need for and feasibility of enacting various measures to enhance the image of CNAs, including enhanced recruitment efforts directed towards students at the junior and senior high school levels, local education outreach, and job placement programs.
- The implications of the shortage as it relates to the supply of and need for related paraprofessionals and other health care workers, such as licensed practical nurses (LPNs).
- The feasibility of allocating resources such as loans, grants, and scholarships to provide greater incentive for and access to CNA education, and the probable effects of such efforts.
- The desirability of demonstration projects to test innovative models and methods to address the need for more and better-qualified CNAs in nursing homes.

In summary, the report identifies the causes of the current CNA shortage for nursing home employment, identifies strategies to remedy the shortage, and recommends ways to develop a

consistent stream of qualified CNAs to protect against future shortages. See Appendix A for a summary table linking specifics contained in HB 1971 with report findings.

STUDY APPROACH

Central to this effort was the Certified Nursing Assistant Task Force. A task force representing diverse backgrounds and affiliations was established by the Department of Elder Affairs (Elder Affairs) for the CNA recruitment, training, employment, and retention report. Participants included those that were invited, those that were recommended, and those responding to open meeting notices. The task force process was an involved and extensive commitment for each of the participants. Task force meetings were held in Tallahassee at the Department of Elder Affairs on October 8, November 1 and 16, and December 1 and 17. Task force members traveled from throughout the state to attend these meetings. In addition to the time spent meeting in Tallahassee, task force members worked with their respective work groups to develop issues and related recommendations, and identify and provide supporting information. The working papers for the task force process, including the preliminary recommendations developed by the individual work groups, are available for review.

As a result of the considerable task force input, the majority of the issues and related recommendations presented in this report are those that were identified by the task force. Important to note is that there was not 100 percent agreement on the many issues and related recommendations contained in the report. That was anticipated given the diversity of the task force members with respect to the CNA crisis in nursing homes. Those issues that had associated with them a significant divergence of opinion among task force members are identified as such in the report. The two other significant determinants of report content were the results of a literature review and the input of Elder Affairs.

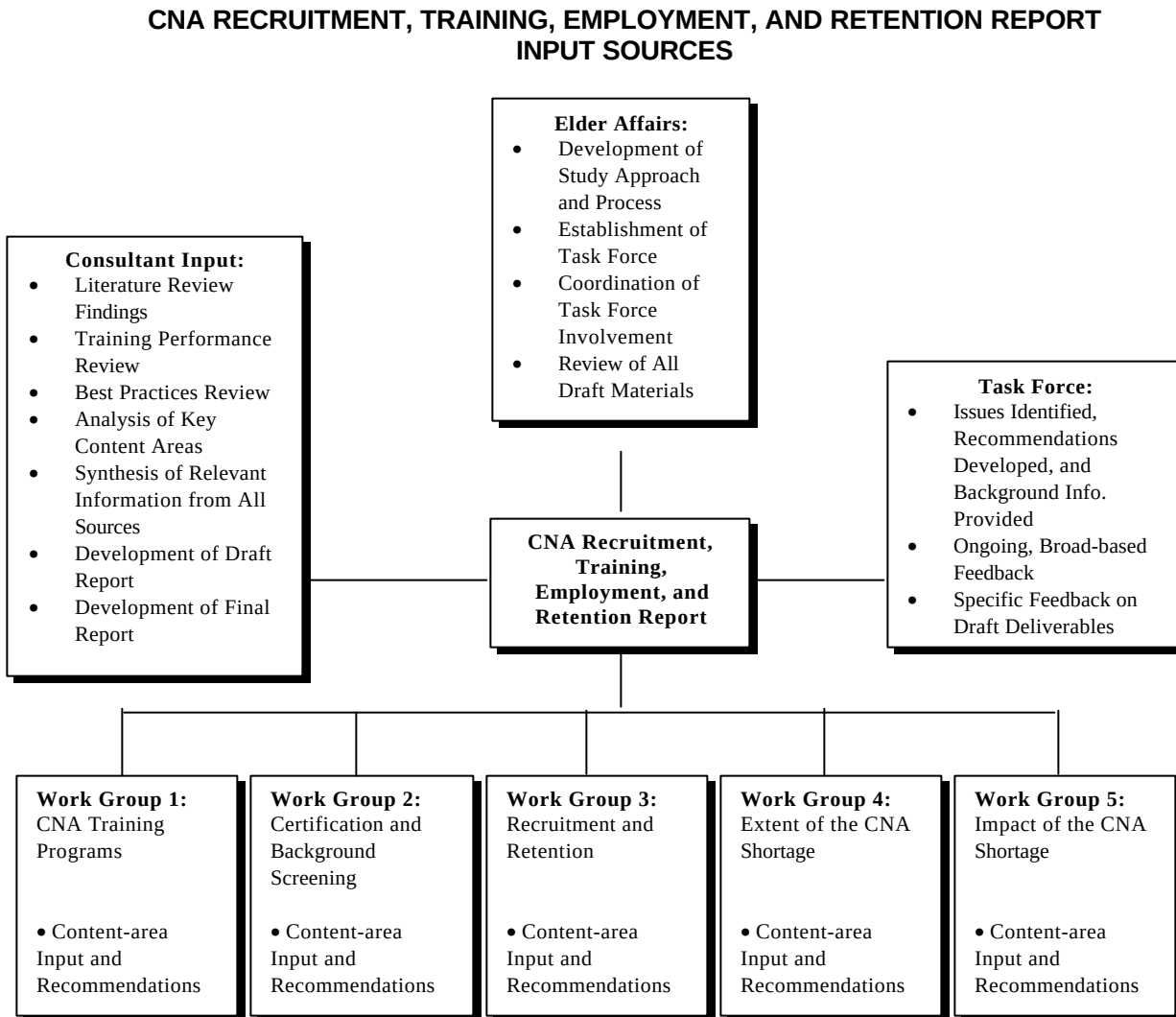
The development of this report primarily involved the identification and assimilation of available information on the recruitment, training, employment, and retention of CNAs. Extensive research has been done nationally on the issue of recruiting and retaining quality CNAs, including a large amount of statistically valid and reliable findings. Based on the existence and availability of a significant amount of research literature on the recruitment and retention of CNAs, the task force determined that the most efficient use of time and resources was to use available research to provide support for the issues identified and recommendations developed by the task force. With the exception of the CNA training programs section and the survey of facilities conducted by the Florida Health Care Association (FHCA) and the Florida Association of Homes for the Aging, original data are not presented in this report. "Original" data refer to data collected through such efforts as (for example) surveys of CNAs in nursing homes, surveys of nursing home management, surveys of staff in related industries, focus groups with CNAs, or the analysis of data from existing databases. Note that further research and study are recommended within specific areas of the report.

The report's approach involves the following:

- 1) The assimilation of all available information from task force members and other sources that addresses the key issues as identified in HB 1971, Section 28.
- 2) The review and synthesis of this information. The information is woven into the recruitment, training, employment, and retention report.
- 3) The incorporation of the results of the literature review conducted by the University of South Florida's Policy Exchange Center on Aging (Center on Aging). This information is used to explain identified issues and support related recommendations.

- 4) The incorporation of the results of the review of CNA training programs, and the results of efforts to identify and describe best practice examples of innovative and effective recruitment and retention practices in nursing homes. The results of the review of training programs provide insight into Florida's ability to provide sufficient numbers of qualified CNAs for the state's nursing homes. The assimilation of best practice information makes available to providers throughout Florida a collection of recruitment and retention practices that have produced beneficial results in the state's nursing homes. Based on the results of these two activities, conclusions are drawn and presented in the CNA report.
- 5) The identification of a set of short- and long-term recommendations to address identified issues, and the identification of future research recommendations.

The following chart displays the various inputs into the CNA recruitment, training, employment, and retention report. This presentation distinguishes between the broad input provided by the task force as a whole, and the content-specific feedback provided by the individual work groups.



Primary Developers of Report Content

In order to develop as comprehensive and informative a report as possible given the time and budget constraints associated with the task, report content was developed by several sources. These sources are the CNA task force and its five work groups, staff of the Department of Elder Affairs, the University of South Florida's Policy Exchange Center on Aging, and Brian Peacock Consulting, Inc. The roles of these key contributors are presented within this section. Note that while a variety of information contributors are involved, it was the responsibility (under the direction of Elder Affairs) of Brian Peacock Consulting, Inc., to organize, synthesize, and summarize contributed information and to produce the final report.

Certified Nursing Assistant Task Force

The Certified Nursing Assistant Task Force identified and assimilated an extensive amount of information related to the recruitment, training, employment, and retention of CNAs. In addition, the task force developed strategies for resolving identified problems. Five topic-specific work groups were formed, each with the task of identifying the key issues in its content area, gathering information that currently exists on these issues, and suggesting additional research that needs to be done. The five work groups are as follows:

Work Group 1: CNA Training Programs

Work Group 2: Certification and Background Screening

Work Group 3: Recruitment and Retention

Work Group 4: Extent of the CNA Shortage

Work Group 5: Impact of the CNA Shortage

The task force, and therefore the individual work groups, was composed of both public and private sector representatives. These representatives are involved with CNAs/nursing homes in a variety of ways, including as management and staff of nursing homes (including CNAs), deliverers of CNA training programs, persons with regulation and certification responsibility, advocates, and data administrators. The issues and findings related to the impact of the CNA shortage are woven throughout the content areas of the report.

The Department of Elder Affairs

The Department of Elder Affairs, the entity given responsibility by the Legislature for producing the CNA recruitment and retention report, developed the study and approach process, established the task force, and was central to all work involved in developing the report. This involvement included numerous department staff serving on the task force/work groups, department oversight of the two outside consultants hired to assist in report development, and primary draft review responsibility of all content presented in the final recruitment and retention report. Elder Affairs' staff facilitated task force meetings, the assimilation and sharing of information, and task force members having the opportunity to provide feedback on the draft recruitment, training, employment, and retention report.

Consultants

Consultants were selected and hired following a solicitation and review of proposals. Before identifying the specific content areas that each consultant was responsible for, it is important to note that some overlap existed between the tasks assigned the two consultant groups. As a result, ongoing communication and coordination between the two consultants was required to ensure the minimization of overlap. Minimal overlap is a reasonable price to pay for the enhanced study results that are possible when combining the expertise and experience of the Center on Aging and Brian Peacock Consulting, Inc. The specific areas of responsibility are defined below.

The University of South Florida's Policy Exchange Center on Aging

The Center on Aging was primarily responsible for a literature review on factors impacting the recruitment and retention of CNAs. Specifically, the Center on Aging was responsible for research associated with five content areas in HB 1971, Section 28. These are as follows:

- Factors likely to improve the rates of employment and retention of CNAs in nursing homes.
- The causes of the shortage, including but not limited to, salary and benefits, working conditions, career development, and the availability of CNA training programs.
- The need for and feasibility of enacting various measures to enhance the image of CNAs, including enhanced recruitment efforts directed towards students at the junior and senior high school levels, local education outreach, and job placement programs.
- The feasibility of allocating resources such as loans, grants, and scholarships to provide greater incentive for and access to CNA education, and the probable effects of such efforts.
- Based on literature review findings, the desirability of demonstration projects to test innovative models and methods to address the need for more and better-qualified CNAs in nursing homes.

Brian Peacock Consulting, Inc.

Brian Peacock Consulting, Inc., was responsible for overall report development, including the synthesis of information provided by the work groups and the Center on Aging. With regard to the content areas identified in HB 1971, Section 28, Brian Peacock Consulting, Inc., was responsible for those areas not assigned to the Center on Aging.

While content overlap occurs in virtually all areas, two areas were specifically shared by the consultants. These are: (1) the causes of the CNA shortage and (2) the desirability to test innovative methods to address the need for more and better-qualified CNAs in nursing homes.

Recommendations

Recommendations are presented within each content area. Identified conclusions serve as the basis for all recommendations included in the final report. The process of developing the recommendations contained in this report was a collaborative one involving the task force members, Elder Affairs' staff, and the consultants. Any critical issues for which adequate research has not been conducted are addressed via recommendations for specific research initiatives. Only research that has practical benefit is recommended.

EXTENT OF THE CNA SHORTAGE

Whereas the recruitment and retention section presents the factors that are influencing (causing) the shortage of CNAs in Florida (and throughout the country), this discussion addresses the parameters of the shortage. This section presents data on the extent of the CNA shortage by Workforce Development Regions (WDRs) within the state. Florida WDRs are as follows:

WDR 1	Escambia/Santa Rosa
WDR 2	Okaloosa/Walton
WDR 3	Calhoun//Holmes/Jackson/Liberty/Washington
WDR 4	Bay/Franklin/Gulf
WDR 5	Gadsden/Leon/Wakulla
WDR 6	Jefferson/Hamilton/Lafayette/Madison/Suwannee/Taylor
WDR 7	Columbia/Dixie/Gilchrist/Union
WDR 8	Clay/Duval/Nassau/Putnam/St. Johns
WDR 9	Alachua/Bradford
WDR 10	Citrus/Levy/Marion
WDR 11	Flagler/Volusia
WDR 12	Orange/Osceola/Seminole
WDR 13	Brevard
WDR 14	Pinellas
WDR 15	Hillsborough
WDR 16	Hernando/Pasco
WDR 17	Polk
WDR 18	Sarasota/Manatee
WDR 19	Desoto/Hardee/Highlands
WDR 20	Indian River/Martin/Okeechobee/St. Lucie
WDR 21	Palm Beach
WDR 22	Broward
WDR 23	Miami-Dade/Monroe
WDR 24	Lee/Charlotte/Collier/Glades/Hendry
WDR 25	Lake/Sumter

Note that the only way to conclusively identify the extent of the shortage is to survey employers across the various industries and types of entities in Florida that employ CNAs. Such a survey has not been conducted as of this writing, and is outside the scope of this reporting. However, the data that are available shed light on the extent of the demand for CNAs in Florida. These data are the basis for the discussion in this section.

Florida's CNA Shortage

Almost all regions of Florida are experiencing a shortage of trained CNAs. This discussion presents the degree to which shortages are occurring within the state, and which areas have the most unfavorable labor market conditions related to supply and demand for this occupation. Significant points that warrant noting include the following:

- The current economic conditions in Florida are showing signs of possible labor shortages for many occupations, including the occupation of nursing assistant.

- Labor market data indicate that almost all WDRs in Florida are training enough nursing assistants to supply the new job openings generated solely from economic growth.
- Almost all regions of Florida are faced with varying degrees of labor turnover or job retention problems related to this occupation, causing widespread worker shortages.
- The abundance of job opportunities for workers in Florida's labor market combined with low unemployment rates may be one of the major contributors to the labor turnover or job retention problem that is currently associated with this lower paying occupation.
- WDR 10 (Citrus/Levy/Marion), WDR 14 (Pinellas), WDR 15 (Hillsborough), WDR 22 (Broward), and WDR 23 (Miami-Dade/Monroe) appear to have the greatest amount of labor turnover in this occupation.

Current Economic Conditions in Florida: Current economic conditions in Florida are characterized by a number of labor market indicators that reflect possible labor shortages or tight labor conditions for many occupations, including the occupation of nursing assistants. These indicators are elements such as low unemployment rates, low initial claims for unemployment insurance benefits, high labor force participation rates, high quit rates, rising wage rates/the Employment Cost Index (ECI), and an increase in the duration of job openings/vacancies. Table 1 presents actual 1998 unemployment rates for the 25 Workforce Development Regions in Florida, along with the estimated (i.e., preliminary) 1999 unemployment rates. Table 1 also lists the overall Florida unemployment rate and the overall national unemployment rate for 1998 and 1999 (estimated).

Table 1
Unemployment Rates in Florida by
Workforce Development Region

Area	1998 Annual Average	September 1999 (Preliminary)
WDR 1	3.9	3.7
WDR 2	3.4	3.1
WDR 3	5.4	4.9
WDR 4	6.9	5.7
WDR 5	3.1	2.6
WDR 6	5.2	4.6
WDR 7	4.5	4.0
WDR 8	3.2	3.0
WDR 9	2.7	2.1
WDR 10	4.6	3.5
WDR 11	3.4	2.9
WDR 12	3.0	2.7
WDR 13	4.3	3.8
WDR 14	3.1	2.6
WDR 15	2.8	2.7
WDR 16	3.8	3.1
WDR 17	5.5	6.4
WDR 18	2.5	2.6
WDR 19	8.7	10.0
WDR 20	8.4	10.4
WDR 21	5.5	5.8
WDR 22	4.5	4.1
WDR 23	6.3	5.7
WDR 24	3.9	4.6
WDR 25	3.2	3.2
Florida	4.3	4.1
United States	4.5	4.1

*Source: FDLES, Office of Labor Market Statistics, Local
Area Unemployment Statistics Program.*

For the individual WDRs, the 1998 unemployment rate ranged from a low of 2.5 percent for WDR 18 to a high of 8.7 percent for WDR 19. Florida's 1998 unemployment rate of 4.3 percent was .2 percent less than the national unemployment rate of 4.5 for that year. The estimated individual WDR unemployment rates for 1999 range from a low of 2.1 percent for WDR 9 to a high of 10.4 percent for WDR 20. Florida's estimated unemployment rate of 4.1 percent for 1999 is identical to the estimated national unemployment rate.

As of August 1999, Florida's overall annual job growth rate of 3.8 percent ranked number one nationally when compared to the other populous states. Florida's job growth in terms of the number of jobs (249,500) was ranked third, behind California and Texas. With the present job growth the state is experiencing, current and future workers for the occupation of nursing assistant now have many more employment opportunities that may offer equal or higher earnings potential than the wages being offered for this occupation. Table 2 presents data on nursing assistant wages for 1997.

Table 2
Wages of Nursing Assistants (Aides), Orderlies, and Attendants
in Florida by Workforce Development Region 1997

Area	Across all Industries				Average Wage in Nursing Homes	
	Mean	Median	Middle 50 Percent		Mean	Median
			Low	High		
Florida	\$7.74	\$7.59	\$6.60	\$8.62	\$7.67	\$7.57
WDR 1	\$6.11	\$5.74	\$5.44	\$6.79	\$5.67	\$5.61
WDR 2	\$6.70	\$6.48	\$5.75	\$7.65	NA	NA
WDR 3	\$6.14	\$5.84	\$5.50	\$7.00	NA	NA
WDR 4	\$7.34	\$7.29	\$6.56	\$8.01	NA	NA
WDR 5	\$7.10	\$7.08	\$6.33	\$7.84	\$6.84	\$6.84
WDR 6	\$7.45	\$7.32	\$6.53	\$8.10	\$7.29	\$7.25
WDR 7	\$7.45	\$7.32	\$6.53	\$8.10	\$7.29	\$7.25
WDR 8	\$7.57	\$7.47	\$6.56	\$8.39	\$7.67	\$7.57
WDR 9	\$8.27	\$8.00	\$6.86	\$9.37	NA	NA
WDR 10	\$7.39	\$7.30	\$6.50	\$8.10	NA	NA
WDR 11	\$7.34	\$7.29	\$6.49	\$8.09	\$7.38	\$7.31
WDR 12	\$7.51	\$7.43	\$6.53	\$8.29	\$7.42	\$7.37
WDR 13	\$7.68	\$7.56	\$6.67	\$8.46	\$7.47	\$7.39
WDR 14	\$8.01	\$7.88	\$6.81	\$9.08	\$8.08	\$7.97
WDR 15	\$8.01	\$7.88	\$6.81	\$9.08	\$8.08	\$7.97
WDR 16	\$8.01	\$7.88	\$6.81	\$9.08	\$8.08	\$7.97
WDR 17	\$7.71	\$7.60	\$6.63	\$8.59	\$7.86	\$7.70
WDR 18	\$8.09	\$8.03	\$6.93	\$9.20	\$8.35	\$8.60
WDR 19	\$7.57	\$7.46	\$6.61	\$8.31	NA	NA
WDR 20	\$8.54	\$8.00	\$6.88	\$9.42	NA	NA
WDR 21	\$7.86	\$7.67	\$6.78	\$8.58	\$7.91	\$7.75
WDR 22	\$7.89	\$7.72	\$6.78	\$8.72	\$7.96	\$7.84
WDR 23	\$8.00	\$7.79	\$6.54	\$9.08	\$7.59	\$7.54
WDR 24	\$7.63	\$7.56	\$6.61	\$8.50	\$7.51	\$7.43
WDR 25	\$7.51	\$7.43	\$6.53	\$8.29	\$7.42	\$7.37

Source: FDLES, Office of Labor Market Statistics, Occupational Employment Statistics Program.

NA = not available. Data on average nursing home wages were not available for all WDRs in Florida.

Across all industries, the average hourly CNA wage in Florida for 1997 was \$7.74. Statewide, the average hourly wage in nursing homes for 1997 was comparable at \$7.67. Within individual WDRs, the lowest average nursing home hourly wage of \$5.67 was found in WDR 2. The highest average hourly nursing home wage in the individual WDRs for 1997 was \$8.35, which was in WDR 18.

Table 3 presents proportional and actual data for all 50 states on growth of the nursing assistant position. While the demand for nursing assistants nationwide is strong, the projected employment growth rate for nursing assistants in Florida (26 percent) exceeds the national average (25 percent). Florida also has more projected annual job openings for nursing assistants than any state, other than California and Texas.

**Table 3: Occupational Employment Projections for
Nursing Assistants (Aides), Orderlies, and Attendants by State**

State	Employment, 1996	Employment, 2006	Numerical Change in Employment	Percent Change in Employment	Average Annual New Job Openings
[United States]	1,312,150	1,645,150	333,000	25	51,000
California	87,500	109,800	22,350	26	3,560
Texas	74,750	94,600	19,800	27	2,990
Florida	70,800	89,200	18,350	26	2,790
North Carolina	41,600	63,600	21,950	53	2,760
Ohio	65,100	77,750	12,650	19	2,150
Illinois	51,850	63,400	11,550	22	1,860
Georgia	34,750	46,350	11,600	33	1,630
New Jersey	39,800	50,400	10,600	27	1,600
Alabama	23,100	30,250	7,150	31	1,560
Massachusetts	38,100	46,750	8,650	23	1,380
Missouri	36,500	45,100	8,600	24	1,350
Tennessee	24,200	31,500	7,350	30	1,060
Virginia	25,650	32,550	6,900	27	1,040
Wisconsin	36,700	41,950	5,250	14	1,020
Indiana	31,450	37,050	5,650	18	990
Kentucky	22,150	28,850	6,700	30	970
Oklahoma	21,550	27,950	6,400	30	930
Washington	21,400	27,750	6,350	30	920
Louisiana	22,400	28,050	5,650	25	870
Minnesota	31,400	35,800	4,400	14	860
Arkansas	15,350	21,550	6,200	40	830
Arizona	13,750	20,050	6,300	46	810
Iowa	21,100	25,350	4,250	20	710
Kansas	17,700	22,400	4,650	26	710
Connecticut	23,700	27,000	3,250	14	680
Maryland	20,550	23,950	3,400	17	620
Colorado	12,850	17,150	4,300	34	600
South Carolina	14,900	17,750	2,850	19	490
Oregon	12,150	15,400	3,300	27	470
Mississippi	11,450	13,850	2,400	21	400
Nebraska	11,550	13,700	2,150	18	370
Maine	10,450	12,650	2,200	21	360
Utah	5,600	8,200	2,600	46	340
Rhode Island	7,950	9,900	1,950	25	300
North Dakota	6,400	8,050	1,650	26	250
Nevada	3,350	5,350	2,000	59	240
New Mexico	7,200	8,550	1,350	19	240
Idaho	5,400	6,850	1,450	27	220
Montana	5,150	6,500	1,350	26	200
New Hampshire	5,350	6,600	1,200	23	190
South Dakota	5,200	6,350	1,150	22	180
Delaware	3,400	4,400	1,000	29	150
West Virginia	8,750	9,000	250	3	140
Hawaii	3,750	4,450	650	18	120
Vermont	2,800	3,550	750	26	110
Wyoming	2,500	2,800	300	12	60
Alaska	1,250	1,500	250	21	40
Michigan	N/A	N/A	N/A	N/A	N/A
Pennsylvania	N/A	N/A	N/A	N/A	N/A

Source: U.S. Bureau of Labor Statistics.

The current abundance of job opportunities for workers in the labor market combined with low unemployment rates may be a contributing factor to the nursing assistant turnover problem.

The remainder of this section presents specific issues related to the extent of the CNA shortage. These issues are grouped by content area. The content areas presented in this section include data on CNA supply and demand, the impact on other health care professions, comparison with national trends, accurate reporting and collecting of CNA employment/wage data, and other relevant data.

Data on CNA Supply and Demand

Issue: *Official supply and demand and wage data are collected for CNAs under the larger occupational classification of “nursing assistants (aides) and orderlies.” This includes persons who work as orderlies and those who may not be certified but reported by employers as nurse assistants. This does not allow for a true picture of the labor market for CNAs and hinders planning.*

Recommendation: *Develop an occupational classification specific to CNAs with a unified definition. Collect and report labor market information for CNAs as a separate group. Note that a barrier to accomplishing this recommendation is that the current occupation classification and definition is a federal Department of Labor standard classification.*

Issue: *There is no ongoing mechanism to measure CNA turnover, which appears to be the critical factor in the shortage of CNAs.*

The only way to conclusively identify the extent of the CNA shortage is to survey employers across the various industries and types of entities in Florida that employ CNAs.

Recommendation: *Conduct an annual survey of a sample of CNA employers to obtain an estimate of CNA turnover.*

Issue: *An accurate and comprehensive understanding of the supply of CNAs is not possible given that private CNA training program data are not consistently available.*

Private CNA training institutions, unlike their public counterparts, are not required to report program participation and graduation data, making it difficult to assess the supply of CNAs. For 1997-98, only seven of 89 private CNA training schools provided information to the Department of Education (DOE) on the numbers of persons receiving training in their programs and the numbers subsequently graduating. Without training and graduation data for the private training programs, an accurate and comprehensive understanding of the supply of CNAs is not possible. (See further discussion and recommendation in the CNA training section of this report.)

Issue: *Supply versus demand by region within the state.*

The first step in analyzing workforce requirements and the labor availability for nursing assistants is to compare the two basic data items that represent reasonable counts for a major portion of the labor supply and demand in Florida's economy. Projected annual openings by occupation produced by the Florida Department of Labor and Employment Security (FDLES), Bureau of Labor Market and Performance Information gives an estimated count of future labor market demand for nursing assistants. Information on the number of graduates from both private and public educational

institutions that train nursing assistants is provided by DOE and represents a major portion of the annual supply of workers for this occupation. Table 4 presents data on the annual projected nursing assistant job openings by WDR, along with the 1997-98 training program graduates by WDR.

Table 4
Basic Supply and Demand Comparison for Nursing Assistants
(Aides), Orderlies, and Attendants in Florida
by Workforce Development Region

AREA	Demand		Supply		Difference
	1996-2006 Projected Annual New Job Openings*	Rank	1997-98 School Year Graduates	Rank	Supply Versus Demand
WDR 01	69	15	135	15	66
WDR 02	32	21	102	17	70
WDR 03	28	22	160	14	132
WDR 04	35	20	0	25	-35
WDR 05	50	18	80	20	30
WDR 06	28	23	72	22	44
WDR 07	18	25	15	24	-3
WDR 08	216	5	117	16	-99
WDR 09	52	17	163	13	111
WDR 10	71	14	483	5	412
WDR 11	103	10	96	18	-7
WDR 12	236	4	315	9	79
WDR 13	79	12	291	10	212
WDR 14	288	1	705	3	417
WDR 15	150	9	493	4	343
WDR 16	76	13	86	19	10
WDR 17	68	16	23	23	-45
WDR 18	188	6	352	8	164
WDR 19	24	24	74	21	50
WDR 20	96	11	260	11	164
WDR 21	266	2	428	6	162
WDR 22	157	8	369	7	212
WDR 23	266	3	712	2	446
WDR 24	170	7	885	1	715
WDR 25	44	19	168	12	124
FLORIDA	2,810		6,584		3,774

Source: FDLES, Office of Labor Market Statistics.

* Note: Projected openings only include openings due to growth plus openings due to separations from the labor force (death and retirement). Openings caused by workers leaving the occupation due to promotions or career changes are not included.

From the data presented in Table 4, almost all of Florida's 25 Workforce Development Regions (except the Jacksonville, Lakeland, Panama City, Brevard, and Lake City areas), have significantly more graduates from nursing assistant programs than new jobs projected to be needed in the labor market. However, these projected annual job openings only represent openings due to economic growth (firms expanding or new firms opening) and openings due to employees separating from the

labor market (death or retirement). These projected openings do not include turnover caused by workers leaving the occupation due to promotions or career changes.

The training of more workers than new jobs being created by the labor market suggests that the education community is attempting to respond to labor turnover demand, as well as the demand created by local economic growth. Those areas with a large over-supply of graduates versus projected annual openings may be the areas with the greatest turnover of workers in the nursing assistant occupation. These include WDR 10 (Citrus/Levy/Marion), WDR 14 (Pinellas), WDR 15 (Hillsborough), WDR 18 (Sarasota/Manatee), WDR 22 (Broward), WDR 23 (Miami-Dade/Monroe), and WDR 24 (Lee/Charlotte/Collier/Glades/Hendry).

Analyzing Demand Factors: To further analyze the supply and demand situation for nursing assistants, other data elements were incorporated into the analysis (see Table 5). On the demand side, projected population growth (numerical and percent change) for the age group of persons 65 years of age and older was calculated and ranked for each WDR (see Table 5). The assumption being, the more growth occurring in this age group in a given area, the greater the potential is for more demand for health services and, in turn, nursing assistants. Also as a measure of demand, the combined projected industry employment growth (numerical and percent change) for the industries most commonly employing nursing assistants (nursing homes, hospitals, home health agencies, and residential care) was also calculated and ranked for each WDR (see Table 5). The assumption being, more employment growth occurring in these industries would result in more potential growth for the occupation of nursing assistants.

Finally, these two demand data elements, along with the rankings of projected annual job openings for each WDR, were incorporated into an aggregate ranking, giving equal weight to each one of these demand elements. The aggregate rankings of these factors were then assigned a final rank indicating the degree of potential demand for nursing assistants in each WDR (see Table 5).

Table 5
Estimated Demand: Aggregate Ranking of Demand Factors for Nursing Assistants (Aides), Orderlies, and Attendants
in Florida by Workforce Development Region

Final Rank	AREA	1998-2010 Projected Population Change Age 65++	Rank	1998-2010 Projected Percent Population Change		1996-2006 Nursing Homes, Hospitals, Home Health, and Residential Care Industries Projected Employment Change				Nurse Aides 1996-2006 Projected Annual Openings*		Aggregate Rank
				Age 65++	Rank	Absolute	Rank	Percent	Rank	Rank		
1	WDR 12	62,000	2	43.88%	3	16,888	1	48.66%	3	236	4	13
2	WDR 24	67,387	1	34.65%	9	11,244	5	48.14%	4	170	7	26
3	WDR 21	59,385	3	25.01%	18	12,583	2	39.90%	10	266	2	35
4	WDR 08	39,982	6	29.73%	14	12,148	3	40.69%	8	216	5	36
5	WDR 10	40,495	5	39.58%	5	4,459	12	52.15%	2	71	14	38
6	WDR 20	34,724	9	32.00%	12	5,467	10	45.30%	6	96	11	48
7	WDR 25	26,338	15	40.64%	4	3,322	16	53.59%	1	44	19	55
8	WDR 18	34,073	10	20.39%	22	7,142	7	36.24%	12	188	6	57
9	WDR 15	37,746	8	31.15%	13	5,798	9	23.20%	21	150	9	60
10	WDR 23	44,120	4	14.87%	23	9,583	6	14.08%	25	266	3	61
11	WDR 22	38,964	7	14.22%	24	11,517	4	29.37%	18	157	8	61
12	WDR 16	33,419	11	23.74%	20	4,815	11	43.84%	7	76	13	62
13	WDR 11	28,707	12	27.24%	17	4,369	13	36.94%	11	103	10	63
14	WDR 02	11,027	17	44.85%	2	1,780	20	46.54%	5	32	21	65
15	WDR 13	26,656	14	32.22%	10	3,433	15	31.24%	16	79	12	67
16	WDR 01	15,374	16	32.16%	11	3,785	14	33.20%	14	69	15	70
17	WDR 14	8,180	21	3.70%	25	7,103	8	21.99%	22	288	1	77
18	WDR 04	8,287	20	36.20%	6	1,481	21	34.70%	13	35	20	80
19	WDR 07	5,922	22	48.27%	1	666	24	40.19%	9	18	25	81
20	WDR 17	26,996	13	28.83%	15	2,221	18	20.90%	23	68	16	85
21	WDR 05	9,354	19	36.09%	7	2,077	19	20.46%	24	50	18	87
22	WDR 09	5,520	23	24.47%	19	2,993	17	29.47%	17	52	17	93
23	WDR 19	10,544	18	27.82%	16	1,182	22	26.88%	19	24	24	99
24	WDR 06	5,475	24	35.20%	8	463	25	23.71%	20	28	23	100
25	WDR 03	3,311	25	21.32%	21	727	23	31.43%	15	28	22	106
	FLORIDA	683,986		25.23%		137,243		32.28%		2,792		

Source: FDLES, Office of Labor Market Statistics.

* Note: Projected openings only include openings due to growth plus openings due to separations from the labor force (death and retirement). Openings caused by workers leaving the occupation due to promotions or career changes are not included.

Analysis of Supply Elements: On the supply side, information from the Jobs and Benefits offices (state employment services) on the number of registered applicants and unemployment compensation benefits claimants with the occupation of nursing assistant were collected and ranked. Table 6 presents these data. Because applicants and claimants can be assigned multiple occupations by the Jobs and Benefits offices, areas having large numbers of applicants could be an indication of numerous employed and/or previously employed nursing assistants seeking other careers.

These two supply data elements, along with the rankings of the number of nursing assistant graduates from public and private educational institutions, were incorporated into an aggregate ranking, giving equal weight to each one of these supply elements. The aggregate rankings of these supply factors were then assigned a final rank indicating the degree of potential supply for nursing assistants in each WDR.

Table 6
Aggregate Ranking of Supply Elements for Nursing Assistants (Aides), Orderlies,
and Attendants in Florida by Workforce Development Region

Final Rank	AREA	1997-98		1996-97 Jobs and Benefits Offices				Aggregate Rank
		School Year Graduates	Rank	Applicants*	Rank	Unemployment Claimants*	Rank	
1	WDR 23	712	2	1371	3	328	3	8
2	WDR 21	428	6	997	4	250	4	14
3	WDR 14	705	3	888	6	225	6	15
4	WDR 22	369	7	996	5	250	5	17
5	WDR 08	117	16	2016	1	351	1	18
6	WDR 24	885	1	636	9	110	9	19
7	WDR 15	493	4	735	8	129	8	20
8	WDR 12	315	9	741	7	170	7	23
9	WDR 07	15	24	1449	2	345	2	28
10	WDR 09	163	13	604	10	107	10	33
11	WDR 10	483	5	400	13	50	18	36
12	WDR 20	260	11	368	15	93	12	38
13	WDR 18	352	8	356	16	64	16	40
14	WDR 16	86	19	408	12	95	11	42
15	WDR 13	291	10	327	18	73	15	43
16	WDR 11	96	18	389	14	83	13	45
17	WDR 17	23	23	418	11	82	14	48
18	WDR 01	135	15	349	17	53	17	49
19	WDR 25	168	12	250	21	48	20	53
20	WDR 05	80	20	271	20	49	19	59
21	WDR 03	160	14	195	23	28	23	60
22	WDR 19	74	21	234	22	29	22	65
22	WDR 04	0	25	279	19	34	21	65
23	WDR 02	102	17	170	24	12	25	66
24	WDR 06	72	22	121	25	18	24	71
FLORIDA		6,584		14,968		3,076		

Source: FDLES, Office of Labor Market Statistics.

*Note: Applicants and claimants may be assigned up to three different occupations.

Reanalyzing Supply Versus Demand: The last step in this analysis is to compare the final demand ranking for each WDR against its final supply ranking. Table 7 presents this comparison. Any area

with a wide variation between its supply and demand final rankings indicates a serious supply/demand problem that warrants further analysis to identify the possible cause(s).

Table 7 presents the Workforce Development Regions that had the widest variations in their supply/demand rankings, thus suggesting areas with the most imbalance in their workforce conditions.

Table 7
Largest Variations in Supply/Demand Rankings
Among the Workforce Development Regions

Location	Final Supply Rank	Final Demand Rank	Absolute Difference Supply/Demand Rank	Final Supply Rank	Final Demand Rank
Pinellas County (WDR 14)	3	17	14	High	Low
Alachua/Bradford Counties (WDR 9)	10	22	12	Average	Low
Lake/Sumter Counties (WDR 25)	19	7	12	High	Low
Dixie/Columbia/Gilchrist/Union Counties (WDR 7)	9	19	10	Average	Low
Okaloosa/Walton Counties (WDR 2)	23	14	9	High	Average
Miami-Dade/Monroe Counties (WDR 23)	1	10	9	Low	Average
Broward County (WDR 22)	4	11	7	Low	Average
Orange/Osceola/Seminole Counties (WDR 12)	8	1	7	Low	Low

Source: FDLES, 1999.

Table 8 presents the Workforce Development Regions that had the smallest variations in their supply/demand rankings, thus suggesting areas with the least imbalance in their workforce conditions.

Table 8
Smallest Variations in Supply/Demand Rankings
Among the Workforce Development Regions

Location	Final Supply Rank	Final Demand Rank	Absolute Difference Supply/Demand Rank	Final Supply Rank	Final Demand Rank
Gadsden/Leon/Jefferson Counties (WDR 5)	20	21	1	High	High
Desoto/Hardee/Highlands Counties (WDR 19)	22	23	1	High	High
Jefferson/Hamilton/Lafayette/Madison/Suwannee/Taylor Counties (WDR 6)	24	24	0	High	High
Brevard County (WDR 13)	15	15	0	Average	Average

Source: FDLES, 1999.

Recommendation: Focus solutions and efforts to improve the workforce conditions of nursing assistants because this problem has been identified as a major cause for the widespread shortage of workers in this occupation. If possible, efforts should target labor conditions in the regions of the state that have the greatest imbalance in their labor supply and demand components. (See identified areas of concern in Table 7.)

Recommendation: *Collect additional information from employers who typically hire nursing assistants stating their hiring difficulties related to the occupation of nursing assistant. This anecdotal information could be used to better determine the extent of any labor shortages for a given geographic area and it may explain to what degree shortages are a result of labor turnover.*

Impact on Other Health-Care Professions

Issue: *Impact of supply and demand on other health care professions.*

This discussion considers the broader economic picture from a solution perspective (i.e., remedying the CNA shortage could create problems in other health care settings or even in unrelated industries). Among the ten most common non-professional medical service/technical occupations, nursing assistant is the largest occupation in terms of employment, followed by home health aide, and medical assistant. Table 9 presents data on related health care occupations.

A majority of these ten occupations appear to have a labor supply shortage problem, but only the nursing assistant, home health aide, and medical assistant appear to have a shortage as a result of worker retention problems. The education and job training community appears to be training more graduates for these three occupations than what is projected to be needed for economic growth, indicating a training effort to supply demand caused by turnover. The labor shortages in other medical service occupations appear to be the result of strong economic growth in the particular occupations.

Both nursing assistants and home health aides appear to have severe labor shortages as a result of turnover problems. Due to the basic training and nature of work for each of these occupations being very similar, competition among employers for this same pool of workers may be fierce.

Seven of the ten non-professional medical occupations have an entry-level wage higher than the occupation of nursing assistant. This lower entry-level wage for nursing assistant can be an added hindrance to recruitment efforts for this occupation, as workers who want to pursue an occupation in the medical field may choose other jobs because of the greater earnings potential of these other occupations.

Table 9
Medical Jobs Requiring One to 12 Months of Combined On-the-job Experience and Informal Training
1996 Base Year and 2006 Projected Employment

AREA: FLORIDA - STATEWIDE										
Occupation Title	Employment		Change		Average Annual Openings	1997 Wage		1997-98 Graduates	Employment Service Applicants	Major Employing Industries
	1996	Projected 2006	Total	Percent		Mean	Entry			
EEG Technologist	421	564	143	33.97	22	\$16.70	\$14.39	NA	15	Hospitals, medical labs, doctors' offices.
Pharmacy Technician	6,572	8,090	1,518	23.10	280	\$7.95	\$6.37	59	633	Drug stores, department stores, food stores
EKG Technician	1,036	872	-164	-15.83	20	\$11.29	\$8.70	49	72	Hospitals, medical labs, doctors' offices
Medical Assistant	14,347	25,189	10,842	75.57	1,363	\$10.05	\$7.89	788	3,205	Doctors' offices, hospitals,
Nursing Aide and Orderly	70,815	89,181	18,366	25.94	2,792	\$7.74	\$6.60	6584	14,968	Nursing homes, hospitals, home health agencies, residential care
Home Health Aide	28,989	52,171	23,182	79.97	2,709	\$8.07	\$6.65	4652	1,002	Home health agencies, temp agencies, residential care
Psychiatric Aide	1,842	2,229	387	21.01	64	\$8.89	\$7.22	7	806	Hospitals, residential care
Physical, Corrective Therapy Assistant	4,637	8,634	3,997	86.20	505	\$11.68	\$7.93	247	360	Doctors' offices, hospitals, home health agencies.
Occupational Therapy Assistant	774	1,564	790	102.07	94	\$11.55	\$13.92	118	61	Doctors' offices, hospitals, nursing homes, home health agencies.
Pharmacy Assistant	2,666	3,206	540	20.26	107	N/A	N/A	59	54	Hospitals, drug stores

Source: FDLES, Office of Labor Market Statistics.

Summary

Current labor market indicators reflect possible labor shortages/tight labor market conditions for nursing assistants. However, many of the labor market indicators used to assess the presence of shortages are not available at a detailed industry, occupation, or geographic level. Due to this data availability limitation, one of the best ways to better determine the extent of any labor shortage for nursing assistants would be information from employers stating their hiring difficulties for this occupation.

Based on available labor market data, in most areas of Florida the education community is producing enough nursing assistant graduates to meet the labor market demand generated solely from economic growth. The number of nursing assistant graduates exceeding economic growth demands and large numbers of job seekers at state employment service offices having nursing assistant skills (but possibly seeking work in other career fields) indicate that job retention is a widespread chronic problem for this occupation.

Strong overall employment growth, low unemployment rates, and low wages are factors impacting job retention for nursing assistants. High turnover demand as well as high numbers of nursing assistant graduates characterize the majority of the areas of the state where the disparity between supply and demand rankings is greatest. However, there is presently no way to determine how well the graduation output is meeting labor turnover demand for nursing assistants in these areas. As a result, there is uncertainty as to the degree of seriousness of labor shortages in any geographic area of the state where a high percentage of the demand is primarily due to labor turnover.

WDR 2 (Okaloosa/Walton), WDR 5 (Gadsden/Leon/Wakulla), WDR 7 (Columbia/Dixie/ Gilchrist/Union), WDR 9 (Alachua/Bradford), WDR 14 (Pinellas), WDR 23 (Miami-Dade/Monroe), and WDR 25 (Lake/Sumter) have the greatest disparity between their supply and demand factors for nursing assistants. WDR 6 (Jefferson/Hamilton/Lafayette/ Madison/Suwannee/Taylor), WDR 13 (Brevard), and WDR 19 (Desoto/Hardee/Highlands) have the least disparity between their supply and demand factors for this occupation.

Low occupational demand, as a result of weak projected population and industry growth, combined with low turnover demand and low numbers of nursing assistant graduates characterize the majority of the areas of the state where the disparity between supply and demand rankings is small. Therefore, the degree of labor turnover or job retention problems related to shortages for nursing assistants in these geographic areas appears less severe.

STATE-APPROVED CNA TRAINING PROGRAMS

Florida has both public and private CNA training programs located throughout the state. These programs represent Florida's capacity for preparing individuals to work as CNAs in nursing homes, as well as in other health-related settings. The legislatively mandated purpose of the training program performance review is the following:

- To present Florida's CNA training capacity, and thus a picture of the state's ability to respond both now and in the near future to the demand for sufficient numbers of qualified CNAs.
- To compare and contrast training program performance with respect to key factors, including those identified in HB 1971. Factors include admission criteria, program requirements, size, cost, graduation rates, employment/long-term outcomes in nursing homes, employment/long-term outcomes in other health care environments, and employment/long-term outcomes in non-health-care-related fields for which CNAs may qualify.
- To identify issues and make recommendations in the area of nursing assistant training and requirements for certification.

When reading this section, it is important to understand that the limited amount of CNA training program data presently available did not allow for a comprehensive review of training program performance. For specific training program data that were not available at the time of this writing, recommendations are made regarding the collection and analysis of these data. For this review, training program and certification data for fiscal year 1997-98 were gathered. These data were the most recent for which CNAs could be tracked from certification into the labor force.

Florida's Public CNA Training Programs

Public training programs generally consist of vocational/technical programs, high schools, and community colleges and follow a curriculum specified by DOE. Florida's public education system has provided nurse assistant training since 1982. Beginning in 1996, the program of study was structured around a more advanced training program entitled, "Patient Care Assisting" (PCA), with an occupational completion point (OCP) for nursing assistants at 165 hours. In 1998, further changes involved the establishment of 600 hours of training for a Patient Care Technician (PCT). Within this 600 hours, the prescribed course of study for patient care assisting is 290 hours, and nursing assistant remains at 165 hours. As indicated, these are OCPs within the broader PCT program. Persons completing 165 hours are considered to have completed nurse assistant training and are eligible to take the National Nurse Assistant Assessment Program (NNAAP™) test for certification. High schools also offer nurse assistant training. The 450-hour high school course of study includes anatomy, physiology, and acute care skills in addition to the core nurse assistant training. This course of study is to be designated "nursing assistant (acute and long-term care)" by DOE in 2000.

There is no charge for high school CNA training programs. The cost of public training programs in Florida (other than for high schools) is the same across programs. Enrollees are charged a vocational certification charge that is based on the respective completion point they reach within a public training program. For 1997-98, the cost was \$.59 per hour. The current cost is \$1.17 per hour. A proposal to increase the hourly rate to \$1.30 is in process. Table 10 shows the impact on total training costs to an individual due to these increases.

Table 10
Cost of Public CNA Training in Florida

Time Period	Hourly Cost	Minimum Required Hours	Total Cost to Individuals	*Increase in Cost
1997-98	\$.59	120	\$ 70.80	NA
Current	\$1.17	120	\$140.40	\$69.60 or 98.3%
Proposed	\$1.30	120	\$156.00	\$15.60 or 11.1%

Source: DOE, 1999.

*The increase is based on the prior year's total cost (e.g., the 98.3 percent increase to the \$1.17 rate is calculated by dividing the increase of \$69.60 by the 1997-98 base amount of \$70.80).

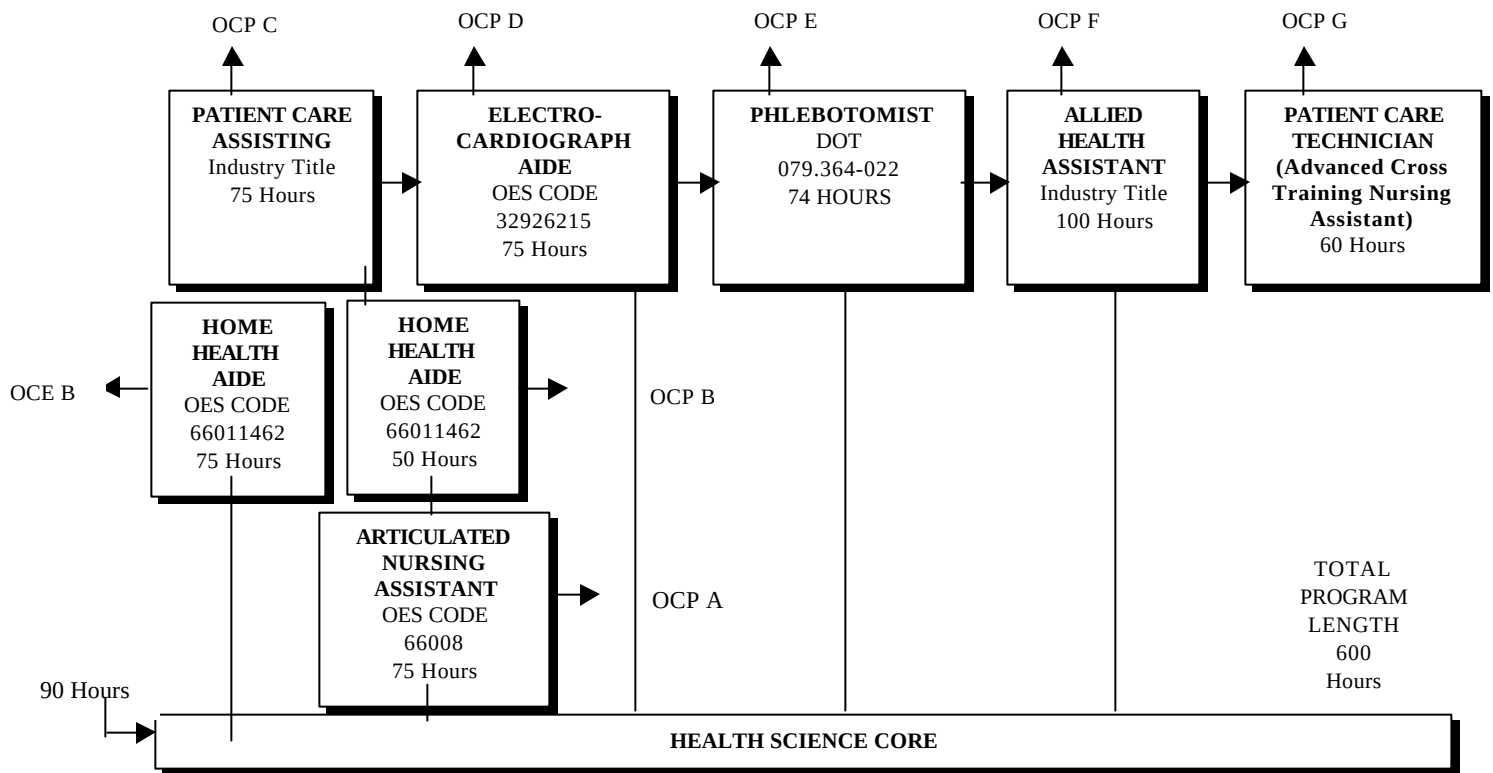
The current public school curriculum must be funded and offered at the 165-hour level. However, programs may allow enrollees to graduate once they complete a minimum of 120 hours. On July 1, 2000, a 120-hour curriculum will be available to public schools to offer in addition to the 165-hour curriculum as part of the PCT program. The 120-hour option is in response to increased competition from shorter training programs offered through private schools or CNA test preparation programs.

Public CNA training programs must meet the following criteria:

- Are taught by a registered nurse (RN);
- Are at least 120 hours in length;
- Provide 40 hours of clinical training, at least 20 hours of which must be in a long-term care facility; and
- Include all the competencies in the curriculum framework.

The following diagram presents the various OCPs on the curriculum continuum for public training programs. Note that nursing assistant entails the 90 core health science hours plus 75 additional hours.

PATIENT CARE TECHNICIAN TRAINING CURRICULUM WITH OCCUPATIONAL COMPLETION POINTS IDENTIFIED



As of this writing, there are 162 public sector program sites (not including the community colleges). When many programs were restructured to include multiple occupational completion points, it became temporarily impossible to determine how many people left the program at the OCP of nursing assistant. (The subsequent presentation in this section of data in this report on public program enrollment and completion is the result of the cooperation of DOE.) In the public sector, there are also 19 community colleges offering programs in Patient Care Assisting and Patient Care Technician.

The public training programs data table is presented in Appendix B at the end of this document. For 1997-98, due to the way that program data are collected, it is impossible to distinguish between persons completing the PCA or PCT programs with training as nursing assistants. Therefore, the table has been collapsed and is a summary of programs (i.e., PCA, PCT, nursing assistant). DOE's Workforce Education and Outcome Information Services provided information on enrollment and completion while the DOE Division of Workforce Development provided a list of approved programs. These lists did not match exactly, but every effort was made to include all programs on the list for which either enrollment/completion or certification data were available for 1997-98.

Community College-Based CNA Training Programs

The community college-based CNA training programs are included in a data table that is presented in Appendix B at the end of this document. The colleges listed provide programs for PCT and PCA training. The summary table includes adjusted totals of enrollment and completion. The number of people who complete the nursing assistant training is estimated by deducting the number of completers at the PCA and PCT levels and estimating a completion rate as described above.

Demographic information such as age or ethnicity of training participants could not be gathered and analyzed for this report. In addition, a completion difference by gender for the other public programs could not be determined.

Florida's Private CNA Training Programs

The State Board of Non-Public Career Education has been licensing private nursing assistant training programs since 1974. The private sector offers 98 training programs in 91 schools. Four of these are 40- to 48-hour test preparation programs for people who already have some training. The nursing assistant training programs range in hours from 120 to 360. Some of the programs offer additional training such as home health aide, phlebotomy, and bilingual certification.

The private training programs range in cost from free of charge to \$2,950. For 1997-98, 43 private training programs reported 3,193 enrollees. The average program length for these 3,193 enrollees was 259.5 hours. The total cost of training for these 3,193 enrollees was \$3,731,082, or an average cost of \$1,169 per enrollee. This equates to an average hourly cost of \$4.50. (Note that 54 private training programs reported no enrollees for 1997-98. This is due in part to new training programs not being required to report enrollment data until the second year of operation.)

Of the 3,193 persons enrolled in private training programs in fiscal year 1997-98, 2,312 completed these programs, for a completion rate of 72 percent. Presently, demographic data are not readily available for the private sector programs. The private CNA training programs are included in a separate data table that is presented in Appendix B at the end of this document.

Recommendation: Compile CNA training and follow-up data to include both public and private CNA training institutions, including demographic data such as age and ethnicity. Analyze wages of program completers and related data.

Florida's Certified Nursing Assistant Registry

Federal law requires that CNA training programs consist of at least 75 hours of instruction. CNA training is offered through both public and private schools in Florida. Private schools are approved by the Department of Education's State Board of Non-Public Career Education and pay initial and annual fees. The CNA examination is a nationally recognized test conducted by the Department of Health through contract with Assessment Systems, Inc. (ASI). ASI administers the NNAAP™ examination in Florida and 29 other states. The examination consists of both written (or oral) questions and a skills demonstration evaluation. To pass the written examination, a candidate must answer correctly approximately 80 to 81 percent of the scorable items. Each written examination consists of 70 items of which 60 items are scored. The remaining ten questions are pre-test items and are not scored. To pass the skills examination, a candidate must pass 100 percent of the critical element steps and approximately 80 percent of the remaining steps within each scenario (set of five skills) being demonstrated.

In accordance with Chapter 468, Part XV, the Department of Health (DOH) maintains a state registry of certified nursing assistants. See the subsequent discussion on certification and background screening for further information. Persons may be issued a certificate to practice if they demonstrate a minimum competency to read and write and meet one of the following requirements:

- Complete an approved training program and achieve a minimum score on the nursing assistant competency examination, both the written portion and the skills demonstration portion;

- Have a high school diploma or its equivalent or be at least 18 years old or achieve a minimum score on the nursing assistant competency examination, both the written portion and the skills demonstration portion; or
- Be currently certified in another state, listed on that state's certified nursing assistant registry, and not found to have committed abuse, neglect, or exploitation in that state and have successfully completed a national nursing assistant evaluation to receive certification in that state.

Individuals taking the examination without completing a training program are said to “challenge” the examination and are referred to as “challengers.” Challengers range from out-of-state certified nursing assistants who do not want to wait for reciprocity, to people with some on-the-job training, to people with no experience in the health care field. (See the discussion on the challenge option.)

The registry currently contains approximately 240,000 names. The names have been accumulating since 1984 and provide both a historic and current record of certified nursing assistants in Florida. The Department of Health will be updating the registry by determining active and inactive status for those listed. Just under 11,000 names were added to the registry in fiscal year 1997-98. The overall pass rate for Florida examination takers was approximately 88 percent for 1997-98.

Summary Data Analysis

Table 11 presents summary training program enrollment data, program completion rate data, and the CNA examination pass rate data by program type.

**Table 11: CNA Training Programs Summary
All Students From July 1, 1997 to June 30,1998**

	Private	Public			Total
	Nursing Assistant	High School Nursing Assistant	Other Nursing Assistant Programs	Community College	All Programs
Total Number of Programs	97	69	93	19	278
Total Enrollment	3,193	1,124	13,186	321	17,824
Number of Completers	2,312	782	*9,362	*228	12,684
Completion Rate	72%	70%	71%	71%	71%
CNA Exam Pass Rate	81%	89%	89%	93%	88%
Number Added to Registry	--	--	--	--	10,905

Source: DOE, 1999.

*The numbers who complete the nursing assistant training portion of the public PCT and PCA training programs were estimated by subtracting the PCA and PCT number of completers from the total enrollment and estimating the completion rate as an average of the high school and private sector training programs.

Key Points Regarding the Data

- There is a significant discrepancy between the number of graduates for 1997-98 listed earlier in the extent of the CNA shortage section, and the 12,684 completers listed in Table 11. This is because the number in Table 11 represents an effort to go beyond the identified data reporting problems and present a more accurate number of actual graduates for the period.
- Test pass rates could only be matched for 44 percent of the private programs and 57 percent of the public programs (excluding community colleges).
- Completion data are only available for 45 percent of the private programs and 91 percent of the public programs. As noted above, the majority of the public data document completion at the point of PCA or PCT.
- In addition, registry applicants often sign up for the NNAAP™ exam before completing their training, thus no school code is provided. Using the Agency on Health Care Administration (AHCA) data, which list registered CNAs, their graduation dates, and their registration dates, would inflate the number of challengers and underestimate the number of test takers from each program. At this time, based on how and what data have been collected, data that could provide conclusive results about the number of persons placed on the registry from each program are unavailable.

Workforce Outcomes

The Florida Education and Training Placement Information Program (FETPIP) data were used to track a cohort of persons placed on the CNA registry between 7/1/97 and 6/30/98. For this review, only data on employment for the fourth quarter of 1998 were analyzed. For members of the cohort placed on the registry in 6/98, this represents their first quarter of employment. For others, such as those placed on the registry in 7/97, this represents their employment approximately one year after becoming a certified nursing assistant. Table 12 presents these follow-up data.

**Table 12: 1998 Fourth Quarter (October-December) Employment
Percentage Employed by Industry**

	Year/Month												
	7/97	8/97	9/97	10/97	11/97	12/97	1/98	2/98	3/98	4/98	5/98	6/98	FY Total
# Newly Registered	961	914	1,015	989	676	1,155	606	817	706	1,011	900	1,155	10,905
# Employed	608	633	707	669	477	788	429	596	521	725	650	831	7,634
% Employed	63.3	69.2	69.6	67.6	70.6	68.2	70.8	73.0	73.8	71.7	72.2	71.9	70.0
Business Services	14.6	13.0	12.6	13.8	12.2	12.5	12.2	11.3	12.4	14.1	11.8	12.5	12.8
Health Services	50.3	52.7	54.9	53.0	53.8	52.6	54.2	54.7	53.1	52.6	51.8	55.4	53.3
Social Services	5.6	6.8	4.9	6.4	9.5	6.6	8.7	8.4	7.5	7.9	6.6	6.2	7.0
Eng. & Management	2.2	1.8	1.1	1.1	2.1	2.2	2.8	1.7	2.9	1.9	0.9	1.1	1.7
Private Households	.8	.7	.7	.9	.6	1.5	1.7	.7	1.1	1.1	1.0	.6	.9
Related Fields	73.5	74.9	74.1	75.2	78.2	75.4	79.6	76.8	77.0	77.6	72.0	75.8	75.7
Total													
Other Employment	26.5	25.1	25.9	24.8	21.8	24.6	20.4	23.2	23.0	22.4	28.0	24.2	24.3

Source: FETPIP, 1999.

The six industries listed in the table are those identified by FETPIP as related fields; i.e., those that have some relation to one another with respect to the employment of CNAs. Key findings from the data include the following:

- Seventy (70) percent of certified nursing assistants (or 7,634 persons) are employed and approximately 76 percent (or 5,779) of those employed are working in a health-care-related industry. The net result of

this is that approximately 53 percent of the CNAs certified between 7/97 and 6/98 were working in a related field during the fourth quarter of 1998.

- The data indicate little change. The percentage of people in each type of employment remains stable for the period 7/97 through 6/98. However, a longer analysis period could show a higher degree of change.

Recommendation: Track employment status/outcomes for earlier cohorts of persons earning CNA certification. Also track training data, such as enrollment and graduation rates. Going back three to five years should provide better information on training and employment trends for CNAs over time, and may provide useful information on future trends.

Identified Training Issues

A number of critical issues are identified, and are grouped by topic. The groupings include the challenge option, inadequate tracking of approved training program completers versus persons who challenge, development of (additional) continuing education/a career ladder for the enhancement of existing training and continuing education, financial assistance/incentives for training, and facility-based training.

The Challenge Option

Federal and state regulations allow a person to take the CNA examination without completing an approved training program. This practice is called “challenging the test.” Test challengers may include the following:

- Persons certified as CNAs in another state who move to Florida.
- Persons who have taken a training program that is not approved by DOE.
- Persons enrolled in an approved training program who have not finished the program at the time of application for the examination.
- Persons with various work experience or education who feel they could pass the test without formal training as a CNA.

Issue: Individuals are permitted to challenge the CNA examination with no prior exposure to caregiving.

Because individuals are permitted to challenge the CNA examination with no prior exposure to caregiving, and may have been through a non-approved training program, there is concern that persons who challenge and pass the CNA examination may be poorly prepared to provide care as CNAs compared to those who have just completed an approved CNA training program. There is substantial division on this issue. Those associated with approved training programs view the challenge as a threat to the quality of care that CNAs provide (due to inadequate training). Nursing homes value the challenge option as a necessary tool to enable certification for those persons who have training and/or experience other than a state-approved program. Challenging is also used to expedite certification. Some nursing homes, due to acute labor shortages and high turnover of CNAs, can find themselves unable to maintain minimum staffing levels. The challenge option helps providers fill these openings faster than if a person attends an approved training program and is subsequently certified.

Recommendation: Continue the option for individuals to challenge the examination, but conduct additional research/collect data to determine whether there exists any correlation between test challengers and an inability to competently perform the job of a CNA. (See the following recommendation.)

Issue: There is a lack of accurate data on state-approved training program completers and those who challenge the CNA examination.

The Florida CNA examination application currently requires the training program instructor, under penalty of perjury, to certify that an examination candidate has successfully completed the CNA training program at the time of application. In fact, most examination candidates still have a minimal amount of time left in the program before completion. This forces the examination candidate and instructor to choose the application category of E2, which is the challenger category. This action has the effect of losing meaningful program/challenge identifying data. Presently, the ability to discriminate various types of challenge circumstances in the data does not exist; i.e., the challenge category is broad and the type of challenge cannot be distinguished. In order to adequately identify the qualifications of persons challenging the examination, ASI needs to collect specific information on persons who challenge the examination. This information includes the following:

- Whether a person has no experience or education in the area of nursing assistant;
- Has completed a CNA “test prep” course;
- Has previously been or is currently certified in another state; or
- Has some training or experience as a nursing assistant.

Recommendation: Amend the ASI CNA examination application form to accurately distinguish among applicants who have completed a state-approved training program, those who are expected to complete a state-approved training program, and those who are challenging the examination.

(Note: As a result of the task force meetings, the Department of Health (DOH) has agreed to begin addressing this by negotiating with ASI during the current round of contract negotiations for ASI to collect and report specific data on those who take the CNA examination.)

CNA Scope of Practice

Issue: Unlicensed personnel provide nursing assistance in many health care and congregate living settings. The only setting where regulations direct the certification and activities of unlicensed nursing assistant personnel is a nursing home setting.

Federal law established the certification of nursing assistants in nursing homes in an effort to guarantee a minimum level of education and competency, and assure nursing assistants have no history of committing abuse or neglect. However, those unlicensed nursing assistant personnel and CNAs who work in other settings such as hospitals and doctors' offices, are not required to meet standardized minimum criteria regarding training, competency (as demonstrated by passing an examination), or background history (criminal or abuse). Many nursing home providers feel there is a different standard for unlicensed nursing assistant personnel in other settings thereby creating incentives for persons to choose to work in a setting other than the nursing home. If CNAs were paid higher wages and were revered as a position of higher

esteem, then higher educational and background criteria would seem acceptable. However, many of the unregulated, unlicensed positions receive additional training and higher wages than a CNA. Take the example of a hospital nurse aide, such as a Patient Care Technician. This position requires 600 hours of training in the public education curriculum (compared to 165 for a CNA) and average wages are higher than for a CNA, yet PCTs are not required to pass a state test, nor meet the same background screening standards as a CNA. Median family income for hospital nurse aides is considerable higher than nursing home CNAs—\$27,500 versus \$15,600 in 1987-89 (Crown, 1994).

One way to address the variance between CNAs and unlicensed nursing assistant personnel in other settings would be to establish a “scope of practice” for certified nursing assistants. Similar to the scope of practice for nurses, a CNA scope of practice would assure that any persons who perform the specified nursing assistant tasks must meet minimum educational, competency, and background history criteria. This concept is controversial and has historically been opposed by providers that are not required to utilize certified personnel (i.e., CNAs) to perform certain nursing assistant tasks.

Recommendation: *Conduct further research to determine the need to establish a scope of practice for CNAs, and the impact that this would have on the industry.*

Continuing Education and Financial Assistance/Incentives for Training

Issue: *A lack of continuing education or of a career ladder contributes to the decline in retention of CNAs in long-term care facilities. Career enhancement and additional career opportunities beyond the CNA position are needed to encourage CNAs to remain in the field. (See the nursing home/occupational image discussion in the recruitment and retention section for additional information.)*

Many nursing home providers are working to overcome this barrier by creating opportunities for advancement within their organizations. Such positions commonly include restorative aides and therapy aides who assist primarily with rehabilitation care and services. Some nursing homes assist CNAs who are interested in pursuing a career in licensed nursing, and others have promoted some CNAs to non-patient care positions within a nursing home such as administrative and supervisory positions in dietary, activities, and administration.

Recommendation: *The Legislature, Department of Education, and nursing home representatives should work together to identify dollars that are already available (but unused) to provide scholarships or grants to individuals to enhance and/or continue their education in health care. Once identified, nursing homes need to be made aware of available scholarship dollars. It is recommended that, unless prohibited, available scholarship dollars be dispersed among as many providers as possible; i.e., facility-specific awards as opposed to individual-based awards. The intent is to increase the involvement of facilities in the career development of the CNAs that work for them. Facilities could further their commitment to a career ladder concept for CNAs by matching scholarship awards.*

Issue: *Welfare recipients and other low income persons seek training and education opportunities through the state's workforce initiatives. According to CNA demographic profiles, new recruits tend to be young women of lower income, who are single and have no families.*

The Workforce Investment Act (WIA) of 1998 makes available dollars to eligible persons to pursue training for certain occupations. Occupations qualify for participation based on the occupation's average hourly wage. In effect, wages have to be high enough to justify the investment of training dollars. In light of the fact that there was no Occupational Forecasting Conference (OFC) to establish wage thresholds and a statewide demand list for high-skill/high-wage jobs and WAGES (entry-level) jobs for 1999-2000, the State Workforce Development Board voted to adopt the 1998-99 targeted lists for this year (1999-2000). The State Board did not apply the most recent wage/demand data developed by the Department of Labor and Employment Security to modify last year's list, but did solicit local input for possible additions. Currently, 19 of the Workforce Development Regions have CNA on their WAGES or entry-level targeted lists. The wage threshold for establishing an occupation on that list is \$7.50 an hour. The OFC is scheduled to meet in February 2000 to establish thresholds for program year 2000-01. The OFC utilizes Department of Labor data. If the OFC retains \$7.50 an hour as the threshold for entry-level occupations, CNA would appear to be assured of being on the statewide list based on the \$8.03 an hour average wage indicated by FDLES data, and would then be eligible for training dollars in all of the WDRs beginning on July 1, 2000. However, if the OFC raises the wage threshold above \$8.03 an hour for entry-level positions, the CNA occupation would not be eligible in all WDRs and may in fact be dropped from a number of those regional lists where it is currently targeted.

Recommendation: *Ensure that CNA training programs are aware that the CNA occupation is on the targeted occupations list for 19 of the WDRs in Florida. If the wage threshold of \$7.50 per hour is not increased at the next OFC, the current average CNA wage of \$8.03 per hour should ensure that the CNA occupation makes the statewide list of targeted populations.*

Issue: *The Omnibus Budget Reconciliation Act (OBRA) requires that the state must provide for the reimbursement of the costs of CNA training and testing. Florida requires the facility to reimburse the CNA, then pays the facility for that cost. There is concern that many CNAs are not reimbursed for their costs.*

According to the Florida Medicaid Office for the period 1/1/97 to 6/30/98, Medicaid reimbursed the training costs for 750 CNAs. On average, Medicaid paid \$187 reimbursement per CNA. The average total cost of test and fees for CNAs who were reimbursed was \$292 (Medicaid only pays a proportion of the costs based on the facility's Medicaid occupancy). The average Medicaid occupancy for facilities requesting the reimbursement was 64 percent. Total Medicaid expenditures were \$140,000. According to ASI, approximately 15,000 people take the CNA test each year, although it is not known how many of them are eligible for Medicaid reimbursement since it is also not known exactly how many end up working in nursing homes. Some facilities report paying for the CNA training without asking for reimbursement from Medicaid.

Recommendation: *Explore options for streamlining CNA reimbursement for testing and training. This may involve allowing CNAs to obtain certification (testing and training) reimbursement directly from the state. (Referred to the Medicaid Reimbursement Panel for consideration and further development.)*

In-Service Training

Issue: *Some appropriate variations in CNA in-service training may be beneficial.*

Federal regulations require nursing homes to give CNAs 12 hours of in-service training each year (see 42 CFR 483.75(e)(8)). Florida law requires employees of nursing homes to complete biennially a continuing education course on human immunodeficiency and acquired immune deficiency syndrome (HIV/AIDS) (see section 381.0035, Florida Statutes (FS)).

Federal regulations require that CNA in-service training be based on a CNA's performance review and address areas of weakness and may address the special needs of residents as determined by facility staff, including the care of cognitively impaired residents. It could be possible to substitute end-of-life care education for the required HIV/AIDS training every other cycle. This was allowed for physicians, nurses, and nursing home administrators during the 1999 session through Senate Bill (SB) 2228.

Recommendation: *Allow CNAs to substitute end-of-life care in-service education for the required HIV/AIDS training every other cycle. This would allow for more variation of in-service training topics.*

Curriculum Content

Issue: *Florida's cultural diversity as well as the extensive physical, cognitive, and linguistic differences among its nursing home residents requires that training be frequently updated as appropriate to help ensure that CNAs are prepared to work effectively in their respective work setting(s). It is important that CNAs are provided training necessary to give them the cultural competencies to deal with the diversity of values and traditions of residents and their families.*

Recommendation: *Examine the extent to which initial and continuing CNA education addresses communication skills and cultural diversity of the trainee and residents and other issues critical to care of elders, including dementia-specific and end-of-life issues. Enhancements and additions should be made as indicated.*

Facility-Based Training

Issue: *Federal regulations allow nursing homes to train CNAs in the facility as an approved training program. The practice has not been allowed in Florida recently. HB 1971 allows for Gold Seal nursing homes to be able to provide CNA training as an approved training program. AHCA will oversee the training program (approve curriculum, etc.). Note that this will have a fiscal impact as AHCA does not currently have the resources to implement this.*

The Gold Seal Panel has met only once as of this writing and will begin accepting recommendations in January 2000. In Florida, the only way facilities can train CNAs at present is by becoming an approved training program through the Department of Education or offering programs that help a candidate challenge the CNA examination.

Currently, there are nursing homes offering training to nursing assistants to assist in meeting the labor demands of the facility. The majority of these nursing homes offer training that includes some sort

of test preparation to challenge the CNA examination. There currently exists a disincentive for these facilities to offer “approved” training programs since the facilities must become a licensed training provider through DOE. However, federal law allows states to allow all nursing homes to offer approved training programs without paying the licensure fees to DOE. Allowing nursing homes to offer “approved” training programs would promote consistency and assurance of minimum standards in the training programs offered by nursing homes. This would also allow the collection and analysis of data not currently available on persons trained in facilities. There is an incentive for nursing homes to offer approved programs, specifically the ability of persons enrolled in approved training programs to perform CNA tasks once they have learned and shown competency in performing these tasks. This ability can provide additional assistance to residents in the nursing home and significant on-the-job training to the nursing assistant. Whether through additional incentives or a reduction in the barriers, encouraging facilities to offer approved training programs could lead to consistency of education.

Recommendation: Allow state-approved or exempted facility-based training in all nursing homes that meet OBRA guidelines.

Summary

Presently, limited amounts of CNA training program data are available with which to review training program performance. Recommendations made in this section regarding the collection of these data are intended to make future training program performance reviews more comprehensive. Partial training program and certification data for fiscal year 1997-98 were available for this review. These data were the most recent for which CNAs could be tracked from certification into the labor force.

The available data on Florida's public and private training programs, when combined with labor market data for the 25 WDRs within the state suggest that sufficient numbers of CNAs are being trained to meet demand from economic growth. Given that there is a shortage of CNAs, this information indicates that the problem is one of CNAs remaining in the occupation. Turnover is at the heart of the CNA shortage. This finding is supported by the follow-up employment data on persons certified as CNAs between 7/97 and 6/98. Just over 47 percent of the CNAs certified during the 12-month period were either unemployed or working in an unrelated industry between and 15 months following certification.

The challenge option for the CNA examination is controversial. Those associated with approved training programs view the challenge as a threat to the quality of care that CNAs provide (due to inadequate training). Nursing homes value the challenge option as a necessary tool to enable an expedited certification for those persons who have training and/or experience other than a state-approved program. Until further research has been conducted to determine whether challengers do not, on average, perform their CNA responsibilities any less effectively than other CNAs, the recommendation of the task force is to continue this option to help nursing homes better meet their crisis staffing needs.

The lack of continuing education or of a career ladder contributes to the decline in retention of CNAs in long-term care facilities. The task force recommends that additional career enhancement and opportunities beyond the CNA position are developed to encourage CNAs to remain in the field. Granted this may move CNAs to other positions, but overall it should strengthen the CNA position. Given Florida's extensive cultural diversity, the extent to which CNA training currently addresses cultural diversity should be examined, and enhancements made as indicated.

CERTIFICATION AND BACKGROUND SCREENING

The Nursing Home Reform Act, adopted by Congress as part of OBRA, was designed to improve the quality of care in long-term health care facilities and to define training and evaluation standards for nursing assistants who work in such facilities. Each state is responsible for following the terms of this federal law. The State of Florida uses the NNAAP™ examination to comply with this legislation. The NNAAP™ is made up both a written (or oral) examination and a skills evaluation. The applicant may request a Spanish oral administration. Both parts of the examination may be administered on the same day. The applicant must pass both parts in order to be certified and listed on the Florida Nursing Assistant Registry.

Prior to taking the NNAAP™ examination, an applicant must successfully complete a state-approved nursing assistant program. As previously noted, Florida does accept persons who challenge the examination. These challengers may apply for the NNAAP™ without completing the training. All persons challenging the examination must be 18 years old or have a high school diploma or its equivalent.

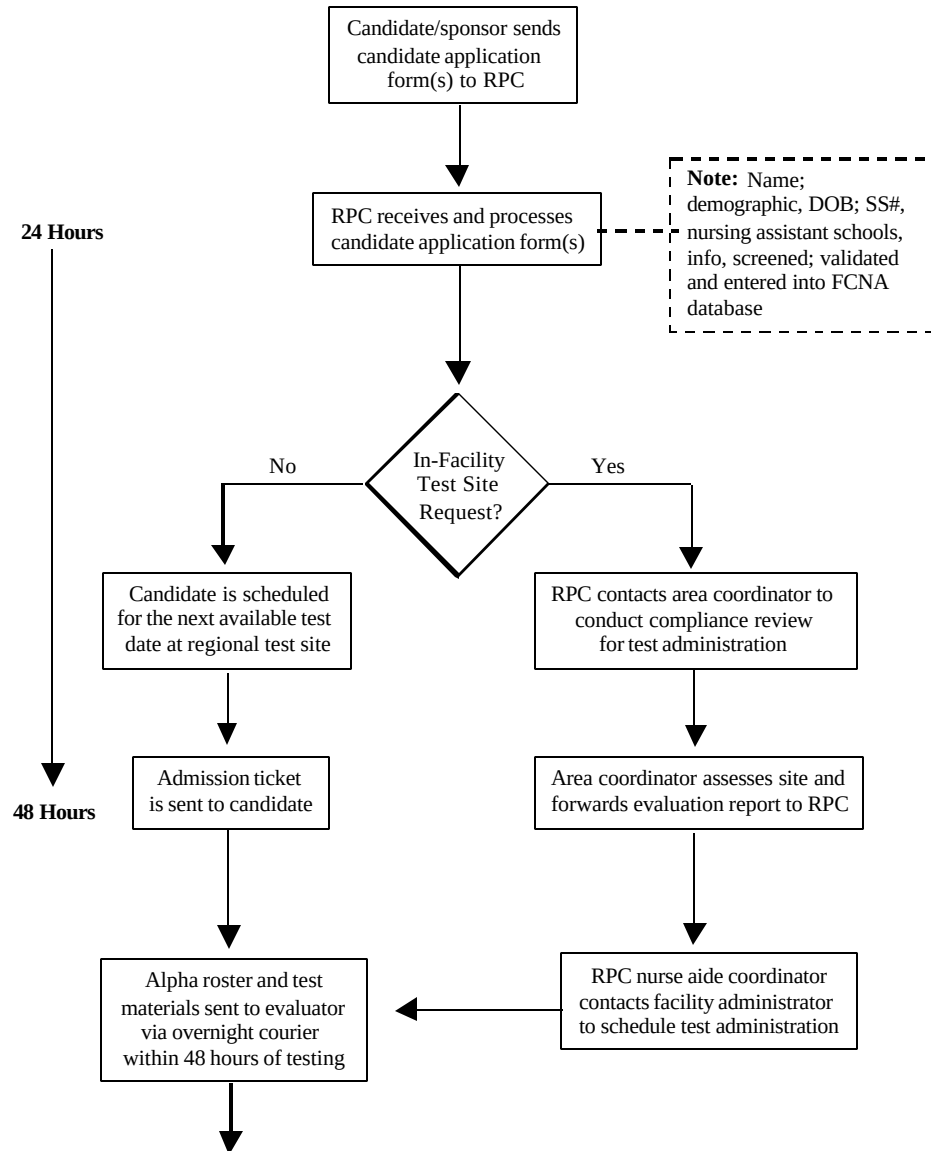
Once an applicant has passed both the skills evaluation and the written (or oral) examination, then his or her name will be submitted to DOH for placement on the Florida Nursing Assistant Registry. The registry performs the following functions:

- Maintains a list of all certified nursing assistants;
- Verifies certification requests both in-state and out-of-state;
- Processes reciprocity applications;
- Issues certificates for name changes or lost certificates;
- Determines and processes requests for exemption hearings; and
- Coordinates and supervises the current testing contract, which was initiated by AHCA in October 1996.

Process Diagram

A diagram (flowchart) of the testing/certification process developed by ASI is presented to aid in understanding the testing/certification process.

TEST REGISTRATION PROCESS
FLORIDA DEPARTMENT OF HEALTH
FLORIDA CERTIFIED NURSING ASSISTANT PROGRAM (FCNA)

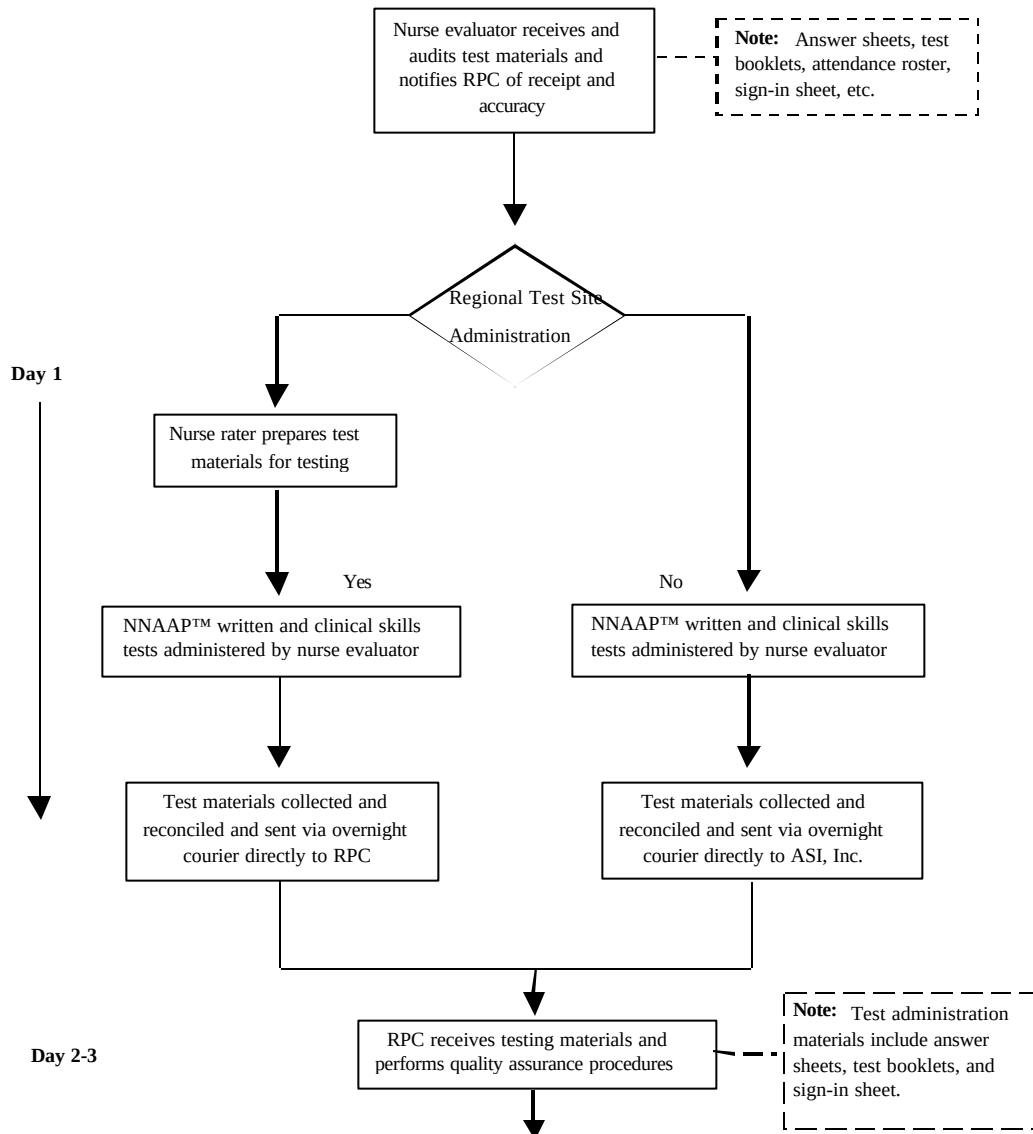


RPC = Florida Regional Processing Center

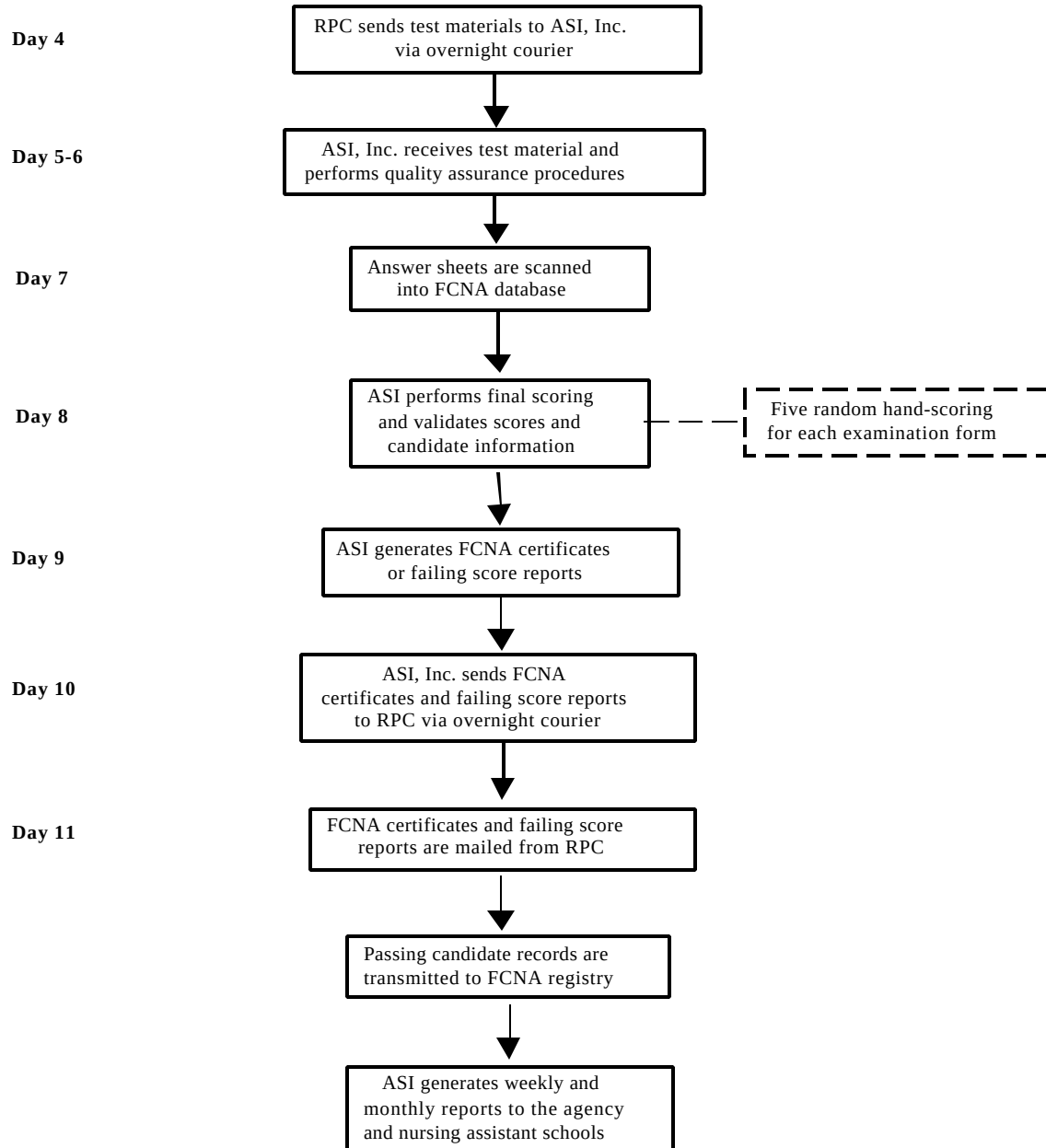
Permanent Test Centers = EXPro centers under ASI's control used to administer tests for other programs.

Regional Test Sites = 30 statewide sites that will be established by ASI exclusively for FCNA candidates.

TEST ADMINISTRATION PROCESS
FLORIDA DEPARTMENT OF HEALTH
FLORIDA CERTIFIED NURSING ASSISTANT PROGRAM (FCNA)



**POST TEST ADMINISTRATION PROCESS
FLORIDA DEPARTMENT OF HEALTH
FLORIDA CERTIFIED NURSING ASSISTANT (FCNA)**



The diagram indicates an 11 business day turnaround time for obtaining test results. This response time is called for in ASI's contract with DOH. According to ASI, data on response time indicate that the company was meeting this contract requirement over 90 percent of the time prior to October 1, 1999. Since that time, providers report that the turnaround time is anywhere from 11 to 30 business days. ASI reported that this slower response time is due to unanticipated technical issues related to database maintenance and to procedural and systems issues related to the implementation of a computer-based testing (CBT) pilot project. The company has indicated that getting the response time back in line with contractual requirements is a priority, and that substantial progress is being made.

Identified Certification and Background Screening Issues

The issues included in this section are grouped under the following headings: background screening, certification data, test results, and the CNA registry.

Background Screening

Issue: *Students can enroll in a CNA training program without realizing that criminal and abuse background information may disqualify them from employment as CNAs in a nursing home or other health care setting.*

There exists no mechanism for processing a background screening exemption request for a person with a disqualifying background unless he or she is licensed, certified, or applying for employment with a nursing home or other health care setting requiring screening. Conducting background screenings prior to providing training would allow candidates to know in advance that they may be disqualified from employment as a CNA as a result of a criminal history.

Recommendation: *Unless legally prohibited, require background screenings prior to training. Specifically, do the following: (A) Develop a standard notice to inform students of the disqualifying offenses and the settings in which they apply. This notice should require student signature indicating advisement of the potential to be prohibited from working as a CNA. (B) Require all schools (public and private) to give the notice to each CNA training applicant.*

Recommendation: *Establish the authority for exemption requests to be processed before a person enters school to become a CNA.*

Delays in receiving background screening results can cause potential CNAs to accept other employment. In the absence of any electronic glitches, screening results can be mailed from AHCA within three to four days following the request. All licensed health care facilities and agencies now have access to AHCA's background screening web page. It is no longer necessary to wait for a mail reply.

Recommendation: *Ensure that facilities can complete a Level I background screening on the same day an applicant applies for employment.*

Currently, persons who have not lived within Florida for the past five consecutive years must have, in addition to a Florida Department of Law Enforcement (FDLE) Level I screening, a Level II Federal

Bureau of Investigation (FBI) screening. A Level II screening uses a fingerprint card, which is more definite and precise than a Level I screening, which is name only. This added expense can be a deterrent to persons becoming CNAs.

Recommendation: *The State of Florida should grant interstate reciprocity with a clear Level I screening from the state in which the CNA is currently certified. As part of this, the Legislature must develop the minimum criteria for employment requirements for CNAs seeking reciprocity.*

Currently, there is no statute of limitations on any disqualifying offenses.

Recommendation: *Modify Level I screening requirements so that CNAs would be eligible for employment if their FDLE records indicate no violent crimes within the past 15 years, provided that none of their past 15 years was spent incarcerated. Additionally, require that AHCA review both the list of disqualifying offenses in Chapter 435, FS, and the exemptions from disqualification that have been granted. Based on analysis of the exemptions, determine if the list of disqualifying offenses should be revised or if additional statutes of limitations should be established for certain offenses.*

Certification Data

Issue: *Florida uses multiple databases to house information about CNAs in accordance with federal requirements.*

This leads to inefficiency as providers and regulators must check several data systems to verify certification, conduct criminal background screenings, and conduct abuse screenings.

Recommendation: *Consolidate multiple state databases into one to create a central registry for all CNA information. This could be done by creating a mechanism to copy data from other systems or by creating links between other relevant databases and the CNA registry. Ensure that the Florida Health Information Systems Council is made aware of this recommendation, and that the recommendation is implemented consistent with established guidelines and objectives by the council.*

Issue: *The Department of Health (the department with oversight of CNAs) does not control the database for the CNA registry. Management of this database is the responsibility of AHCA.*

DOH is responsible for CNA oversight. However, control of the CNA registry database does not reside with DOH. Management of this database is the responsibility of AHCA. DOH cannot directly conduct maintenance of, make modifications to, or verify the accuracy of the database. The process of making modifications could be more efficient if only one agency were involved with the registry database.

Recommendation: *Review the feasibility and impact of consolidating the responsibility for oversight of CNAs and the management of the CNA registry database under the direction of a single agency.*

Recommendation: Provide for an “interagency data cooperation agreement” so that nursing assistant information can be shared between departments.

Issue: The need exists to input, and thus make available for analysis, demographic data on those taking the examination that are already being collected by ASI.

Recommendation: Demographic data already being collected by ASI should be made available for analytical and descriptive purposes.

Test Results

Issue: Turnaround time for test results (from test administration to posting certification on the registry) is 11 working days on average. (See note earlier in this section regarding turnaround time status as of this writing.)

The State of Florida contracts with ASI to administer the CNA examinations and report the test results to the CNA Registry. Employers await the results of the tests in order to fill open positions. Timely reporting is critical to reducing the shortage of certified nursing assistants and the cost of using agency staff to fill open positions. Test results are to be posted on the registry 11 (or fewer) working days following test administration. ASI reported to the task force that daily posting of results (as opposed to current weekly postings) should result in a five to six working day turnaround time, and that this enhancement could likely be made in the new contract without additional cost.

Issue: ASI is pilot-testing the administration of a computerized version of the written portion of the CNA examination as of this writing.

Subsequently, this could be implemented statewide in the near future. Results of the written portion of the test could be obtained faster. Computerization is expected to result in an overall increase in efficiency of the process by reducing the time required to post the results on the registry. However, this will not expedite the skills portion. Therefore, overall turnaround time for test results may not change significantly.

Recommendation: Update ASI's contract to require the transmittal of test results daily to DOH.

As a result of task force involvement, ASI has expedited placement of the CNA examination application on the Internet. However, users cannot complete and submit it electronically.

Recommendation: Mandate that the state-contracted CNA testing organization be able to provide and accept applications via the Internet, and process applications and complete testing within ten calendar days of the receipt of the application. Applicants should be made aware of their test scores within five calendar days of the test date.

The CNA Registry

Issue: As of June 30, 1998, the CNA registry had incurred a deficit of \$436,615 in the trust fund used by the Department of Health (source: Bill Analysis SB 2094 4/16/99).

DOH is not provided full reimbursement for the cost of the registry. The registry is funded through a combination of state and federal funding. However, the program has been moved several times in the past ten years, and it is unclear that federal funding is being maximized.

Recommendation: Investigate federal reimbursement for the costs of maintaining the CNA registry and assure that all available federal funds are being accessed.

Issue: The CNA registry receives a large volume of calls.

The CNA registry receives a large number of calls. The volume of calls for frequently asked questions negatively impacts productivity. Many other states have implemented a voice automated response system to address questions and inquiries of callers with great success. Such a system would allow staff to concentrate on other pressing tasks and free the lines for additional calls. Another possibility could be the use of volunteers.

Recommendation: Consider use of an interactive voice response (IVR) system, volunteers, or DOH's Internet site to handle inquiries of the CNA registry.

Summary

The certification and background screening processes play important roles in shaping the CNA workforce. Efficient and effective processes facilitate nursing homes having qualified and appropriate staff in place in a manner that helps to meet staffing needs and promote the delivery of quality care. The task force has identified several steps to improve the certification and background screening processes.

The efficiency and effectiveness of the CNA registry could be improved by providing a single agency with control over the CNA registry database, consolidating multiple state databases into one to create a central registry for all CNA information, implementing an automated phone system, and improving the funding of the registry. Providing for an "interagency data cooperation agreement" so that nursing assistant information can be shared between departments could improve the access to and use of important data on CNAs. Further improvements would include changes to the ASI contract, at no cost, in order to post examination information earlier. Because students can enroll in a CNA training program without realizing that criminal and abuse background information may disqualify them from employment as CNAs in a nursing home or other health care setting, background screenings should be required prior to training.

Steps could be taken to improve the background screening process and increase the access that nursing homes have to qualified CNAs. Granting interstate reciprocity with a clear Level I screening from the state in which the CNA is currently certified is one such way access could be improved. For this to be possible, the Legislature must develop the minimum criteria for employment requirements for CNAs seeking reciprocity. Another improvement is the modification of Level I screening requirements so that CNAs would be eligible for employment if their FDLE records indicate

no violent crimes within the past 15 years, provided that none of their past 15 years was spent incarcerated.

Turnaround time for test results (from test administration to posting certification on the registry) needs to decrease from the contractually required 11 working days. Introducing a computerized version of the written portion of the CNA examination (this is being piloted as of this writing), updating ASI's contract to require the transmittal of test results daily to DOH, and mandating that the state-contracted CNA testing organization be able to provide and submit applications via the Internet would all help to improve this vital function.

RECRUITMENT AND RETENTION

The recruitment and retention discussion is the most comprehensive of the topical areas in the report. Not only does it encompass the greatest number of issues of any single area, but the recruitment and retention issues tend to be fundamental to the CNA crisis that nursing homes are currently facing (e.g., wage and benefits, supervision problems). Not only are recruitment and retention problems extensive and pervasive, researchers have found that the full magnitude of the problem may not be well understood, even by those closest to the problem. Straker and Atchley (1999) found that the problems with recruitment and retention were twice as high (costly) as facility administrators thought when objective cost accounting procedures were used. Will and Simmons (1999) indicate that costs associated with the high turnover are excessive. Some of these costs go to advertisement, recruitment, training, overtime for existing staff, and interim personnel. A reduction of turnover in staff can produce some savings to facilities.

It is common place to say that CNAs who stay do so for the residents and those who leave do so for the pay. The picture is much more complex. Concern about low pay does not mean a CNA is mercenary and has no other motivation for working in a nursing home. Instead, CNAs are like all other workers; if they are not satisfied with the work, then low pay makes it not worthwhile to stay.

Identified Recruitment and Retention Issues

The issues discussed in this section include turnover, workload and scheduling, concern about the public image of nursing homes/the occupational image of CNAs, regulation, low CNA wages and inadequate benefits, management practices and working conditions (including supervision), the use of non-CNA staff to perform CNA tasks, targeted recruitment, and the use of creative staffing alternatives.

Turnover

Issue: *Certified nursing assistants do not continue to work in nursing homes after they start working in nursing homes.*

Based on the recent statewide survey of nursing homes done in conjunction with this report, using a standardized formula among respondents, the average turnover rate for CNAs is 86.6 percent. While no statistics are available at this time, interviews have revealed that a large percentage of the CNA turnover is a result of people leaving the industry all together. Throughout the workforce, workers move more easily to another position when the job market is good, if there is the desire to leave. However, it is the intent to quit, coupled with greater opportunity to find alternate employment, that makes turnover more likely (Michaels and Spector, 1982). Turnover decisions depend on both wanting to leave and being able to do so (Jackofsky and Peters, 1983). With unemployment rates at all times lows nationally and in Florida, the opportunity to leave one job for another is present.

In addition to the demographic reasons examined in the empirical research, leavers do not always have a path in mind but are unable to accomplish the tasks required of a CNA or do not fit in with the subculture of the nursing home setting (Pillaner, 1997). Those CNAs who stay may have no other options available to them or they have found their niche inside the nursing home. CNAs who stay get along with fellow coworkers and possibly their supervisors. Ensuring the fit between an individual's values and those of the employing entity is critical to reducing turnover.

Certified nursing assistants who leave after a short tenure contribute most to the high turnover rates (Garland et al., 1988). That is, these positions turnover many times in one year. The stable nursing assistants stay in their jobs for several years. The development of a screening tool to identify persons who will tend to be long-term certified nursing assistants is one way to identify individuals who will tend to make good CNAs and stay in the job. However, many factors must be considered in the development of such screening tools.

Nursing assistants who stay as certified nursing assistants are older women with longer tenure in fewer nursing home positions in the past (Garland et al., 1988; Kettlitz et al., 1998; Sherman 1991; Wagnild and Manning, 1986; Wallace and Brubaker, 1984). They are more likely to be African-American or another racial or ethnic minority, come from lower income families, and often endure great hardships in their personal lives (Drwiega, 1999; Foner, 1994; Garland et al., 1988; Tellis-Nyak and Tellis-Nayak, 1989). This profile may be an artifact of perceived or real opportunities available. Steady income, a tight job market, having a friend who is a nurse aide, and wanting to care for old or sick people were ranked significantly higher for nurse aides who stayed (Garland et al., 1988).

Various characteristics of CNAs have already been looked at in the literature. These have been good indicators in some cases, but not in others. The number of dependents supported by nurse aides at home affected length of stay in some studies (Wallace and Brubaker, 1984), but not in others (Wagnild and Manning, 1986). Level of education also showed conflicting results. Higher education was related to leaving (Garland et al., 1988; Wagnild and Manning, 1986) and not related to leaving (Wallace and Brubaker, 1984). In addition, the effect of wages is not consistent. A history of higher wages in past and current jobs improves staying (Caudill & Patrick, 1989; Garland et al., 1988), but individuals at the same average hourly rates are leavers and stayers (Wagnild and Manning, 1986). Yet leavers are most likely to say wages were the reason for leaving (Garland et al., 1988).

The use of a screening tool has been helpful in specific settings. For example, Beverly Enterprises uses Paragon, a consulting firm, to help their facilities plan for retention. Paragon screened current staff and those who have left and developed a video and questionnaire for applicants to better select those who fit into the organization of the facility (Packer-Tursman, 1996.) Additionally, a 60-bed facility reduced its turnover from 146 percent to 27 percent in the first ten months when using a three-part personnel inventory (Thomas, 1993).

Screenings based on the biographical factors of stayers and leavers run the risk of hiring based on these attributes alone. Therefore, empirical findings must be read with caution and interpreted with care. Using a weighted application procedure, 25 percent of long-tenure employees (who stayed at least six months) would have been classified as short-tenure if certain predictive characteristics were used to screen applicants. On the other hand, 20 percent of applicants who appeared to be long-term material would have been short-term (Kettlitz, Zbib and Motwani, 1997).

Additional screening information regarding the income and socioeconomic data for certified nursing assistants was presented earlier in the training discussion (see continuing education and financial assistance/incentives for training). These factors may be an artifact of perceived or real opportunities.

Recommendation: *Develop screening tools for use with persons seeking CNA employment. Multiple versions of the tool are necessary to ensure that unique local/regional characteristics and needs are given appropriate consideration in the hiring process. Prior efforts in this area should serve as a useful foundation to developing these tools.*

Developing an accurate screening tool for individuals who would be appropriate to be a certified nursing assistant requires that caution be used by the industry in its implementation. Unless screening tools are revised for specific regions and facilities, they could exclude good candidates in those regions or facilities. Furthermore, legal counsel is advisable to ensure that equal employment laws are not violated.

Issue: *A match/mismatch of job expectations in relation to wages and training.*

Expectation levels of employees affect job tenure. They tend to be quite high at the point of organizational entry, making the newly hired particularly vulnerable to disappointment. When employees are provided with more complete and accurate information about prospective jobs, they are able to make more informed choices. The newly hired who have had a realistic preview of the job are more likely to develop realistic job expectations that are more easily met by the organization (Steers and Mowday, 1981). The Omnibus Budget and Reconciliation Act mandated orientation and training of nursing assistants in long-term care facilities, cited in Riggs, C. J., (1998). Shadowing and mentoring programs can be part of the orientation.

Lower turnover nursing homes were found to have programs to improve co-worker relationships. Shadowing could provide initial positive relationships with an experienced mentor. Shemanski (1997) found that peer aide orientation and mentoring for new aides reduced turnover by 53.7 percent. However, Caudill and Patrick (1989) found that orientation to the certified nursing assistant positions was not related to turnover but that the individuals who stayed received higher pay, benefits, lower caseloads, and stable assignments. Those who stayed the longest were allowed to offer criticism and had freedom to make decisions. Overall, stability rates may give more information (Remsburg et al., 1999) than turnover rates, although the research to date has focused on turnover.

Recommendation: *Provide pre-training career counseling and use shadowing techniques to increase a recruit's awareness of the CNA position.*

Workload and Scheduling

Issue: *One of the reasons that certified nursing assistants do not remain in their jobs is because they are dissatisfied with patient loads.*

Findley, Biklen, and Richter (1999) found that one of the top four concerns of certified nursing assistants was working short staffed. There is not enough time each day for nurse aides to get everything done. Workload is affected by a high ratio of residents to aides or a high acuity level of the residents (Garland, Oyabu and Gipson, 1989; Mercer, Heacock and Beck, 1994). Increasing acuity levels of nursing home residents means that more aides are needed to provide the care, yet many nursing homes cannot afford to increase staffing levels due to stagnant or reduced reimbursement levels (Close, Estes, Linkins and Binney, 1994). New nurse aides found the job overwhelming. Caudill and Patrick (1989) found that the CNAs who stayed longer had a lower ratio of residents-to-care and higher pay.

The Older Americans Report for November 5, 1999, describes how Charlene Harrington and colleagues testified in the forum before the Senate Special Committee on Aging. They recommended 24-hour RN coverage and a minimum ratio of one caregiver to five (1:5) residents on the day shift, 1:10 on the evening shift, and 1:15 on the night shift. The industry representatives argued that they

could not find new recruits, and that efficient use of nursing staff and resident outcomes is the way to go. Resident advocates angered by this assertion countered that certified nursing assistants are available but the industry is not spending the funds to recruit and retain them. Chairman Chuck Grassley (R-Iowa) supported the CNAs' viewpoint and requested the Government Accounting Office to determine how government can determine how much staff is enough per nursing home shift, and how to quantify the link between staff shortages and poor quality care. It is not clear when this will be completed.

The average full-time frontline staff-to-resident ratio per 100 residents is 74 in a nursing home with low turnover. In one with high turnover, the average is 53 per 100 residents (Straker and Atchley, 1999). There are several published examples of the reduction in turnover rate when staffing ratios were improved. St. Barnabas improved staffing ratios for their nurse aides and nurses and turnover rates declined from 39 percent to 27 percent (Montague, 1997). Short staffing leads to burnout (Pillaner, 1997). Staff feel that the administration is not committed to adequate staffing and is a top concern of nurse aides (Wilner, 1994).

The Northwood Healthcare Center of Bedford, New Hampshire, used a primary nursing-care model instead of the traditional staffing pattern of one nurse to 50 residents. They hired twice as many licensed nurses and decreased the number of nurse aides. They accredit this new program to help with retention, job satisfaction, and career development (Packer-Tursman, 1996).

Stryker (1983) reports that administrative interventions found to have a significant relationship with decreased turnover, among several others, included the avoidance of use of personnel pools and replacement of CNAs with LPNs. The Institute of Medicine (1996) concluded that when nursing assistants provide total care to a few residents, barriers between staff and residents are reduced, there is more respect for certified nursing assistants, staff satisfaction is increased, staff turnover is reduced, and there is a reduction in the use of sick leave.

Expanded use of assistive technologies in the future can assist CNAs and enhance the quality of care. For example, a robotic nursing assistant is being developed by Carnegie Mellon University and the University of Pittsburgh.

Recommendation: Incrementally raise CNA minimum staffing standards. To successfully implement this recommendation, a corresponding increase to the Medicaid reimbursement rate must occur.

This will affect the CNA shortage in that more CNAs will be required, but retention could be improved. Any increase should consider the use of ancillary personnel, both those with greater expertise and training than CNAs (e.g., Patient Care Technicians) and those with less, such as hospitality aides and nurse aides enrolled in an approved CNA training program. (Federal law allows nursing assistants enrolled in approved training programs to perform CNA tasks once they have been trained and demonstrated competency in these tasks.) For those facilities that rely on the services provided by nursing assistants, the ability to count them toward any increased staffing ratios is valuable.

Recommendation: Consider individual resident care needs when assigning CNA caseloads.

The Public Image of Nursing Homes/Occupational Image of CNAs

Issue: *The poor image of nursing homes contributes to low staff morale. The public hears about nursing homes mostly from the negative media on unusual cases.*

A negative public image of nursing homes is conveyed through various mediums such as trial attorney advertising campaigns implying that nursing home employees are abusive and/or neglectful. As a result of such negative publicity, CNAs can experience additional pressure, burnout, and work-related stress.

Recommendation: *Develop a promotional campaign and recognition system in coordination with state and local associations, local Chambers of Commerce, and other public/private partnerships that honors CNAs and those homes that are elected “good places to work.” These awards can highlight the true caregiving that is done in good places to work. These awards are to have a “local flavor” to them.*

Issue: *A lack of recognition of CNAs at the time that they begin employment.*

Recommendation: *Nursing homes should have a welcoming committee to help incorporate new CNAs and make them feel welcome.*

Issue: *A lack of professionalization of the CNA position further contributes to the lack of respect CNAs receive for the work they perform. Career development, including horizontal and vertical development and continuing education, is lacking.*

Pillaner (1996) presents evidence that the reason certified nursing assistants stay in their jobs is primarily the opportunity to help others and feel useful to society. Pillaner explains that they leave when they feel they can no longer do their jobs and urges training and support of supervisors in day-to-day management, communication, and burnout prevention skills.

Straker and Atchley (1999) report that Banaszak-Holl and Hines (1996) capture a correlation between participation in care plan meetings and retention. Will and Simmons asked why some certified nursing assistants stay longer than others do. They found internal and external factors. Issues, presented elsewhere in this report, discuss external factors such as wage and workload. The internal factors included that certified nursing assistants truly enjoyed their work. They liked solving problems independently and wanted to learn from their jobs. Most important to certified nursing assistants was to help people, work with people, and take care of specific residents. Participation in interdisciplinary meetings and certified nursing assistant councils would be two tangible opportunities to accomplish just that because they are opportunities to develop team-building programs recommended by Will and Simmons (1999).

Involvement of CNAs in care planning is critical to their satisfaction on the job. Nurse aides want the responsibility of providing good care to their residents and the ability to plan the residents' care and they want recognition for their contribution to the success of the care (LeSar, 1987). Brunk (1997) cites Elizabeth Bodie, RN, President, Elder Link, “The whole idea is to... have people take ownership of the care plan all the way down. I think if people feel as though they're making an impact, the low pay issue is not as big a problem.” In addition to participation in the care plans, the literature reports different examples of how increased decision-making opportunities can decrease turnover rates.

St. Barnabas in Gibsonia, Pennsylvania, includes staff in screening applicants by asking staff to vote on which applicant would best fit into each of their units. (Montague, 1997). Life Care Centers of America in Cleveland, Tennessee, established a three-tiered program with the nurse aide entering as a Level I and developing basic assessment and communication skills to become a Level II. Level III nurse aides learn stronger interpersonal skills to teach new nurse aides (Erdmann, 1999). Nurse aides respond to formal recognition of a job well done. (Brunk, 1995; Heiselman, 1991; Stone and Yamanda, 1998). Examples include formal employee of the month awards, special parking places, or informal compliments for good work (Brunk, 1995).

The issue of burnout is related to lack of respect. Employee assistance programs, support groups, or perhaps certified nursing assistant councils can provide a support network and/or specific interventions to address the demands of a high stress job, or any employee mental health needs. Feelings of autonomy, task efficiency, and less work pressure led to a higher sense of personal accomplishment. Reduced opportunities for personal growth resulted in a lower sense of accomplishment (Hare and Skinner, 1990). Organizational stressors (high levels of cognitive impairment in the facility, time spent giving physical care) and personal appraisals (the significance a person gives to events/tasks) contributed to feelings of burden as well. Negative appraisals on two tasks (changing the bed and managing difficult behaviors of residents) predicted all three symptoms of burnout (Novak and Chappell, 1994). Social support at work and from family and friends helped nurse aides to manage burnout (Chappell and Novak, 1992).

Nurse aides in a New England Institute project learned to work better as a team through support groups. They developed new skills in coping, communication, and problem solving. It also enhanced self-confidence and reduced feelings of stress among the members. There was a modest reduction in turnover during the demonstration period and four months later. One year after the project all former members of the support group were still on staff and many had become leaders in the nursing home. This program is inexpensive to implement and is attractive to managers and direct care workers. Full support by all managers is imperative for its success (Wilner, 1994.)

The Director of Nursing at Parkview Haven provided a support group for nurse aides to prevent burnout. For 12 weeks they met and discussed concerns. Turnover was reduced from 50 percent to 35 percent six months after the meetings began (Widmer and Kuipers, 1991). Vetter Healthcare focused on the worker in their "Take Time to Care" program. During the four one-hour modules, the staff learned about customer service, problem solving, and stress-reducing techniques. Turnover decreased from 78 percent to 60 percent in five years (Packer-Tursman, 1996). Genevieve Gipson, Director of Career Nurse Assistants' Programs, Morton, Ohio, is cited in Nakhnikian, 1996. She said, "Nursing assistants create an atmosphere of caring and of supportive behavior.... Important bonds are formed to provide reassurance that help is available."

Recommendation: *Nursing homes should voluntarily establish CNA support groups. The support groups can provide recognition and identify service needs and recommend solutions to problems identified by the CNAs.*

Recommendation: *Professionalize the CNA occupation. Renew CNA certification every two years. Require a continuing education statement that the CNA attests to having received 12 hours per year (24 hours every two years) of continuing education. Establish pilot projects to study this issue, including the impact of subsequent efforts to enhance the occupation.*

Recommendation: *Develop care plans through an actual interdisciplinary meeting that includes a certified nursing assistant representative. Now, care plans are often developed through consultation, but not an actual meeting.*

Recommendation: *Within the Gold Seal Program, points could be awarded to facilities that have a CNA support group, have true multi-disciplinary care plan meetings that include CNA representation, offer primary care, and can document that the administration supports the CNA support group and hears their input. As an additional incentive for nursing homes, ask the Gold Seal Panel to examine ways that monitorings/inspections could be less frequent if appropriate. The presence of low turnover and high staff morale could be taken into consideration.*

Recommendation: *Long-term care recruitment advertising with the message that working in a nursing home/assisted living facility as a CNA is an honorable and worthy profession should be done throughout the state.*

Low CNA Wages/Inadequate Benefits

Issue: *Wages and benefits in the industry in general are not enough to maintain CNAs. CNAs often move to other service fields (i.e., outside health care) or higher paying home health opportunities.*

“Policymakers think frontline workers are drones that can be paid low wages...long-term care professionals think that they need people who are trained and have some autonomy. Such workers in today’s labor market expect at least \$15 an hour, a substantial departure from current frontline market wages,” Robert Atchley cited in Foltz-Gray, 1997.

There are mixed findings on the relationship of income and satisfaction, although **most of the evidence** shows a positive relationship between both variables. Lower annual income was related to higher job satisfaction (Grau et al., 1991), yet pay is consistently named as the least satisfying part of the job for all nurse aides (Grieshaber et al., 1995; Mercer et al., 1994). Salary had a positive correlation with length of service and as the cost of basic needs (shelter and food) were a smaller percentage of salary, length of service increased (Caudill and Patrick, 1989). Stayers rated having a steady income significantly more important than did people who left nursing home work (Garland et al., 1988). They are more likely to have had a history of wage increases at previous jobs (Kettlitz et al., 1998) as well. There was no difference in hourly wages between stayers and leavers (Wagnild and Manning, 1986).

Six states have nurse aide unions (National Coalition for Nursing Home Reform, 1999). Unionized nurse aides have lower turnover rates (although licensed nurses have higher turnover where nurse aides are unionized; Barry, 1996).

Wage increases based on merit and performance are viewed as unfair by nurse aides and do not improve retention (Barry, 1996). Legislative changes, such as the prospective payment system, increase pressure to keep staffing low (McDonald and Muller, 1998) even though acuity is increasing in the nursing home facilities.

The median hourly wage for certified nurse aides nationally was \$7.44 in 1998; it was \$6.58 for an uncertified aide (American Health Care Association, 1999). Nursing assistants in the Southeast U.S. on average earn \$6.93 an hour (Fisher, 1996) compared to national rates of \$7.44 an hour (American Health Care Association, 1999). Wages increased on average 12 percent from 1994 to 1996 (Fisher, 1996).

Some companies developed career paths to provide opportunities for their nurse aides. This not only provides a learning experience for staff, but it also offered a way for employers to increase their wages as they learn. Promising practices for improving wages include:

- Sombrillo Nursing and Rehabilitation Center offers a career track. Fifty (50) percent of nurse aides moved into the CNA II position (Packer-Tursman, 1996).
- A career track is offered at Sunrise Assisted Living. Salary increases go along with promotions in its competency-based system (Brunk, 1995).

Other Job Markets: Lower skill levels and lower salaries are associated with higher turnover in nursing homes but not Medicare-certified home health care agencies (Close et al., 1994). Median family income for hospital nurse aides is considerably higher than nursing home CNAs (\$27,500 versus \$15,600 in 1987-89; Crown, 1994). In many cases, nursing home staff leave for better paying positions in home health care agencies after completing training and experience requirements.

Research shows that raising wages is only one part of the solution to increasing retention. Increased wages and benefits are primary extrinsic motivation for all workers, including nurse aides. There are also intrinsic motivators that keep individuals in their jobs in spite of low remuneration. These intrinsic and extrinsic factors operate on two different planes; they are not two ends of a single continuum (Herzberg, 1966). Workers are not motivated solely by wages or solely by work environment, but these motivators **combined** explain decisions to stay or leave.

Issue: *Benefits.*

In order to reduce turnover when raising wages, benefits must also be considered. Frank (1999) points out that mandating staffing ratios are not enough to solve the problem. In addition, the facilities must look at nursing aide wages and compare to specific areas' cost of living because often wages do not allow nursing aides to meet basic needs in a locality. Facilities that want to reduce turnover must also look at a locally appropriate benefit plan. Frank suggests offering benefits such as child care and transportation when these are key factors for the applicant pool. Higher benefits were related to higher job satisfaction and length of service (Caudill and Patrick, 1989; Grau et al., 1991). Pension plans contributed the most to lowering nurse aide turnover (Halbur, 1983).

Issue: *Medicaid reimbursement.*

The industry needs to work toward improving wages and benefits to lower turnover, which would be cost effective in the long run. Because of the extensive reliance of nursing homes on Medicaid reimbursement, changes to the reimbursement rate are needed.

Recommendation: *Continue the current appropriation (distributed by the Medicaid task force) authorized in HB 1971 for certified nursing assistant wages. These monies should be for the purpose of improving staffing, employee wages, and employee benefits.*

Management Practices/Working Conditions

Issue: While research has determined wages and benefits to be a major factor in job recruitment and employment, other areas associated with management techniques and supervision have shown to have considerable impact on retention.

In the report presented by Fagan, Williams and Burger (1997) in a meeting of “Pioneers in Nursing Home Culture Change,” a list of values and principles is presented to the leadership of the nursing home industry. These values portray a new, more responsive culture. Kitwood (1996) defines culture as a settled, patterned way of giving meaning to human existence in the world, and of giving structure to action within it. He contrasts the new and the old cultures in nursing homes. The author concludes that the old culture is one of alienation, control, and estrangement. The new culture accepts people with their limitations and individual gifts. Training and education in creating a “new culture” in nursing homes for current and new positions that work with certified nursing assistants is a long-term and promising approach to reducing the poor treatment reported by certified nursing assistants.

Issue: A lack of respect and team leadership/vision contributes to low CNA job satisfaction.

Bell (1998) indicated that supervisors are key to the job satisfaction of CNAs. Although LPNs do not supervise the CNAs, instructions about patient care are often presented to the CNAs by the LPNs. The LPNs must also demonstrate leadership skills when communicating with those who perform direct care services, even when the RNs have supervisory responsibilities for CNAs.

Management plays an essential role in the satisfaction of nurse aides on the job (Pillaner, 1997). Supervisors who talk openly on an informal basis with their nurse aides have lower turnover (LeSar, 1987). Positive interaction between assistants and managers is critical to the assistant's satisfaction on the job (Baum, 1996). Pillaner (1997) asserts that ongoing training and support of supervisors in day-to-day management, communication, and burnout skills is necessary to reduce turnover.

Yet, management training for LPNs is seldom done. Less than 50 percent of nurses in a sample of nursing homes had received supervisory training (Barry, 1996). Although the immediate focus for leadership training is on LPNs, organizational redesign is what will change the old culture of alienation and control in nursing homes to a new culture that values skills and contributions of all participants. Total Quality Improvement (TQI), a type of organizational redesign method for businesses, can result in effective practices. Some examples include: Ward clerks in one nursing home assisted licensed staff with paperwork, thereby increasing the hours available for nurses to coach and supervise nurse aides (Ransom, 1997). The clerks freed up nurses for supervision while offering a vertical career opportunity to nurse aides as well.

Recommendation: Require team leadership training for LPNs to be delivered as a separate module within a continuing education curriculum. This leadership training needs to incorporate aspects of a new, more person-centered culture for elder care in nursing homes.

Issue: Certified nursing assistants feel they do not have the respect of the administration and other staff in the nursing homes. (This issue was identified through the literature review. It is, however, not known to what extent this is an issue in Florida's nursing homes.)

The need for improved management practices, as discussed earlier in relation to LPNs, extend beyond training for LPNs and includes all of nursing home management. The industry recognizes this need and already practices some form of total quality management. Before providing a list of examples, it must be said that there is not just one solution to the shortage of CNAs. However, the move towards a person-centered culture in nursing homes must be promoted not only to improve the recruiting and improvement of CNAs but for the quality of care provided to the elders served in nursing homes.

Below are some examples that demonstrate quality management strategies that result in the recruitment and retention of staff. These management practices seek and promote creative solutions. They include:

- Reduction of burnout when supervisors avoid over-scheduling and pay special attention to weekend and holiday shifts using creative scheduling methods. (Sherman, 1991).
- Alternative work schedules with input from all the staff that gained more time to interact with patients while on duty, increased family time for staff off duty, and reduced turnover (Gregoratos, 1994-1995).
- Job-sharing strategies that allow nurse aides to float to different departments within the facility. This gives the frontline worker a break from his/her assigned area while learning about the role and the importance of other departments (Sherman, 1991).

Workload is an important management consideration in job redesign. Previous discussion included some management strategies that address workload. Others include:

- The Amherst Wilder Foundation in St. Paul, Minnesota, divided their facility into nursing districts of 12 residents each. This helped staff to identify with the group of residents and reduced turnover from 42 percent to less than 25 percent (Pillaner, 1997).
- St. Barnabas, in Gibsonia, Pennsylvania, assigned fewer patients on a more permanent basis to each nurse aide (Montague, 1997).
- The West Virginia School of Social Work studied the use of the permanent assignment model in two separate nursing homes. Positive findings included aides were able to spend more time with residents and spend less time on task-oriented duties. The residents exhibited fewer behavioral problems and overall quality of care improved. Also, there was a reduction in absenteeism and turnover (Patchner and Patchner, 1993).
- Eden Alternative staff turnover was reduced from 106 percent to 12 percent (Moorhead, 1999).

Recommendation: *Compile management techniques and practices that have proven effective and develop training for nursing home administrators.*

Use of Non-CNA Staff to Perform CNA Tasks

Issue: *Due to severe shortages of available labor, many nursing homes now use ancillary staff to handle duties (as appropriate) to supplement the need for CNAs and licensed nurses.*

These ancillary staff are not recognized in the state minimum staffing ratios, although they are staff available to assist residents in many areas. Such ancillary staff may include hospitality aides, and others who may perform non-CNA tasks historically done by CNAs, or staff with a higher degree of training such as PCTs. Staffing minimums must be met at all times. Therefore, the use of ancillary staff such as hospitality aides is at times necessary.

Recommendation: Take into account the use of innovative staffing models and ancillary personnel in meeting required staffing needs. This can involve the use of more qualified staff (e.g., LPNs) performing CNA tasks, or the use of less qualified staff (e.g., hospitality aides) performing CNA tasks.

Targeted Recruitment

Issue: Florida has a large number of retirees and others not currently in the workforce who could provide quality care as CNAs in Florida's nursing homes.

There is evidence that older workers present a fruitful pool for recruiting CNAs. Persons 55 years of age and older make up 28 percent of Florida's population, and this percentage is increasing. By the year 2040, one in every three Florida citizens will be a senior. Many older workers prefer to continue working rather than retire, and many retirees opt to return to the workforce. In 11 of the state's Workforce Development Regions, persons 55 and older comprise more than 30 percent of the population. If this resource is not tapped, the business community will face serious labor shortages. Job Training Partnership Act (JTPA) programs that train older workers as nurse aides have been successful in Virginia and Florida (Bayer, 1994; Reynolds-Scanlon, 1999).

Other programs directed at persons outside the labor force, such as welfare recipients, have also been successful. Welcare is a Missouri-based welfare-to-work program set up with the help of the National Association of Geriatric Nursing Assistants and Missouri State Senator Marvin Singleton. In the first wave of recruitment, 25 percent to 35 percent of applicants were appropriate, hired, and more eager than employees hired by traditional measures (Porter, 1998; Brunk, 1997).

Recommendation: Recruit retirees and others not in the labor force and replicate and expand previously successful older worker training programs.

Issue: Targeted recruitment efforts need to be directed at junior and senior high school levels, other educational facilities, and placement programs.

The Atlanta Private Industry Council and Atlanta public vocational education system worked with Emory University to train vocational high school seniors to become geriatric nurse aides (Bayer, 1994). Ladders in Nursing Careers (LINC) began in 1988 as a partnership between the Robert Wood Johnson Foundation, Greater New York Hospital Association, Departments of Health and Education of New York State, League of Voluntary Hospitals, and New York Local 1199. The course covers tuition costs in exchange for a work study program (Bayer, 1994).

Recommendation: Ensure that extensive promotional activities are directed toward junior and senior high school level students, as well as other educational facilities and placement programs. Florida currently has approximately 70 high school CNA training programs.

Issue: Aliens currently living in Florida, as well as possible immigrants could help to alleviate the CNA shortage.

For 1998 and 1999, only four alien labor certification requests were received for the position of CNA. This indicates that there are very few legal aliens in Florida who are seeking employment as a CNA. Another population that might provide CNAs is those persons who would be willing to immigrate to the United States (i.e., Florida) to work as a CNA.

Both the government and private industry are taking action to meet staffing shortages using foreign labor. In November 1999, the United States' House of Representatives passed legislation (the Nursing Relief for Disadvantaged Areas Act of 1999—H.R. 441) intended to facilitate the use of foreign licensed nurses to meet critical shortages. Companies now exist that bring foreign laborers to the U.S. to work in health care positions. CNA is one of the positions for which foreign workers are being brought to the U.S. to fill.

Recommendation: Additional work identifying and targeting recruitment efforts to these populations is warranted.

Use of Temporary Personnel to Meet Staffing Needs

Issue: The CNA shortage contributes to the use of staffing agency personnel to meet state minimum staffing requirements.

Issue: During 1997, 1998, and the first part of 1999, Florida facilities were cited for both inadequate staffing and sub-standard care at a higher rate than the national average. Based on data supplied by the Health Care Financing Administration, of all Florida facilities receiving a federal citation for sub-standard quality of care, 29 percent of those same facilities received a citation for failure to meet the minimum staffing requirements.

Issue: Since November 1, 1998, on a statewide basis, 16 percent of the 206 facilities surveyed have restricted admissions due to their inability to meet the state CNA staffing requirements. In addition, nine percent of the facilities surveyed have restricted admissions to maintain compliance with the state nursing staffing requirements.

A majority of the Directors of Nursing surveyed expressed that using staffing agency personnel can compromise quality patient/resident care. Among providers in the industry, the most widely accepted reason for this diminished care is the short-term duration of their assignment; i.e., a lack of long-term commitment to quality or continuity. The average staffing agency CNA cost is \$6.07 an hour greater than the average facility-employed CNA including benefits (see Appendix D for a copy of the survey used with Florida nursing homes).

Recommendation: Conduct further analysis to determine whether changes in regulation of temporary personnel agencies are needed.

Summary

The recruitment and retention discussion is the most comprehensive of the topical areas in the report. Not only does it encompass the greatest number of issues of any single area, but the recruitment and retention issues tend to be fundamental to the CNA crisis that nursing homes are currently facing (e.g., wage and benefits, supervision problems). To improve the retention of CNAs, a better job of matching individuals to the job of CNA needs to be done. The task force recommends several ways to do this. These include developing screening tools for use with persons seeking CNA employment, and the use of shadowing techniques and career counseling to increase a recruit's awareness of the CNA position.

Workloads of CNAs need to be addressed to increase the retention of CNAs. The task presents challenges that many competing professions (e.g., fast food restaurants) do not. This can be a positive, except when those challenges are unworkable burdens. The number of patients and the acuity of the patient mix for a CNA are critical determinants in whether the task of a CNA is simply challenging, or whether it is unworkable. The task force has identified changes that need to be made to improve the workload problems that many CNAs face. These include incrementally raising minimum staffing standards (note that successfully implementing this recommendation requires a corresponding increase to the Medicaid reimbursement rate), and strategically addressing the acuity mix of caseloads.

Enhancing the CNA position could increase the retention of CNAs. A way to do this that is recommended by the task force is to provide for both horizontal and vertical career development. Another means of improving the position is to professionalize the CNA occupation. To do this, the CNA certification should be renewed every two years. CNAs need to be more involved in the planning of care for residents, such as being a part of the development of resident care plans. Another enhancement is an increase in wages and benefits. Wages and benefits in the industry in general are not enough to maintain CNAs. CNAs often move to other service fields (i.e., outside health care) or higher paying home health opportunities. Improvements in the attitude toward CNAs by other nursing home staff need to occur. The literature on the recruitment and retention of CNAs indicates that areas associated with management techniques and supervision have shown to have considerable impact on retention.

Florida has the potential to add to the pool of potential CNAs by making targeted efforts to increase the involvement of its elder population. A large number of older citizens, many of whom are retirees, could provide quality care as CNAs in Florida's nursing homes. Previously successful programs have been implemented that increased elder involvement in the workforce.

REVIEW OF BEST PRACTICES

Nursing facilities and training schools across the state of Florida were surveyed and interviewed in an effort to identify creative and effective recruitment, training, and retention initiatives that have been tried or are currently being used with CNAs in nursing homes or other health-related settings. The initiatives ranged from incentives like health benefits, paid training, and flexible work options to creative communication meetings and employee morale boosters. Testimonials and retention and turnover information were used to determine the effectiveness of initiatives. Initiatives that were identified as effective in recruiting, training, or retaining CNAs are described in this section as best practices. The reader should take into account individual unique situations when considering best practice examples presented in this report. Please refer to Appendix C for the forms as completed by the programs/entities.

The purpose of this effort was to identify and describe exemplary best practices in the recruiting, training, and retaining of CNAs. It is important to note that the programs or practices did not have to be new (or recently implemented) in order to be considered creative. The objective of the effort was to develop a collection of recruitment, training, and retention best practices that have produced beneficial results in the state's nursing homes, related health care industries, and CNA training programs. Through this report, a summary of best practices is available to nursing facilities and training programs throughout Florida. For more detailed information regarding this collection of best practices, the reader can contact the Department of Elder Affairs.

The range of identified best practices will be presented according to whether the practice addresses recruitment, training, or retention.

Creative and Effective Recruitment Practices

Two methods that were utilized by Florida nursing facilities to recruit new CNAs were selected. One was to look at external sources for candidates and try creative approaches to funding CNA training. The second approach utilized current staff by providing incentives for referrals and career ladders for staff members who had an interest in becoming a certified nursing assistant. Partnerships between training organizations and facilities proved to be successful by decreasing the use of temporary agency staff and increasing the pool of available CNAs in a given geographical area. Training existing staff members currently in entry-level, non-CNA positions to become CNAs also creates openings in their positions as they move to a CNA role. However, the positions tend to be easier to fill because they require no training or certification.

Several facilities offered financial benefits to entice possible candidates to begin the process of becoming a certified nursing assistant. These benefits included paying for all or part of the cost of certification training, offering non-CNA positions during the training and certification process, ensuring competitive wages, and providing referral and signing bonuses.

- Shell Point Village in Fort Myers, Florida, not only increased pay rates to be more competitive but they also offered on-site CNA classes.
- All Saints Catholic Nursing Home in Jacksonville and Plantation's Covenant Village Care Center decided to waive tuition fees for CNA training in an effort to attract candidates.

Finding alternative sources for CNA candidates is among the top priorities of nursing facilities. Recruitment sources include newspaper advertisement; personal advertisement by employees,

residents, families, and friends; job fairs; and visits to CNA schools. Some examples of effective approaches include the following:

- Cape Coral's Gulf Coast Village has an internal task force (RSR Super Team) made up of staff from different departments whose mission is to work on recruitment, selection, and retention.
- Joseph L. Morse Geriatric Center (MGC) of West Palm Beach has developed and implemented a program entitled "Best Foot Forward," where a team goes to local schools and trains potential employees in resume writing and interviewing skills. MGC also advertises in media that is mailed directly to the homes of CNAs with relatively little cost to the facility. This is done through local advertising media such as the Penny Saver and direct mailing from MGC to licensed CNAs in zip codes with close proximity to the center. MGC also maintains contacts with the local employment agencies in the community, such as Workforce Development and Goodwill that refer individuals to their facility. MGC communicates openings with the local schools and universities by continually posting openings at these sites. To further their recruiting efforts, MGC participates in clinical rotations with local health occupation schools. MGC Human Resource representatives meet with each group of clinical students and provide an introduction and orientation to the Joseph L. Morse Geriatric Center.

It should be noted that conducting better background checks, checking references, and improving interviewing skills were also mentioned as factors that helped to reduce turnover.

Creative and Effective Training

Training for certified nursing assistants is required as part of the certification process. Facilities and technical training centers have used creative ways to meet the CNA training requirements. The training and certification process can take several weeks to complete and have an associated cost. This time delay and price tag can discourage possible candidates and make it difficult for a facility to quickly fill an open position. On-site training conducted at nursing facilities, scholarships, tuition reimbursement or waivers, and partnerships with technical training centers can provide some relief to the training barriers.

- To alleviate the shortage of certified nursing assistants in the long-term care facilities in the Sun City Center, a partnership between Gulfcoast North Area Health Education Center, Beth-El Presbyterian Missions, the School District of Hillsborough County's Adult Migrant and Seasonal Farmworker Program, and Brewster Technical Center was formed. The program recruited and trained migrant farm workers living in Southern Hillsborough County as CNAs. This unique program targeted a specific demographic that is typically under-represented in the profession. The program did not cost the long-term care facilities any monies, other than using the facility for the clinical practicum.
- Learey Technical Center is another example of cooperation between local industry and the public school district to provide solutions to employment problems. There are just under 500 students in 14 area nursing home classes each year. Their creative open-entry, open-exit classes allow new or prospective employees to enter class at any week and graduate 18 class days later.
- Azalea Trace of Pensacola offers CNA training scholarships in honor of staff members to recruit candidates for training held by the local school district. Participants are offered non-CNA jobs at the facility while attending training. This program not only provides recognition for existing staff members but it also provides a means for candidates to become certified. To enhance the

program, Azalea Trace conducts the background screening prior to the training so that the candidates are not delayed in beginning work upon completing the training program. Azalea Trace further bolsters their program by assigning a mentor to the CNA. The mentor receives bonus pay and free lunches during the training process and the new CNA receives personal one-on-one, on-the-job training for the first few weeks. Funding of the scholarship program is assisted through Medicaid reimbursement when the facility hires the candidate. Since the program began in April 1999, use of temporary agency staff has significantly decreased and applications for the scholarships has been overwhelming.

- The FHCA offers a CNA test prep course. This facility-based, on-the-job preparation is made available at no cost to individuals who wish to pursue careers as certified nursing assistants. Because the test prep courses are offered in long-term care facilities, access barriers, such as problems of scheduling, childcare, and transportation, can be addressed in the more flexible environment of facility-based instruction. The CNA test prep course includes an 80-hour course, which is fully OBRA compliant, as well as student reviews and self-tests.
- Joseph L. Morse Geriatric Center of West Palm Beach provides a two-day, facility-wide orientation that provides new CNAs with a general overview of the center and the benefits and programs available to them. This is followed up by a three-day orientation on the floor working with another CNA mentor.

In addition to training to provide initial certification of nursing assistants, facilities have also provided in-service training for their CNAs.

- Cypress Village Health Care Center of Jacksonville offers in-service training where invited speakers share their knowledge and expertise.
- Many facilities provide in-house training courses to update certificates, including CPR, HIV, and bi-annual restorative CNA classes.

Several facilities offer training through the use of a mentor.

- Bay Village of Sarasota assigns a supervisor-chosen mentor to a new employee during the first one to three week period on the job. The mentor receives higher pay during this period.

Creative and Effective Retention Practices

Practices that appear to have the greatest impact on retention of CNAs focus on teamwork, job fulfillment, and work environment. Facilities that reported turnover rates of less than ten percent tended to maintain competitive pay rates; offer benefits; and focus on communication, employee respect, and recognition. Many of these facilities integrate programs that enhance the communication between CNAs and other staff and supervisors. In addition, the CNAs were recognized and rewarded as members of a team.

A factor identified as a barrier in the implementation of successful programs that promote job fulfillment was the lack of supervisory and management training in team building and communication. Nursing facilities that regularly conducted exit interviews for CNAs leaving the facility had a greater opportunity to improve their retention of employees by improving conditions or factors that were identified as unfavorable.

Several practices that have been identified as factors that may promote employee retention include competitive pay, health benefits, flexible scheduling, open communication practices, and employee recognition and work environment. Listed below are examples of creative current practices from Florida nursing facilities.

A. Competitive Pay and Compensation

- Conducting a review of compensation programs for pay and performance bi-annually and adjusting salary according to market conditions and/or changing CNA duties and responsibilities.
- Providing bonus pay (extra pay) for:
 - Working weekends and extra shifts.
 - Being willing to work extra shifts that are vacant or uncovered.
 - Mentoring new CNAs.
 - Perfect attendance.
- Providing an allowance for uniforms.
- Providing accrued time off, which allows for flexibility in scheduling for holidays, personal, sick time, and vacation.
- Providing vacation, holidays, and personal leave pay.

B. Benefits

Benefit packages may include medical, dental, life, and retirement benefits. Two practices for funding these benefits that were identified as being effective in some facilities are as follows:

- Pay-in-lieu of benefits: Giving CNAs a choice between a higher rate of pay or a benefit package. Note that some data show higher turnover for CNAs among the group selecting higher wages.
- Using a leasing company to provide benefits by being the employer of record. An added benefit to this option was that the leasing company also provided training for supervisors and managers.

An on-site childcare center was also identified as a positive job enhancer and benefit. Miami Gardens provides subsidized child care for employees. However, this service is not limited to on-site child care.

C. Flexible Scheduling

Scheduling practices that adjusted CNAs' work hours to be more flexible during difficult family emergencies or other personal situations made the work environment more desirable. Other practical scheduling options included flexibility around training programs and providing every other weekend off.

D. Employee Recognition

The recognition of employees from other staff members and management provided a vehicle for positive morale and job fulfillment. There were many effective examples used by Florida nursing facilities.

- Employee of the month and/or year receives gifts (i.e., a month's worth of meal tickets, preferred parking space) and/or money.
- End of the month appreciation for all staff by management (snacks or treats in staffing areas).
- Birthday cards with movie tickets or discounted meals.
- Appreciation parties—service award banquets, remembrance of employee anniversary dates, and birthdays.
- Employees receive a turkey at Thanksgiving and as a Christmas gift.

Three creative methods to recognize employees are listed below as examples of creative approaches to demonstrating appreciation to CNAs.

- The FHCA provides scholarships and conducts an annual statewide CNA essay contest among FHCA member facilities. CNAs write about their jobs, daily challenges, and the satisfaction that is unique to their occupation. Essay contest winners receive cash awards of \$500 (first place), \$300 (second place), and \$200 (third place).
- Mt. Sinai-St. Francis of Miami held a contest for employees to design the logo for the facility's anniversary. The employee who designed the winning logo received a gift certificate.
- Mt. Sinai-St. Francis of Miami has also sent out personal letters of thanks and gift certificates for CNAs who worked especially hard during a short-staffed period.

E. Open Communication

Nursing facilities that encouraged employees to express ideas and air issues in non-threatening environments and communicated information regularly were identified as practicing "open communication." Examples of open communication practices in Florida nursing facilities are listed below.

- An open-door policy is maintained and CNAs are encouraged to come into Human Resources or to speak with their supervisors with any problems or concerns.
- An open forum meeting is held, where CNAs discuss issues and problems with managers and supervisors.
- A labor consultant visits the Miami Mt. Sinai-St. Francis facility monthly to talk with employees. He brings problems to management's attention so that they may be resolved in a

timely manner. Often, employees are more comfortable talking to him than to management. This practice assures a good line of communication between management and staff.

- Mt. Sinai-St. Francis of Miami conducts monthly general staff meetings in which the executive director communicates what is going on in the building, dispels rumors, and fields employee questions. In addition, each month the facility directors have a 7:00 a.m. breakfast with the 11 p.m. to 7 a.m. shift. This alleviates the feeling of being the “forgotten shift.”
- Joseph L. Morse Geriatric Center of West Palm Beach provides an orientation to employee benefits designed to describe the benefits that are offered and the cost breakdown of each to show employees the percentage of their compensation.

F. Work Environment

The work environment can significantly affect employee morale and retention rates. Positive work environments promote teamwork, communication, recognition, and individual contributions. Listed below are examples of positive work environment practices found in Florida nursing facilities.

- Joseph L. Morse Geriatric Center of West Palm Beach includes CNAs on a team for MDS (minimum data set) data collection and care plan process to enhance their team contribution and involvement. In addition, they include CNAs on the Nursing Quality Council Safety Committee to enhance CNA involvement in problem analysis and solution implementation.
- Manageable resident-to-staff ratios promote a positive work environment. The Mayflower Retirement Center of Winter Park maintains a low CNA-to-resident ratio and reports that almost half of their 44 person staff has been with the facility for more than three years.
- In preparation for the JCAHO accreditation survey, Mt. Sinai-St. Francis of Miami quizzed employees on JCAHO questions. Employees received from \$1 to \$20 for each question answered correctly.
- Miami's Mt. Sinai-St. Francis also provides facility parties at least three times a year where the directors serve the staff and take care of the clean up. In addition, they celebrate an annual CNA week.
- Offering weekly or monthly rewards for staff in small ways has a large impact on employee satisfaction. Sunnyside Nursing Home of Sarasota provides snacks and treats in the staff areas each month, and Mt. Sinai-St. Francis of Miami makes popcorn each Wednesday.

Summary

This section describes creative and effective practices in recruitment, training, and retention that have been practiced throughout the state of Florida. Partnering with schools and nursing facilities has proven to be an effective method to recruit and train individuals. Positive work environments that offer benefits, competitive pay, flexible schedules, and recognition decrease turnover and increase retention of CNAs. Offering CNAs a respected position on the facility's staffing team promotes many positives that have proven to increase retention overall.

CONCLUSION

According to the available data, almost all regions of Florida are experiencing a shortage of trained CNAs. The abundance of job opportunities for workers in Florida's labor market combined with low unemployment rates appear to be major contributors to the CNA turnover problem. Furthermore, the available data suggest that the number of persons being trained (12,684 for 1997) and certified (10,905 for 1997) is adequate to meet the demand for CNAs resulting from economic growth. Therefore, the primary cause of the CNA shortage is that CNAs are not remaining CNAs.

It is common place to say that CNAs who stay do so for the residents and those who leave do so for the pay, but the picture is much more complex. CNAs often struggle with workloads that are unworkable, negative attitudes from other staff within the nursing home setting about the work that CNAs do that make for a poor work environment, low pay, and relatively few benefits.

Florida needs to aggressively address the need to find alternative sources of persons to work as CNAs. Recirculating workers through the various health-related fields that employ CNAs (e.g., nursing homes, hospitals, home health agencies) is not the answer. Solving the CNA crisis in nursing homes should not be damaging to one or more other service areas. The demographics of Florida suggest that its elder population could provide meaningful numbers of well-experienced men and women to help alleviate the CNA shortage. The CNA occupation needs to be marketed more effectively to junior and senior high school students. Effective assessment, counseling, and screening of CNA applicants could facilitate better matches between individuals and the job and subsequently increase the percentages of CNAs who remain in the profession.

The public and private sectors in Florida must join together and take determined action now. Unless successfully addressed, the need for CNAs will continue to increase, while the availability of persons to work as CNAs will decrease. This is clearly indicated by Florida's demographics, as baby boomers move rapidly toward retirement and the labor pool (correspondingly) dwindles.

This report represents a meaningful first step in addressing Florida's CNA crisis. More extensive and detailed data collection is required to facilitate needed research on the scope and nature of the problem. The various research efforts identified in this report should be coordinated so as to reduce duplication of data collection. Implementation oversight for other recommendations made in the report must be provided to ensure follow-through and increase the likelihood that lasting improvement will be achieved.

BIBLIOGRAPHY

- American Health Care Association. (1999). Facts and trends: The nursing facility sourcebook 1999. Washington, D.C.: AHCA.
- Banaszak-Holl, J., & Hines, M. A. (1996). Factors associated with nursing home staff turnover. Gerontologist, 36 (4), 512-7.
- Barry, T. (1996). Study identifies factors that reduce staff turnover. The Brown University Long-Term Care Quality Letter, 8 (11), 1-3.
- Baum, S. (1986). Nurse aide turnover and the work environment. Massachusetts.
- Bayer, E. J. (1994). Innovative work-force initiatives for long-term-care paraprofessionals: A resource directory. Generations, 23 (3), 79-83.
- Bell, H. S. (1998). Certified nursing assistant (CNA) recruitment and retention pilot project. Des Moines, IA.
- Brunk, D. (1995). Show some respect. Contemporary Long-Term Care, 18 (4), 32+.
- Brunk, D. (1997). Five minutes with Lori Porter. Contemporary Long-Term Care, 20 (12), 100.
- Caudill, M., & Patrick, M. (1989). Nursing assistant turnover in nursing homes and need satisfaction. Journal of Gerontological Nursing, 15 (6), 24-30.
- Chappell, N. L., & Novak, M. (1992). Role of support in alleviating stress among nursing assistants. Gerontologist, 32 (3), 351-359.
- Close, L., Estes, C. L., Linkins, K. W., & Binney, E. A. (1994). Political economy perspective on frontline workers in long-term care. Generations, 23 (3), 23-27.
- Crown, W. H. (1994). National profile of homecare, nursing home, and hospital aides. Generations, 23 (3), 29-33.
- Drwiega, M. W. (1999). Managing long-term care facilities: Three myths about nurse aide work. Journal of Gerontological Nursing, 25 (5), 52-55.
- Erdmann, T. (1999). Cross training not just for athletes. Provider, 25 (6), 53-54+.
- Fagan, R., Williams, C. C., & Burger, S. G. (1997). Meeting of pioneers in nursing home culture change. Meeting held on March 14-16, Rochester, NY.
- Findley, D., Biklen, P., & Richter, N. (1999). Certified nurse assistant recruitment project "at a glance." Des Moines, IA: Iowa CareGivers Association.
- Fisher, C. (1996). Long-term care salaries rising. Provider, 22 (9), 40-42+.
- Florida Panel on Medicaid Reimbursement. (1999). Draft Medicaid nursing home reimbursement report to the legislature.
- Foltz-Gray, D. (1997). The disappearing worker. Contemporary Long-Term Care, 62-67.
- Foner, N. (1994). Caregiving dilemma: Work in an American nursing home. Berkeley, CA: University of California Press.
- Frank, B. (1999). Focus on the nurse aide. Older Americans 23 (43), 366.
- Garland, T. N., Oyabu, N., & Gipson, G. A. (1988). Stayers and leavers: A comparison of nurse assistants employed in nursing homes. Journal of Long-Term Care Administration, 16 (4), 23-9.
- Garland, T. N., Oyabu, N., & Gipson, G. A. (1989). Job satisfaction among nurse assistants employed in nursing homes: An analysis of selected job characteristics. Journal of Aging Studies, 3 (4), 369-383.
- Grau, L., Chandler, B., Burton, B., & Kolditz, D. (1991). Institutional loyalty and job satisfaction among nurse aides in nursing homes. Journal of Aging and Health, 3 (1), 47-65.
- Gregoratos, E. G. (1994-1995). Experimenting with alternative work schedules. Journal of Long-Term Care Administration, 22 (4), 18-20.
- Grieshaber, L. D., Parker, P., & Deering, J. (1995). Job satisfaction of nursing assistants in long-term care. Health Care Supervisor, 13 (4), 18-28.
- Halbur, B. T. (1983). Nursing personnel in nursing homes: A structural approach to turnover. Work and Occupations, 10 (4), 381-411.

- Hare, J., & Skinner, D. A. (1990). Relationship between work environment and burnout in nursing home employees. Journal of Long-Term Care Administration, 18 (3), 9-12.
- Heiselman, T. (1991). Enhancing mutual respect among nursing assistants, residents, and residents' families. Gerontologist, 31 (4), 552-555.
- Herzberg, F. (1966). Work and the nature of man. Cleveland, OH: World Publishing Company.
- Institute of Medicine. (1996). Nursing staff in hospitals and nursing homes: Is it adequate? Washington, D. C.: National Academy Press.
- Jackofsky, E. F., & Peters, L. H. (1983). The hypothesized effects of ability in turnover process. Academy of Management Review, 1, 46-49.
- Kettlitz, G. R., Zbib, I., & Motwani, J. (1997). Reducing nurse aide turnover through the use of weighted applications blank procedure. Health Care Supervisor, 16 (2), 41-7.
- Kettlitz, G. R., Zbib, I., & Motwani, J. (1998). Validity of background data as a predictor of employee tenure among nursing aides in long-term care facilities. Health Care Supervisor, 16 (3), 26-31.
- Kitwood, T. (1996). A contract of cultures: Consider what we bring. Bradford, England: Bradford Dementia Group.
- LeSar, K. W. (1987). Who provides for the nursing assistant? Provider, 13 (4), 20, 22.
- Maines, J. (1997). The aging of America. Ft. Lauderdale Sun-Sentinel, April 22, 1997.
- McDonald, I., & Muller, A. (1998). The staffing crisis in nursing homes: Why it's getting worse and what can be done about it. Washington, DC: Service Employees International Union.
- Mercer, S. O., Heacock, P., & Beck, C. (1994). Nurse's aides in nursing homes: A study of caregivers. Journal of Women and Aging, 6 (1-2), 107-121.
- Michaels, C. E., & Spector, P. E. (1982). Causes of employee turnover: A test of the Mobley, Griffeth, Hand, and Meglino Model. Journal of Applied Psychology, 67 (1), 53-59.
- Montague, J. (1997). Aiming for...no vacancy (staff retention program for long-term care facilities). Hospitals and Health Networks, 71 (1), 44-45.
- Moorhead, M. (1999). Nursing homes an exit to Eden? Tallahassee Democrat, August 3, 1999.
- Nakhnikian, E. (1996). Pair power. Contemporary Long-Term Care, 19 (2), 55-57+.
- North Carolina Division of Facility Services. (1999).
- Novak, M., & Chappell, N. L. (1994). Nursing assistant burnout and the cognitively impaired elderly. International Journal of Aging and Human Development, 39 (2), 105-120.
- Packer-Tursman, J. (1996). Reversing the revolving door syndrome: How to find and keep quality care staff. Provider, 22 (2), 50-52+.
- Patchner, M. A., & Patchner, L. S. (1993). Essential staffing for improved nursing home care: The permanent assignment model. Nursing Homes, 42 (5), 37-39.
- Pillaner, K. (1996). Solving the frontline crisis in long-term care. Cambridge, MA: Frontline Publishing.
- Pillaner, K. (1997a). Three 'best practices' to retain nursing assistants. Nursing Homes Long-Term Care Management, 46 (3), 13-14+.
- Pillaner, K. (1997b). Higher calling. Contemporary Long-Term Care, 20 (4), 50-52+.
- Porter, L. (1996). Solving the CNA shortage through welfare reform. Nursing Homes Long-Term Care Management, 45 (3), 8+.
- Ransom, S. (1997). Focus on caregiving. Support staff boosts quality, reduces injury rate. Provider, 23 (4), 43-5.
- Remsberg, R. E., Armacost, K. A., & Bennett, R. G. (1999). Improving nursing assistant turnover and stability rates in a long-term care facility. Geriatric Nursing, 20 (4), 203-208.
- Reynolds-Scanlon, S. (1999). Report on the JPTA training program. Tampa, FL: University of South Florida, Florida Policy Exchange Center on Aging.
- Riggs, C. J. (1998). Long-term care staffing: A review of literature.

- Salmon, J., Crews, C., Reynolds-Scanlon, S., Jang, Y., Weber, S., & Oakley, M. (1999). Nurse aide turnover: Literature review of research, policy and practice. Tampa, FL: University of South Florida, Florida Policy Exchange Center on Aging.
- Shemanski, C. A. (1997). Peer aide orientation: Mentoring for new aides reduced turnover by 53.7 percent.
- Sherman, E. (1991). Catastrophic shortage of caregivers. Perspective on Aging, 20 (4-5), 39-41.
- Steers, R. M., & Mowday, R. T. (1981). Employee turnover and post-decision accommodation processes. Research in Organizational Behavior, 3, 235-281.
- Stone, R. I., & Yamada, Y. (1998). Ethics and the frontline long-term-care worker: A challenge for the 21st century. Generations, 22 (3), 45-51.
- Straker, J. K., & Atchley, R. C. (1999). Recruiting and retention of frontline workers in long-term care: Usual organizational practices in Ohio. Oxford, OH: Miami University, Scripps Gerontology Center.
- Stryker, R. (1983). Employee turnover as an indicator of HRM effectiveness: What the research says. In: G. K. Gordon, & R. Stryker (Eds.), Creative long-term care administration. Springfield, IL: C. C. Thomas.
- Tellis Nayak, V. & Tellis Nayak, M. (1989). Quality of care and the burden of two cultures: When the world of the nurse's aide enters the world of the nursing home. Gerontologist, 29 (3), 307-313.
- Thomas, M. (1993). Tests improve decisions at Franciscan. Personnel Journal, 72 (11), 89-92.
- U. S. Bureau of Labor Statistics.
- Wagnild, G., & Manning, R. W. (1986). The high-turnover profile: Screening and selecting applicants for nurse's aide. Journal of Long-Term Care Administration, 14 (2), 2-4.
- Wallace, R. W., & Brubaker, T. A. (1984). Long-term care with short-term workers: An examination of nursing home nurse aide turnover. Journal of Applied Gerontology, 3 (1), 50-58.
- Widmer, L., & Kuipers, J. (1991). Tackling turnover... support groups for NAs. Geriatric Nursing - American Journal of Care for the Aging, 12 (5), 252.
- Will, K., & Simmons, J. (1999). Ohio CNAs speak out. Provider, 107-110.
- Wilner, M. A. (1994). Working it out: Support groups for nursing assistants. Generations, 23 (3), 39-40.

APPENDIX A: CROSSWALKING REPORT FINDINGS AND HB 1971

CROSSWALKING REPORT FINDINGS AND HB 1971 REQUIREMENTS

Required Areas to Examine As Per HB 1971	Report Findings	Location	Recommendation(s)
A one-time review of the performance of CNA training programs, comparing types of training programs with respect to admission criteria, program requirements, graduation rates, job placement, and job retention in nursing homes to job retention in other health care environments and other similar job classifications for which CNAs may qualify.	Very limited data are presently available with which an in-depth training program analysis can be conducted. Extensive effort was made to make as much use of what data were available as possible. Multiple recommendations are made to improve data availability.	This is presented in the section on state-approved training programs, and in Appendix B.	Yes
An identification of factors likely to improve the rates of employment and retention of CNAs in nursing homes.	A substantial amount of literature has been published, and is included in this report on the employment and retention of CNAs in nursing homes.	This is primarily presented in the recruitment and retention section.	Yes
An assessment of the extent and impact of CNA shortages within major regional Florida job markets.	Using the data presently available, the CNA shortage is examined by Workforce Development Region, and for Florida in total. Multiple recommendations are made to improve data availability.	This is presented in the section on the extent of the shortage.	Yes
The extent and characteristics of the labor shortage within the various regions of the state.	See above.	See above.	See above.
The causes of the shortage, including but not limited to, salary and benefits, working conditions, career development, and the availability of CNA training programs.	Information on the relationship between the CNA shortage and key factors such as working conditions is provided.	The bulk of this information is presented in the recruitment and retention section.	Yes
The impact of the labor shortages on the ability of nursing homes to hire sufficient staff to meet both the minimum staffing standards required by agency rule and the facility-specific staffing standards based on residents' needs.	This issue is at the heart of the CNA crisis and is focused on in the report.	Staffing is discussed in the recruitment and retention section.	Yes
The impact of the labor shortage on the increasing use of temporary nursing pool agencies by nursing homes, the influence of this trend on the quality and cost of services provided, and the benefits of additional regulation of nursing pool agencies given the shortage of CNAs.	Some survey data were collected on facility use of temporary staffing agencies, and the increased costs associated with such use.	This is presented toward the end of the recruitment and retention section.	Yes

A comparison of Florida's CNA shortage to that of other states.	The available literature indicates that a CNA crisis exists nationwide. Recent national trend research, such as a state-by-state study conducted by North Carolina, strongly supports the presence of a CNA shortage.	Limited discussion of this is in the section on the extent of the shortage, and in the recruitment and retention section.	No
The need for and feasibility of enacting various measures to enhance the image of CNAs, including enhanced recruitment efforts directed towards students at the junior and senior high school levels, local education outreach, and job placement programs.	Creative means to enhance the image of CNAs and to attract recruits in meaningful numbers from specific groups are presented, with specific discussions on the image of nursing homes and CNAs, and on the targeted recruitment of potential CNAs.	This is addressed in the recruitment and retention section.	Yes
The implications of the shortage as it relates to the supply of and need for related paraprofessionals and other health care workers, such as licensed practical nurses (LPNs).	Research and study provided limited insight into understanding how workers in related areas are specifically impacted by the CNA shortage.	Discussions of the impact of the CNA shortage are woven throughout the report.	Yes
The feasibility of allocating resources such as loans, grants, and scholarships to provide greater incentive for and access to CNA education, and the probable effects of such efforts.	These are perceived as useful means of drawing potential CNAs to the occupation.	This is presented in the section on state-approved training programs.	Yes
The desirability of demonstration projects to test innovative models and methods to address the need for more and better-qualified CNAs in nursing homes.	Such projects are desirable, and may provide key elements of the long-term solution to the CNA crisis.	This is discussed in the recruitment and retention section. Also, see the best practices section of the report.	Yes

APPENDIX B: PUBLIC AND PRIVATE TRAINING PROGRAMS

1997-98 Public School CNA Training Programs

County	Code	Enroll	Complete	School	Address	City	Zip	Phone
Alachua	391	28	24	Gainesville High School				
Baker	385	63	0	Baker County High School	1 Wildcat Dr.	Glen St. Mary	32040	904/254-6251 or 6286
Bay	105			Tom P. Haney Technical Center	3016 Highway 77	Panama City	32405	850/747-5514
Bradford	262	139	65	Bradford Union Vo-Tech Center	609 N. Orange St.	Starke	32901	904/966-6760 SC 821-5229
Broward	8	89	32	Atlantic Vo-Tech (PN Program)	4700 Coconut Creek Parkway	Coconut Creek	33063	954/977-2056 X 2019
Broward		13	13	Dillard High School				
Broward	153	143	43	McFatter Vo-Tech(PN)	6500 Nova Drive	Davie	33317	954/370-8301
Broward	207	358	100	Sheridan Vo-Tech (PN Program)	5400 Sheridan St.	Hollywood	33021	954/985-985-3282
Charlotte	41	242	192	Charlotte Vo-Tech Center	18300 Toledo Blade Blvd.	Port Charlotte	33948-339	941/629-6819 Ext. 136
Citrus	241	103	81	Withlacoochee Technical Institute	1201 West Main St.	Inverness	34450-469	852/726-2430 Ext. 200
Clay	402	19	19	Keystone Heights High School	900 S. W. Orchid Ave.	Keystone Heights	32656	352/473-2761 SC 835-1560
Clay	393	23	15	Middleburg High School	3750 County Rd. #220	Middleburg	32068	904/282-9325 Ext. 117
Clay	183	15	13	Orange Park High School	2300 Kingsley Ave.	Orange Park	32073	904/272-8100 Ext. 231
Collier	475	232	165	Lorenzo Walker Vo-Tech Center	3702 Estey Avenue	Naples	34104	941/643-0919 Ext. 6654
Columbia	430	5	3	Columbia High School	Rt. 10 Box 258	Lake City	32025	904/758-4841
Dade	17	25	25	American Senior High School	18350 N. W. 67th Ave.	Hialeah	33015	305/557-3770 Ext. 237
Dade	399	15	11	Cope Center North	9950 NW 19th Ave.	Miami	33147	305/836-3300
Dade	54	31	22	D. A. Dorsey Educational Center	7100 NW 71 St.	Miami	33147	305/693-2490
Dade		20	15	Dorothy M. Wallace COPE Center, South	10225 S.W. 147th St.	Miami	33176	305/233-1045 Ext. 39
Dade	462	117	32	G. Holmes Braddock Sr. Hi.	3601 SW 147th Ave.	Miami	33186	305/225-9729 Ext. 315
Dade	110	241	0	Hialeah Adult Center	251 E. 47th St.	Hialeah	33013	305/822-1500
Dade	394	24	18	Hialeah High School	251 E. 47th St.	Hialeah	33013	305/822-1500 Ext. 261
Dade	463	61	15	Homestead Sr. High School	2351 SE 12th Ave.	Homestead	33035	305/245-7000 Ext. 294
Dade	140	30	14	Lindsey Hopkins Tech. Ctr. (PN Program)	750 NW 20th St.	Miami	33127	305/324-6070 Ext. 7056
Dade	161	21	13	Miami Carol City Adult & Comm. Ed. Ctr.	3422 NW 187 St.	Miami		305/621-5681 Ext. 221
Dade	466	60	2	Miami Carol City Sr. High School	3422 NW 187 St.	Miami	33056	305/621-5681 Ext. 225
Dade		60	9	Miami Central Senior High				
Dade	483	36	4	Miami Jackson Adult Education	1751 NW 36 St.	Miami	33142	305/634-2621 Ext. 297
Dade	164	21	0	Miami Jackson Sr. High	1751 NW 36th St.	Miami	33142	305/634-2621 Ext. 316
Dade	404	70	18	Miami Lakes Tech. Ed. Ctr. (PN Program)	5780 NW 158th St.	Miami Lakes	33014	305/557-1100 Ext. 261
Dade	467	218	74	Miami North Western Sr.	1160 NW 71st. St.	Miami	33150	305/836-0991 Ext. 342
Dade	167	80	59	Miami Northwestern Adult Ed. Ctr.	1100 NW 71 St.	Miami	33150	305/836-0991 Ext. 242
Dade	168	82	23	Miami Skill Center	50 NW 14 St.	Miami	33136	305/329-3054
Dade	468	53	11	Miami Sr. High School	2450 SW 1st St.	Miami	33145	305/649-9800 Ext. 237

· Recruitment, Training, Employment, and Retention Report on
Certified Nursing Assistants in Florida's Nursing Homes ·

County	Code	Enroll	Complete	School	Address	City	Zip	Phone
Dade	469	8	0	Miami Sunset Adult & Comm. Ed. Ctr.	13125 SW 72 St.	Miami	33183	305/385-4255 Ext. 213
Dade	177	76	28	North Miami Adult Education Center	800 NE 137 St.	North Miami	33161	305/891-6590 Ext. 246
Dade	57	24	23	North Miami Beach Senior High	1247 NE 167th St.	North Miami Bch	33162	305/949-8381 Ext. 249
Dade	201	119	51	Robert Morgan Voc-Tech	18180 SW 122nd Ave.	Miami	22177	305/253-9920 Ext. 219/216
Dade	371	40	6	South Dade Skill Center	28300 SW 152nd Ave.	Homestead	33033	305/247-7839 Ext. 22
Dade	390	52	43	William H. Turner Tech	110151 NW 19th Ave.	Miami	33147	305/691-8324 /Ext. 46
Dade	209	6	5	South Dade Adult Education Center	109 NE 8th St.	Homestead	33033	305/248-5723 Ext. 11
Desoto	81	150	26	Desoto County Adult Education Center	530 Lasolona Ave.	Arcadia	34266	941/494-4222 Ext. 131
Desoto	454	15	14	Desoto County High School	1710 E. Gibson St.	Arcadia	34266	941/494-4222 Ext. 131
Dixie	269			Dixie County High School	P. O. Drawer 1268	Cross City	32628	352/498-1328
Duval	18	65	65	Andrew Jackson Sr. High	3816 North Main St.	Jacksonville	32206	904/630-6950 Ext. 227
Duval		60	27	A. Philip Randolph Academies				
Duval	93			Fla. Comm. College @ JAX (PN Program)	4501 Capper Rd.	Jacksonville	32218	904/766-6550
Duval	455			University of North Florida	4567 St. Johns Bluff Rd., South	Jacksonville	32224-2624	904/730-3718
Escambia	100	42	36	George Stone Area Vo-Tech Ctr.	2400 Longleaf Dr.	Pensacola	32526-8922	904/944-1424 Ext. 167
Flagler	95	89	75	Flagler Co. Adult & Comm. Education	200 Lehigh Rd.	Flagler Beach	32136	904/517-2220
Gadsden	97	45	30	Gadsden Technical Institute	201 Martin Luther King Jr. Blvd	Quincy	32351	850/875-8325 Ext. 114
Gilchrist	431	69	15	Bell High School				
Gulf		1	0	Gulf County Adult Ed				
Gulf		1	0	Wewahitchka Senior High				
Hardee	106	93	36	Hardee Senior High	830 Altman Rd., South	Wauchula	33873	813/773-3181 Ext. 239
Hendry	46	13	9	Clewiston Adult-Community School	1501 S. Francisco	Clewiston	33440	813/983-1578
Hendry	130	17	14	LaBelle Adult & Community School	4050 Cowboy Way	LaBelle	33935	941/674-4118
Hernando		25	0	Hernando High				
Hernando		37	31	Hernando High Adult Ed				
Hillsborough	458	37	0	Armwood High School	12000 US Highway 92	Seffner	33584	813/744-8040
Hillsborough	23	42	13	Brandon Adult & Community School	1101 Victoria St.	Brandon	33510	813/744-8131
Hillsborough	459	100	31	Brandon Sr. High School	1101 Victoria St.	Brandon	33510-4197	813/744-8120
Hillsborough	408	243	46	Brewster Technical Center	2222 N. Tampa St.	Tampa	33602	813/276-5448
Hillsborough	461	42	19	East Bay Adult & Community School	7710 Big Bend Rd.	Gibsononton	33534	813/671-5134
Hillsborough	98			Gaither High School	16200 N. Dale Mabry Hwy	Tampa	33618	813/975-7340
Hillsborough	464	3564	442	Learey Technical Center	5410 N. 20th St.	Tampa	33610	813/231-1847
Hillsborough	138	101	34	Leto Sr. High School	4409 W. Sligh Ave.	Tampa	33614	813/872-5300
Hillsborough	194	30	10	Plant City Adult & Comm. School	One Raider Place	Plant City	33566	813/757-9370
Hillsborough	471			Plant City High School	One Raider Place	Plant City	33566	813/757-9113
Hillsborough	219	42	9	Tampa Bay Tech. Adult Evening School	6410 Orient Rd,	Tampa	33610	813/744-8360
Hillsborough	473	200	0	Tampa Bay Tech. High. School/Academy	6410 Orient Rd.	Tampa	33610	813/744-8360

· Recruitment, Training, Employment, and Retention Report on
Certified Nursing Assistants in Florida's Nursing Homes ·

County	Code	Enroll	Complete	School	Address	City	Zip	Phone
Holmes		9	0	Holmes County High				
Indian River	116	161	88	Indian River Adult & Comm. Ed. School	1426 19th St.	Vero Beach	32960	561/564-3031
Indian River	521	11	0	Sebastian River High School	9001 Shark Blvd.	Sebastian	32958	561/564-4182
Indian River	474	221	23	Vero Beach High School	1701 Fighting Indians Way	Vero Beach	32960	561/564-3031
Jackson		1	1	Jackson Academy				
Jackson		1	0	Cottdale High				
Lake	132	218	142	Lake County Area Vo-Tech Center	2001 Kurt St.	Eustis	32726	352/742-6486 Ext. 134
Lee		77		Trade Extension				
Lee		166		Business and Industry Services				
Lee		184	121	Lee County Hi. Tech Center N.				
Lee	136	218	132	Lee County Hi. Tech Center Central	360 Juanita Blvd., Ext.	Cape Coral	33993	813/574-4440 Ext. 210
Leon	141	313	60	Lively Area Vo-Tech Center	500 N. Appleyard Dr.	Tallahassee	32304	850-487-7449
Liberty		33	0	Liberty County High				
Madison		58	0	Madison High School	427 W. Noble Ave.	Williston	32696	352/854-2322 Ext. 1282
Manatee	146	147	88	Manatee Technical Institute	5603 34th St., West	Bradenton	34210	941/751-7900 X 1142 SC 599-7900
Marion	149	68	64	Marion Co Community Ed.				
Martin	432	49	31	Indiantown Adult Learning Center	15255 SW Jackson	Indiantown	34956	407/597-3848
Martin	150	33	20	Martin Co. Hi. School Adult & Comm. Ed.	2801 S. Kanner Highway	Stuart	34994	561/288-3972
Martin		11	11	Spectrum Adult Learning				
Martin	465	3	0	Martin Co. High School	2801 S. Kanner Hwy	Stuart	34997	561/220-3784
Martin	372	35	0	South Fork High School	10205 SW Pratt Whitney Rd.	Stuart	34997	561/219-1840
Monroe	129	58	0	Key West High Adult Ed Center				
Nassau	516	41	0	Fernandina Beach High School	435 Citrona Dr.	Fernandina Beach	32034	904/261-5713 Ext. 255
Okaloosa	470	79	52	Okaloosa Applied Technology Center	1976 Lewis Turner Blvd.	Fort Walton Beach	32547	850/833-3500
Okaloosa		59	50	Unknown				
Okaloosa		77	0	Crestview Senior High				
Orange	389	17	0	Apopka High School	555 W. Martin St.	Apopka	32712	407/889-4194 Ext. 283
Orange	181	446	102	Orlando Tech Center	301 West Amelia St.	Orlando	32801	407/246-7060 Ext. 4804
Orange	240	43	15	Westside Technical Center	955 East Story Rd.	Winter Garden	34787-3798	407/656-2851 Ext. 260
Orange		96	70	O-Tec Winter Park				
Osceola	439	39	0	Gateway High School	93 Panther Paws Trail	Kissimmee	34744	407/935-3600
Osceola	440	54	16	Osecola High School	420 S. Thacker Ave.	Kissimmee	34741	407/518-5407 /ext. 5495
Osceola	222	544	89	Technical Education Center of Osceola	501 Simpson Road	Kissimmee	34744	407/847-3147 Ext. 128

· Recruitment, Training, Employment, and Retention Report on
Certified Nursing Assistants in Florida's Nursing Homes ·

County	Code	Enroll	Complete	School	Address	City	Zip	Phone
Osceola		14	0	Poinciana High School				
Osecola	442	81	23	Saint Cloud High School	Bulldog Lane	St. Cloud	34769	407/891-3100
Palm Beach		220	99	Palm Beach No. Tech Ed. Ctr. (PN Prog.)	7071 Garden Rd.	Riviera Beach	33404	561/434-7467
Palm Beach		3134	54	Palm Beach So. Tech. Ed. Ctr.(PN Prog.)	1300 S.W. 30th Ave.	Boynton Beach	33435	561/434-7467
Palm Beach	238	23	11	Palm Beach West Technical Education Ctr	2625 State Rd. 715	Belle Glade	33430	561/434-7467
Pasco	102			Gulf High School	5355 School Rd.	New Port Richey	34652	813/929-3660
Pasco	148	51	38	Marchman Technical Education Center	7825 Campus Dr.	New Port Richey	34653	813/929-1882
Pasco	171	43	32	Moore-Mickens Education Center	38301 Martin Luther King Blvd	Dade City	33525	904/929-5404
Pasco	189			Pasco High School	36850 State Rd. 52	Dade City	33525	813/929-5500 or 5542
Pasco	242			Zephyrhills High School	6335 12th Street	Zephrhills	33540	813/929-6256
Pinellas	398	26	25	Boca Ciega High School	924-58th Street, So.	Gulfport	33707	813/893-2780 Ext. 136
Pinellas	478	56	44	Lakewood Community School	1400 - 54th Ave. S.	St. Petersburg	33705	813/893-2955
Pinellas		51	0	Dixie Hollins Adult Evening				
Pinellas	403	19	6	Largo High School	410 Missouri Ave.	Largo	33770	813/588-3758 Ext. 142
Pinellas	480	108	99	Palm Harbor University Community School	1900 Omaha St.	Palm Harbor	34683	813/669-1140
Pinellas	479	114	0	Palm Harbor University High School	1900 Omaha St.	Palm Harbor	34683	813/669-1131 Ext. 223
Pinellas	481	206	114	Pinellas Technical Ed. Center	6100-154th Street, North	Clearwater	34620	813/538-7167 Ext. 1128
Pinellas	482	231	154	Pinellas Technical Tech Center	901-34th Street, South	St. Petersburg	33711	813/893-2500 Ext. 1010
Polk		104	0	Haines City Senior High				
Polk	151	2194	23	Traviss Technical Center	3225 Winter Lake Rd.	Lakeland	33803	813/499-2715 Ext. 264
Putnam	366			Crescent City High School	302 Mellon Rd.	Palatka	32177	904/329-0577
Santa Rosa	142	234	100	Radford Locklin Technical Center	5330 Berryhill Road	Milton	32570	904/983-5700 Ext. 131
Sarasota	252	266	60	Sarasota Co. Technical Institute	4748 Beneva Road	Sarasota	34233	813/924-1365 Ext. 355
Seminole	436	24	0	Academy @ Seminole High School	2701 Ridgewood Avenue	Sanford	32773	407/7320-5300
St. Johns		340	105	First Coast Tech				
St. Johns	186			St. Augustine Technical Center	2980 Collins Ave.	St. Augustine	32095-9970	904/829-1022
Sumter		46	0	Sumter County Adult				
Suwannee	218	67	51	Suwannee-Hamilton Area Vo-Tech Ctr.	415 S.W. Pinewood Drive	Live Oak	32060	904/364-2779
Taylor	221	55	27	Taylor Technical Institute	3233 Highway 19, South	Perry	32347	850/838-2545 Ext. 138
Union		69	11	Union County High				
Volusia		122	23	Deland High				
Volusia		121	28	Pine Ridge High				
Wakulla	231	43	0	Wakulla Adult & Community Ed.	87 Hargrett Sr. Rd.	Crawfordville	32327	850/926-8227 Ext. 224
Walton		47	0	Walton County Vocational				
Washington		195	128	Washington-Holmes Vo-Tec				

20,059 4,698

Percent = 23.42%
n=126

1997-98 Community College CNA Training Programs

County	Code	School	Address	City	Zip	Phone
Alachua	203	Santa Fe Community College (PN Program)	3000 NW 83rd St. W 201	Gainesville	32606	352/395-5589 Ext. 5737
Bay	476	Gulf Coast Community College	5230 W. Highway 98	Panama City	32401	850/780-0111 SC 872-3828
Brevard	25	Brevard Community College	1519 Clearlake Rd.	Cocoa	32922	407/632-1111 Ext. 64113
Broward	460	Broward Community College	3501 SW Davie Road/Bldg. 8	Ft. Lauderdale	33314	954/475-6773 SC 469-6773
Columbia	131	Lake City Community College	Route 19 Box 1030	Lake City	32025	904/752-1822 Ext. 1150
Dade	163	Miami-Dade Community College	950 NW 20th St.	Miami	33127	305/237-4039
Escambia	192	Pensacola Junior College	5555 W. Highway 98	Pensacola	32507	850/484-2254
Highlands	210	South Florida Community College	600 W. College Dr.	Avon Park	33825	813/453-6661 Ext. 118
Indian River	115	Indian River Community College	3209 Virginia Ave.	Fort Pierce	34981	561/462-4778
Jackson	43	Chipola Junior College (PN Program)	3094 Indian Cr.	Marianna	32446	850/718-2278 /Ext. 2278 SC 776-2011
Lake	134	Lake-Sumter Community College (PN Prog.)	9501 US Highway 441	Leesburg	34688	352-365-3516 Ext. 516
Leon	457	Tallahassee Community College	444 Appleyard Dr.	Tallahassee	32304-8793	850/922-8155
Levy	520	Central Fla. Community College	1015 N. Young Blvd.	Chiefland	32626	352/854-2322 Ext. 1282
Madison	176	North Florida Jr. College	1000 Turner Davis Dr.	Madison	32340	850/973-1659 Ext. 659
Marion	37	Central Florida Community College	3001 SW College Rd.	Ocala	34474	352/854-2322 Ext. 1282
Pasco	190	Pasco-Hernando Comm.College (PN Program)	10230 Ridge Rd.	New Port Richey	34654	727-816-3280
Putnam	472	St. Johns River Community College	5001 St. Johns Ave.	Palatka	32177	904/312-4182 SC 890-4182
Seminole	206	Seminole Community College	100 Weldon Blvd.	Sanford	32773	407/325-2221
St. Lucie	115	Indian River Community College	3209 Virginia Ave.	Fort Pierce	34981	407/462-4778

· Recruitment, Training, Employment, and Retention Report on
Certified Nursing Assistants in Florida's Nursing Homes ·

1997-98 Private CNA Training Programs

Schl Cod	District	School Name	Telephone	Director	Course Title	Clock Hrs	Tuition	Tot Enroll	Tot Grads
!	Orange County	21ST CENTURY EDUCATION	(407) 578-3867	Catherine W. Foulks	Nursing Assistant Diploma	150	\$1,200	0	0
452	Dade County	5 STAR TRAINING CENTER	(305) 947-8141	Diann Gregory	Nursing Assistant Diploma	600	\$2,500	0	0
!	Palm Beach County	ACADEMY FOR PRACTICAL NURSING	(561) 683-1400	Lois M. Gackenhaimer	Home Health Aide/Nurse Asst	240	\$1,817	0	0
12	Dade County	ADVANCED TECHNOLOGY INSTITUTE	(305) 220-3118	Felix Lima	Home Health Care Aide/Nurse Asst	480	\$3,060	175	110
!	Broward County	ALL COUNTY CAREER INSTITUTE	(954) 584-2274	Cynthia Baker	Nursing Assistant Certificate	180	\$810	0	0
!	Broward County	ALL PROFESSIONAL ACADEMY	(800) 799-4988	Camilla Walker	Nursing Assistant Certificate	180	\$810	0	0
477	Duval County	ALL SAINTS VOCATIONAL SCHOOL	(904) 772-1220	Alice Wilbur	Nursing Assistant Certificate	120	\$255	0	!
13	Broward County	ALLIED HEALTH TRAINING CENTER,	(954) 961-9466	James Richard Pryce	Nursing Assistant Diploma	170	\$1,055	0	0
302	Brevard County	AMERICAN RED CROSS - BREVARD	(407) 723-7141	Alan Diamond	Nurse Assistant Training	120	\$500	68	68
310	Manatee County	AMERICAN RED CROSS - MANATEE	(941) 792-8686	Roberta B. Omlor	Nurse Assistant Training	120	\$450	212	204
486	Seminole County	AMERICARE SCHOOL OF NURSING	(407) 673-7406	Will Bale	Nurse's Assistant Certificate	120	\$495	200	146
!	Palm Beach County	AMERITECH INSTITUTE FOR	(561) 996-5007	Jack Jones	Nursing Assistant Diploma	300	\$1,725	0	0
!	Dade County	APS TRAINING CENTERS -			CNA Test Preparation Certificate	40	\$355	0	0
!	Dade County	APS TRAINING CENTERS -	(305) 258-5882	Samuel Wachtel	Nursing Assistant Certificate	120	\$1,012	0	0
!	Dade County	APS TRAINING CENTERS - SOUTH			CNA Test Preparation Certificate	40	\$355	0	0
!	Dade County	APS TRAINING CENTERS - SOUTH	(305) 232-5789	Samuel Wachtel	Nursing Assistant Certificate	120	\$1,012	0	0
!	Dade County	BELL EDUCATION CENTER, INC.			CNA Challenge Practice	48	\$265	0	0
!	Dade County	BELL EDUCATION CENTER, INC.	(305) 651-2504	Michael Stahl	Nursing Assistant/Home Health Aide	300	\$1,200	0	0
522	Seminole County	BEVERLY HEALTHCARE CAREER	(407) 804-0600	Connie Keller	Nursing Assistant Certificate	160	\$110	0	!
333	Dade County	BUSINESS ETCETERA INSTITUTE OF	(305) 267-6707	Sorgalim S. Barzaga	Nursing Assistant/Home Health Aide	450	\$5,500	0	0
31	Orange County	CAREER TRAINING INSTITUTE	(407) 843-3984	Roger Bradley	Nursing Assistant/Home Health Aide	160	\$745	0	0
34	Dade County	CARIBBEAN TRAINING EDUCATION	(305) 687-5621	Joseph Lafortune	Nursing Assistant Certificate	150	\$1,450	0	0
!	Broward County	CARING HEART CAREER INSTITUTE	(954) 748-3575	Judy P. Jackson	Nursing Assistant Certificate	120	\$600	0	0
335	Dade County	CENTER FOR PROFESSIONAL	(305) 895-6544	Anthony Francois	Nursing Assistant/Home Health Aide	450	\$1,000	281	100
489	Pinellas County	CENTRAL FLORIDA INSTITUTE,	(727) 786-4707	Evelyn Elliot Presley	Nursing Assistant Certificate	120	\$590	0	0
451	Pinellas County	COLONIAL CARE CNA TRAINING	(727) 544-1444	James Mason	Nursing Assistant Training	120	\$125	22	22
51	Broward County	CORAL RIDGE NURSE'S ASSISTANT	(954) 561-2022	Ethline Mais	Nurse's Assistant Certificate	200	\$1,000	0	0
!	Pasco County	DIRECTED STUDIES, INC.	(727) 841-8733	Henry DeWeerd	Nurse Assistant Diploma	160	\$700	0	0
342	Pasco County	EDUCATIONAL ACHIEVEMENT	(813) 844-7336	Clara R. Ward	Nurse Assistant Certificate	144	\$760	50	25
343	Palm Beach County	EDUCATIONAL SERVICES FOR	(561) 968-4637	William E. Nixon	Nursing Assistant Certificate	600	\$2,700	182	79
89	Broward County	EL JANEZ INSTITUTE OF CORAL	(954) 728-8400	Janet Anderson	Nursing Assistant/Home Health Aide	355	\$2,363	12	12

· Recruitment, Training, Employment, and Retention Report on
Certified Nursing Assistants in Florida's Nursing Homes ·

Schl Cod	District	School Name	Telephone	Director	Course Title	Clock Hrs	Tuition	Tot Enroll	Tot Grads
344	Duval County	FIRST COAST NURSING ASSISTANT	(904) 725-8044	Barbara R. Torrible	Nursing Assistant Training	120	\$130	25	2
251	Dade County	FLORIDA EDUCATION INSTITUTE,			Bilingual Nursing Assistant	360	\$2,600	30	25
251	Dade County	FLORIDA EDUCATION INSTITUTE,	(305) 265-9663	Ramon Valenti	Nursing Assistant/Home Health Aide	320	\$2,500	0	0
263	Lee County	FLORIDA HEALTH ACADEMY	(941) 495-8282	Clara E. McElroy	Nursing Assistant Certificate	120	\$480	274	274
!	Broward County	FLORIDA MEDICAL TRAINING	(954) 979-6500	Scott Shein	Nursing Assistant/ Home Health Aide	180	\$900	0	0
347	Dade County	FLORIDA NATIONAL COLLEGE, INC.	(305) 821-3333	Jose Requeiro	Nursing Assistant/Home Health Aide	450	\$2,740	3	3
94	Dade County	FLORIDA NATIONAL COLLEGE, INC.	(305) 226-9999	Enrique Serra	Nursing Assistant/Home Health Aide	450	\$2,740	0	0
!	Pinellas County	FREEDOM SQUARE LEARNING CENTER	(727) 398-0229	James M. Murphy, III	Nursing Assistant Certificate	150	\$928	0	!
513	Okaloosa County	FT. WALTON BEACH NURSING	(850) 863-2066	Thomas McDaniel	Nursing Assistant Certificate	300	\$350	0	0
453	Pinellas County	GREENBROOK NURSING ASSISTANT	(727) 323-4711	Sandra Ryczek	Nursing Assistant Training	120	\$130	37	37
101	Dade County	GUADALUPE VOCATIONAL INSTITUTE	(305) 559-7728	Sonia Montero	Nursing Assistant/Home Health Aide	260	\$1,500	33	33
348	Charlotte County	GULF COAST CAREER INSTITUTE,	(941) 766-0170	Mavis M. Hall	Nurse's Aide Certificate	150	\$900	43	43
349	Pinellas County	H.C.R. TRAINING CENTER	(727) 546-2405	Alma Hirsch	Nursing Assistant Training	124	\$450	91	91
!	Palm Beach County	HEALTH CAREERS INSTITUTE	(561) 615-9901	Nathalie Grant	Nursing Assistant Certificate	120	\$700	60	60
!	Palm Beach County	HEALTH CAREERS INSTITUTE			Nursing Assistant/Home Health Aide	150	\$780	0	0
351	Brevard County	HEALTHCARE DIMENSION, INC.	(407) 984-5100	F. Velina William	Nursing Assistant Diploma	150	\$450	24	12
352	Dade County	HI-TECH SCHOOL OF MIAMI	(305) 221-3423	Eric Arencibia	Nursing Assistant/Home Health Aide	555	\$1,810	75	23
352	Dade County	HI-TECH SCHOOL OF MIAMI	(305) 221-3423	Eric Arencibia	Nursing Assistant/Home Health Aide	555	\$2,131	0	!
352	Dade County	HI-TECH SCHOOL OF MIAMI	(305) 362-8040	Eric Arencibia	Nursing Assistant/Home Health Aide	555	\$2,131	0	!
361	Dade County	INTERNATIONAL TRAINING	(305) 263-9696	Zuleica Perdomo-Martell	Nursing Assistant/Home Health Aide	144	\$700	0	0
123	Dade County	INTERNATIONAL VOCATIONAL			Nursing Assistant Certificate	150	\$1,253	22	10
123	Dade County	INTERNATIONAL VOCATIONAL	(305) 754-4035	Hilda B. Allen	Nursing Assistant/Home Health Aide	350	\$2,575	4	4
!	St. Lucie County	KEISER CAREER INSTITUTE	(954) 776-4476	Larry DelVecchio	Nursing Assistant Certificate	192	\$1,330	0	0
518	Broward County	KEISER CAREER INSTITUTE	(954) 252-0002	Peter Crocitto, Jr.	Nursing Assistant Certificate	192	\$1,330	0	!
127	Broward County	KEISER COLLEGE OF TECHNOLOGY,	(954) 776-4456	Arthur Keiser	Nursing Assistant Certificate	192	\$1,120	31	22
!	Polk County	LUSTER-ALL VOCATIONAL	(941) 533-2359	Harvey J. Lester	Nursing Assistant Certificate	120	\$455	0	0
514	Lee County	MANNA SCHOOL OF MIDWIFERY AND	(941) 992-1211	Faith Heise	Nursing Assistant Certificate	120	\$400	8	0
156	Dade County	MEDICAL AND DENTAL TRAINING	(305) 821-2150	Mayra Rodriguez	Nursing Assistant/Home Health Aide	600	\$3,050	5	5
156	Dade County	MEDICAL AND DENTAL TRAINING	(350) 266-8991	Mayra Rodriguez	Nursing Assistant/Home Health Aide	600	\$3,150	0	0
170	Dade County	MIRIAM VOCATIONAL SCHOOL	(305) 264-1402	Ramon Valenti III	Nursing Assistant Diploma	320	\$2,950	52	31
456	Marion County	MUNROE VOCATIONAL INSTITUTE	(352) 351-7394	Valerie Ellsperman	Nursing Assistant/Home Health Aide	160	\$410	0	!
507	Clay County	NORTH FLORIDA INSTITUTE	(904) 269-7086	Robert Wade Barr	Nursing Assistant/Home Health Aide	300	\$680	0	0
515	Broward County	NURSES NETWORK OF SOUTH	(954) 433-1950	Donna S. Lewis	Nursing Assistant Certificate	150	\$575	0	0

· Recruitment, Training, Employment, and Retention Report on
Certified Nursing Assistants in Florida's Nursing Homes ·

Schl Cod	District	School Name	Telephone	Director	Course Title	Clock Hrs	Tuition	Tot Enroll	Tot Grads
365	Broward County	OAKLAND PARK NURSING ASSISTANT	(954) 564-7131	Esther Faustin	Nursing Assistant Training	192	\$660	10	10
!	Manatee County	OPTIMA HEALTH SERVICES, INC.	(941) 747-1585	Ronay Reed	Nurse Assistant Training	125	\$450	0	0
446	Palm Beach County	PALM BEACH VOCATIONAL	(561) 966-0551	Terry Jones Iiames	Nursing Assistant Certificate	150	\$483	125	125
369	Dade County	POLITECHNICAL INSTITUTE OF	(305) 888-5597	Ivan Cureiel	Nursing Assistant/Home Health Aide	600	\$2,450	117	26
!	St. Johns County	PONCE DE LEON TRAINING CENTER	(904) 824-3311	William Ladra	Nurse Assistant Certificate	348	\$220	0	!
198	St. Lucie County	PORT ST. LUCIE SCHOOL OF	(561) 398-0102	Mabel Smith-Duffus	Nurse's Assistant Certificate	356	\$595	80	38
450	Pasco County	RICHEY MANOR NURSING ASSISTANT	(813) 849-7555	Mary Lou Brennan	Nursing Assistant Training	120	\$175	22	22
370	Duval County	RIVER GARDEN GERIATRIC	(904) 262-8380	Olga K. Wells	Nursing Assistant Certificate	150	\$300	0	0
!	Brevard County	ROCKLEDGE NURSING ASSISTANT	(407) 632-6300	Dwayne Graham	Nursing Assistant Training	120	\$175	0	!
!	Broward County	RUBY'S ACADEMY FOR HEALTH	(954) 587-3280	Ruby Edman	Nursing Assistant Certificate	140	\$750	0	0
!	Pinellas County	SABAL PALMS HEALTH CARE CENTER	(727) 586-4211	James Mason	Nurse Assistant Training	120	\$125	0	!
215	Duval County	ST. VINCENT'S SCHOOL OF HEALTH	(904) 308-4774	Ginger Shyver Griffin	Nursing Assistant Certificate	150	\$200	40	40
!	Hillsborough County	SUNCOAST INSTITUTE OF	(813) 935-9133	Joe Parramore	Nursing Assistant/Home Health Aide	485	\$1,700	1	1
!	Palm Beach County	SUPREME EDUCATIONAL TRAINING	(561) 683-9992	Jeanette Saint Jones	Nurse's Assistant Certificate	350	\$1,105	0	0
!	Palm Beach County	THE CLINICAL ACADEMY AT ST.	(561) 881-2798	Mary Alice Pappas	Nursing Assistant Certificate	320	\$320	0	0
373	Levy County	THE HEALTH EDUCATION CENTER,	(352) 493-7700	Alice D. Graham	Nursing Assistant Certificate	132	\$490	113	99
264	Pinellas County	THE HEALTH INSTITUTE OF TAMPA	(727) 577-1497	Sharon A. Roberts	Nursing Assistant Certificate	360	\$0	0	0
449	Citrus County	THE INSTITUTE OF HEALTH	(352) 795-6200	Jenny W. Bellows	Nursing Assistant Certificate	132	\$600	85	66
255	Broward County	THE SCHOOL OF HEALTH CAREERS	(954) 777-0083	Clytie P. Campbell	Nursing Assistant Certificate	120	\$700	130	109
!	Brevard County	TITUSVILLE NURSING ASSISTANT	(407) 269-5720	Lydia Higgenbotham	Nurse Assistant Training	120	\$170	0	!
512	Sarasota County	TRAINING RESOURCES 2000, INC.	(941) 371-1834	Susan Eisman	Basic Nurse Assistant Diploma	120	\$425	0	0
517	Lee County	TRAINING RESOURCES 2000, INC.	(941) 371-1834	Susan Eisman	Basic Nurse Assistant Diploma	120	\$425	0	0
!	Broward County	TRINITY VOCATIONAL SCHOOL,	(954) 986-1754	Gabriel Thomas Smith	Nursing Assistant Certificate	160	\$650	0	0
253	Dade County	U.S. SCHOOLS	(305) 836-7424	Hugh B. Alpeter	Nursing Assistant/Home Health Aide	480	\$3,540	153	82
225	Pinellas County	ULTIMATE MEDICAL ACADEMY, INC.	(727) 298-8685	Dolores M. Fry	Nursing Assistant - Level	120	\$525	183	166
!	Dade County	UNIVERSAL TRAINING SCHOOL,		Walberto Mardini	Nursing Assistant Diploma	570	\$980	0	!
378	Dade County	VANKARA TECHNICAL INSTITUTE,	(305) 681-6121	Myra Taylor	Nursing Assistant Program	600	\$2,400	4	4
508	Dade County	VINTEX TRAINING INSTITUTE,	(305) 666-8331	Abo Omachonu	Nursing Assistant Diploma	160	\$490	0	!
!	Dade County	VOCATIONAL INSTITUTE OF	(305) 269-0772	Nohemi Yousef	Nursing Assistant/Home Health Aide	210	\$1,200	16	16
448	Sumter County	WECARE EDUCATION CENTER	(352)748-3322	Kristine Taylor	Nursing Assistant Training	120	\$0	28	28
237	Broward County	WEST BROWARD SCHOOL FOR	(954) 572-8955	Alva A. Henry	Nursing Assistant Certificate	150	\$800	56	28
519	Polk County	WINTER HAVEN HEALTH NURSING	(941) 293-3103	Bonita Bren	Nurse Assistant Training	120	\$130	0	!
382	Dade County	YECHANLAZ INSTITUTO	(305) 264-4941	Argelia Alcuria	Nursing Assistant/Home Health Aide	270	\$1,300	11	11

3,193 2,312
Graduation Rate = 72.41%

APPENDIX C: COMPLETED BEST PRACTICES SCREENING FORMS

IMPORTANT: The information contained in the individual best practices forms was provided directly by the programs/facilities. For more information, contact the programs/facilities.

BEST PRACTICES

Name of program/facility:

Abbey Delray

Address:

2105 SW 11th Court
Delray Beach, FL 33445

Phone: 561/278-3249

Contact person(s): Barbara McKenzie (bmack@gate.net)

Description of innovative recruitment, training, and retention approach(es):

Angel program—merit with recognition including paid day off
Employee referral bonus
Shift plus weekend differentials
Educational training on-site
Tuition assistance

Description of program/facility improvement as a result of this innovative approach(es)?

Annual turnover approximately 28%.

Description of available data that supports program improvement:

How long program has been implemented?

Is program still in practice?

Reason for discontinuing practice.

BEST PRACTICES

Name of program/facility:

All Saints Catholic Nursing Home

Address:

5888 Blanding Boulevard
Jacksonville, FL 32244

Phone: 904/772-1220

Contact person(s):

Description of innovative recruitment, training, and retention approach(es):

CNA training school providing 120 hours of instruction and hands-on experience. Scholarship provided for in-house staff desiring to become CNAs or those who stay for one year.

Description of program/facility improvement as a result of this innovative approach(es)?

Still have CNAs from the first class who are some of our best CNAs (employee of the month).

Description of available data that supports program improvement: None

How long program has been implemented? Three years

Is program still in practice? Yes

Reason for discontinuing practice.

BEST PRACTICES

Name of program/facility:

Amherst Wilder Foundation

Address:

919 Lafond Avenue
St. Paul, MN 55104

Phone: 651/642-4042

Contact person(s):

Description of innovative recruitment, training, and retention approach(es):

Divided the facility into nursing districts of 12 residents each.

Description of program/facility improvement as a result of this innovative approach(es)?

Improved job satisfaction, turnover dropped from 42% to less than 25%.

Description of available data that supports program improvement:

How long program has been implemented?

Is program still in practice?

Reason for discontinuing practice.

BEST PRACTICES

Name of program/facility:

Azalea Trace

Address:

10100 Hillview Road

Pensacola, FL 32514

Phone: 850/857-4958

Contact person(s): Brenda Basford, Administrator

Description of innovative recruitment, training, and retention approach(es):

Approached the local public school about CNA training since the school could not find enough CNAs interested in taking the course. The facility decided to give “scholarships” in honor of current staff to persons interested in taking the CNA training program. The \$500 scholarships paid application fees, tuition, books, uniform, ASI test, and a watch. Those obtaining scholarships basically made up all the students in the class (in effect the entire class was funded). Over 80 applications were accepted for the scholarships, but only 13 were chosen for the first class. Those that needed to work while attending the class were offered non-CNA positions at the facility.

Description of program/facility improvement as a result of this innovative approach(es)?

Description of available data that supports program improvement:

How long program has been implemented?

Is program still in practice?

Reason for discontinuing practice.

BEST PRACTICES

Name of program/facility:

Bay Village of Sarasota, Inc.

Address:

8400 Vamo Road
Sarasota, FL 34231

Phone: 941/966-5611

Contact person(s): Kathleen Murphy (ktmurphy@mindspring.com)

Description of innovative recruitment, training, and retention approach(es):

Recruitment bonus paid to active employee who recruits another. Offering pay in lieu of benefits has been a recruitment success.

Establishing a mentor program has helped with orientation. The constant inservices have improved the training factor.

Attendance incentive, appreciation, parties, and conversation meetings have helped retention.

Description of program/facility improvement as a result of this innovative approach(es)?

Communication improvement techniques have helped throughout the facility.

Offering pay in lieu of benefits helped retain a few employees that did not need benefits.

Description of available data that supports program improvement: None

How long program has been implemented?

Is program still in practice?

Reason for discontinuing practice.

BEST PRACTICES

Name of program/facility:

Bishop Gray Inn/William L. Hargrave Health Care

Address:

206 West Orange Street
Davenport, FL 33837

Phone: 941/422-4961

Contact person(s): Tracy Foster

Description of innovative recruitment, training, and retention approach(es):

In-house CNA training four times a year through local community college. Students are paid minimum wage while in class.

Description of program/facility improvement as a result of this innovative approach(es)?

Provides CNAs that we have trained from the start.
Provides better CNA retention. Only two FTEs open at this time.

Description of available data that supports program improvement:

Reduced agency use/financial statements.

How long program has been implemented? One year

Is program still in practice? Yes

Reason for discontinuing practice.

BEST PRACTICES

Name of program/facility:

Bruce Taylor Scholarship Program

Address:

Florida Health Care Association
P. O. Box 1459
Tallahassee, FL 32302

Phone: 850/224-3907

Contact person(s): Lee Ann Griffin or LuMarie Polivka-West

Description of innovative recruitment, training, and retention approach(es):

Established in 1983 and funded primarily from contributions, this program provides nursing scholarship opportunities for employees of FHCA member facilities (90% of all long-term care facilities in Florida are FHCA members).

The program supports facility employees studying to become Licensed Practical Nurses or Registered Nurses. Facilities are seen as encouraging career development and investing in individuals, resulting in improved retention.

Description of program/facility improvement as a result of this innovative approach(es)?

In 1999 to date, 22 scholarships have been awarded, totaling \$9,750. Recipients are considered by their administrators and peers to be dedicated and dependable.

Description of available data that supports program improvement:

Contracts—recipients agree to continue employment for one year in long-term care.

How long program has been implemented? 1983

Is program still in practice? Yes

Reason for discontinuing practice.

BEST PRACTICES

Name of program/facility:

Calusa Harbour

Address:

2525 East First Street
Ft. Myers, FL 33801

Phone: 941/332-3333

Contact person(s): Chris Brookshire

Description of innovative recruitment, training, and retention approach(es):

Plug-a-shift. We pay additional \$ if a CNA picks up additional shift(s) on top of regular schedule.

Computer-interactive training (Marriott).

Recognition = retention, rewards for recruiting new employees.

Recruitment bonuses for staff who bring in new employees, pay additional bonus for additional shifts worked to "plug-a-shift."

Description of program/facility improvement as a result of this innovative approach(es)?

Increased staffing.

Slower turnover.

Description of available data that supports program improvement:

How long program has been implemented? June through October 1999

Is program still in practice? No

Reason for discontinuing practice.

Cost and staffing has improved.

BEST PRACTICES

Name of program/facility:

CNA Essay Contest

Address:

Florida Health Care Association
P. O. Box 1459
Tallahassee, FL 32302

Phone: 850/224-3907

Contact person(s): Lee Ann Griffin or LuMarie Polivka-West

Description of innovative recruitment, training, and retention approach(es):

The CNA Essay Contest is conducted annually and promoted statewide among FHCA member facilities (90% of all long-term care facilities in Florida are FHCA members). The themed contest encourages CNAs to write about their jobs, the particular challenges they face daily, and the satisfaction unique to their occupation.

Description of program/facility improvement as a result of this innovative approach(es)?

Awards are given in the amounts of \$500 (1st place), \$300 (2nd), and \$200 (3rd). Additionally, facilities and districts recognize submissions locally, and winning essays are published in the association's state newsletter.

Description of available data that supports program improvement:

How long program has been implemented?

Is program still in practice?

Reason for discontinuing practice.

BEST PRACTICES

Name of program/facility:

CNA Test Prep Course

Address:

Florida Health Care Association
P. O. Box 1459
Tallahassee, FL 32302

Phone: 850/224-3907

Contact person(s): Lee Ann Griffin or LuMarie Polivka-West

Description of innovative recruitment, training, and retention approach(es):

Through this CNA hiring/certification initiative, facility-based, on-the-job preparation is made available at no cost to individuals who wish to pursue a career in health care as a certified nurse assistant. Because the test prep courses are offered in long-term care facilities, this mitigates access barriers, as problems of scheduling, child care, and transportation can be addressed in the more flexible environment of facility-based instruction. The CNA Test Prep Course includes a ten-day (80-hour) course, which is fully OBRA compliant, as well as student reviews and self-tests.

Description of program/facility improvement as a result of this innovative approach(es)?

Since June 1999, 220 facilities in Florida have participated in the CNA Test Prep Course. Conservatively, 748 individuals have been students of the CNA Test Prep Course.

Description of available data that supports program improvement:

Early written reports are showing 90% of students who complete the Test Prep Course pass the CNA exam.

How long program has been implemented? June 1999

Is program still in practice? Yes

Reason for discontinuing practice.

BEST PRACTICES

Name of program/facility:

Council on Aging of Volusia County

Address:

160 North Beach Street
Daytona Beach, FL 32115

Phone: 904/253-4700

Contact person(s): Gail Camputaro (gcamputaro@coaiaa.org)

Description of innovative recruitment, training, and retention approach(es):

We start CNAs at \$6.50/hour, include benefits (health insurance, agency paying 80%, employee 20% after six months).

We have a retirement plan that the agency matches after two years of employment.

We do an employee satisfaction survey annually and respond to all comments.

At Easter, we take a few staff from each department to lunch with managers, selection through a drawing.

Annually, recognize years of service with a mall gift certificate.

We send a personal card of congratulations to each employee on their anniversary date, with the Director writing a personal message on each.

We have an internal staff newsletter with health tips, agency news, and compliments given to employees by clients.

We use the internet, accessing Employers Association of Florida as a link.

We post help-wanted notice at some child day care centers for parents who may be looking for a job.

We're planning to start an employee referral bonus next year.

We started a suggestion box with an award for the best suggestion each month.

We started a three-hour new employee orientation, which includes an agency overview of services and organization structure as well as budget information. The orientation provides sensitivity training and a review of the employee handbook.

Description of program/facility improvement as a result of this innovative approach(es)?

Description of available data that supports program improvement:

How long program has been implemented?

Is program still in practice?

Reason for discontinuing practice.

BEST PRACTICES

Name of program/facility:

Covenant Village Care Center

Address:

9211 West Broward Blvd.

Plantation, FL 33324

Phone: 954/472-8290

Contact person(s): Terri-HCA

Description of innovative recruitment, training, and retention approach(es):

Increased wage scale

Every other weekend off

Non-specific

Ads in paper

Description of program/facility improvement as a result of this innovative approach(es)?

No employee award

Bonuses: residents give donation, initiated themselves

Uniform allowance \$50/year

Tuition waiver for training, training in-house

Description of available data that supports program improvement: None

How long program has been implemented?

Is program still in practice?

Reason for discontinuing practice.

BEST PRACTICES

Name of program/facility:

Cypress Village Health Care Center

Address:

4600 Middleton Park Circle East
Jacksonville, FL 32224

Phone: 904/223-6100

Contact person(s): Lu Apostol

Description of innovative recruitment, training, and retention approach(es):

Recruitment is done through newspaper advertisement, personal advertisement by employees, residents' families and friends; job fairs and visits to schools that train CNAs. Orientation and inservice training are done through classroom sessions conducted by the staff development coordinator and through clinical area supervision and training by nursing staff. A checklist is used to ensure that CNAs have the necessary knowledge and skills for safe practice.

Inservice training programs are held frequently where invited speakers share their knowledge and expertise. Retention is achieved by management and staff support for the CNAs through rewards for good work (use of sparkle cards); verbal expression of appreciation; promising them in public; free meals when working extra shifts; monetary bonus for working extra weekends. Celebrations for goals achieved in QI where CNAs are members.

Description of program/facility improvement as a result of this innovative approach(es)?

The program resulted in decreased CNA turnover. Some resignations did occur due to personal and family reasons.

Description of available data that supports program improvement:

Computer printout of information regarding CNA resignations.

How long program has been implemented? Over one year

Is program still in practice? Yes

Reason for discontinuing practice.

The only incentive that was discontinued by administration is the free meal when working extra shifts as a cost-cutting measure.

BEST PRACTICES

Name of program/facility:

The Eden Alternative

Address:

www.edenalt.com

Phone:

Contact person(s): Bill and Judy Thomas

Description of innovative recruitment, training, and retention approach(es):

The Eden Alternative uses the primary caregiver concept to eliminate the chaos in nursing homes. After using this system for about a year, plants and animals (living things) are introduced into the facility to complete the Eden process. Facilities that have tried the approach report their residents are healthier, their staff are more relaxed, there is less turnover, and everyone is happier.

Description of program/facility improvement as a result of this innovative approach(es)?

Description of available data that supports program improvement:

How long program has been implemented?

Is program still in practice?

Reason for discontinuing practice.

BEST PRACTICES

Name of program/facility:

Genesis ElderCare Regional Office

Address:

8800 Grand Oak Circle, Suite 400
Tampa, FL 33636

Phone: 813/558-6500

Contact person(s): Cherry Pfau

Description of innovative recruitment, training, and retention approach(es):

We have positions available for people with CNA training. They are CNA, Geriatric Nursing Assistant Specialist (GNAS), Restorative Nursing Assistant, Senior Nurse Aide, and Senior Nurse Aide Coordinator. Our GNASs participate in recruiting and orienting new CNAs, providing inservice programs to other CNAs, accompanying our Social Workers on post-discharge home visits, and participating in the Full Life Conferences and Nursing Care Planning meetings. Providing on-site CNA Test Prep Programs have been our best method of recruiting new staff to fill our CNA vacancies. We have offered literacy courses, English as a Second Language courses, and many other skill-building programs. This year we implemented a standardized orientation program and process that is delivered in centers by Regional Staff Development Coordinators. We are collecting data on retention of the employees who attend this program, but it is too early to analyze the results.

Description of program/facility improvement as a result of this innovative approach(es)?

Our retention rate for the GNAS program over five years is 82%.

Description of available data that supports program improvement: Written report

How long program has been implemented? Seven years

Is program still in practice? Yes

Reason for discontinuing practice.

BEST PRACTICES

Name of program/facility:

Gulf Coast Village

Address:

1333 Santa Barbara Blvd.
Cape Coral, FL 33891

Phone: 941/772-1333

Contact person(s): Rhonda Malone (RhondaM@gulfcoastvillage.org)

Description of innovative recruitment, training, and retention approach(es):

Wage survey completed on an ongoing basis. Increased wages. Added a sign-on bonus, plus a recruiting bonus for existing staff members. Increased weekend incentive. Paid out bonuses for picking up extra shifts when needed.

Formed RSR Super Team with staff from different departments to work on recruitment, selection, and retention.

Description of program/facility improvement as a result of this innovative approach(es)?

Brought management and staff together to work on company goals. Stabilized staffing in skilled care center.

Description of available data that supports program improvement: None

How long program has been implemented?

Is program still in practice? Yes

Reason for discontinuing practice.

BEST PRACTICES

Name of program/facility:

Hearthstone Alzheimer Care Assisted Living Facility

Address:

271 Lincoln Street
Lexington, MA 02421

Phone: 781/674-2884

Contact person(s): John Zeisel, Principal of Hearthstone

Description of innovative recruitment, training, and retention approach(es):

Offer training on Alzheimer's disease, psychosocial aspect, as well as physical condition.
Matches older CNAs with younger CNAs for mutual support.

Description of program/facility improvement as a result of this innovative approach(es)?

Description of available data that supports program improvement:

How long program has been implemented?

Is program still in practice?

Reason for discontinuing practice.

BEST PRACTICES

Name of program/facility:

Henry W. Brewster Technical Center

Address:

2222 North Tampa Street
Tampa, FL 33602-2196

Phone: 813/276-5448

Contact person(s): Robert M. Velarde

Description of innovative recruitment, training, and retention approach(es):

Community partnership between Gulfcoast North Area Health Education Center, Beth-El Presbyterian Missions, the School District of Hillsborough County's Adult Migrant and Seasonal Farmworker Program and Brewster Technical Center. Recruited and trained migrant farmworkers living in southern Hillsborough County as nursing assistants to alleviate shortage of nursing assistance in the long-term care facilities in Sun City Center.

Potential students were identified by the Beth-El Mission and the school district. Classes were offered at the Beth-El Mission in Wimauma. Childcare was provided by the mission. In addition, the mission also provided the evening meal. Classes were held two evenings a week. Funding for the class was provided through WIA, the Migrant and Seasonal Farmworker Program, or a grant administered by the Catholic Charities. The students' clinical practicum was conducted at a long-term care facility in Sun City Center on Saturdays.

Description of program/facility improvement as a result of this innovative approach(es)?

There is a limited number of nursing assistance classes in southern Hillsborough County and none that were particularly geared to the recruitment of Hispanics, which are underrepresented in the profession. This program did not cost the long-term care facilities any monies, other than using the facility for the clinical practicum.

Description of available data that supports program improvement: None

How long program has been implemented?

Is program still in practice? Yes

Reason for discontinuing practice.

BEST PRACTICES

Name of program/facility:

Indian River Estates Medical

Address:

2200 Indian Creek Blvd. East
Vero Beach, FL 32966

Phone: 561/562-7400

Contact person(s): George Bryan NHA

Description of innovative recruitment, training, and retention approach(es):

Recruitment bonus

Sign-on bonus

Employee recognition

Employee recognition/incentive programs

Description of program/facility improvement as a result of this innovative approach(es)?

Hired adequate staff, decreased staffing shortages.

Description of available data that supports program improvement: None

How long program has been implemented? Three months

Is program still in practice? No

Reason for discontinuing practice.

Temporary intervention to address staffing needs quickly and effectively.

BEST PRACTICES

Name of program/facility:

Joseph L. Morse Geriatric Center

Address:

4847 Fred Gladstone Drive
West Palm Beach, FL 33417

Phone: 561/687-5762

Contact person(s): Vicky Porter (hr_morse@hotmail.com)

Description of innovative recruitment, training, and retention approach(es):

Advertising in media that is mailed directly to the homes of CNAs without any cost to them, such as local advertising media (Penny Saver) and direct mailing from MGC to licensed CNAs in zip codes with close proximity to the center.

Refer-a-Friend program where staff receive money for referring their CNA friends and acquaintances to work for Morse. The money received is based on retention of both CNAs.

Contacts with the local employment agencies in the community, such as Workforce Development and Goodwill, that refer individuals to our facility.

Contacts with the local schools and universities and continually post openings at these sites.

Participation in local job fairs through both schools and community-based programs.

Developed and implemented a program titled "Best Foot Forward" where our team goes to the local schools and universities and trains potential employees in resume and interviewing skills demonstrated through discussion and role play.

MGC participates in clinical rotations with local health occupation schools. Human Resources meets with each group of clinical students and provides an introduction and orientation to MGC.

MGC provides a two-day facility-wide orientation that provides new CNAs with a general overview of the center and the benefits and programs available to them. This is followed up by a three-day orientation on the floor working with another CNA "mentor."

MGC offers tuition reimbursement and scholarship programs to encourage CNAs to utilize those benefits to further their career goals.

MGC provides and offers in-house training courses to update certificates, including CPR, HIV and bi-annual restorative CNA classes.

MGC includes CNAs on the team for MDS data collection and care plan process to enhance their team contribution and involvement.

MGC includes CNAs on the Nursing Quality Council Safety Committee to enhance their involvement in problem analysis and solution implementation.

MGC has a progressive compensation program for pay and performance that is reviewed bi-annually through an extensive salary survey of various health care organizations in the county. Reviews often result in salary adjustments according to market conditions and changes in duties and responsibilities.

MGC has an extensive benefits package that includes medical, dental, life, LTD, 403(b).

MGC offers accrued time off, which allows for flexibility in scheduling for holidays, personal, sick time, and vacation.

MGC realizes the importance of the CNA role within the organization and has created numerous recognition programs, including: Recognition Program for 5, 10, and 15 years of service; Attendance Jackpot Award; Quarterly Employee Excellence Awards; Annual Holiday Party; and Annual Employee Appreciation Picnic.

MGC reviews all resignations and conducts exit interviews to determine reasons for leaving MGC.

MGC has an open-door policy and encourages CNAs to come into Human Resources or to speak with their supervisor with any problems or concerns that will be discussed with strict confidentiality.

MGC may adjust CNA schedules and work hours as needed to accommodate and retain CNAs during difficult family emergency situations.

Description of program/facility improvement as a result of this innovative approach(es)?

As a result of implementing these initiatives and programs, MGC has exposed itself to many potential employees in the community and retained its tenured CNAs through benefits programs and consistency with policies and procedures and follow through in implementing new programs.

Description of available data that supports program improvement:

QA information such as computer-generated exit interviews, orientation and Best Food Forward, ABRA turnover reports.

How long program has been implemented? Approximately five years

Is program still in practice? Yes

Reason for discontinuing practice.

BEST PRACTICES

Name of program/facility:

Learey Technical Center—Hillsborough County Schools

Address:

5410 North 20th Street
Tampa, FL 33610

Phone: 813/231-1847

Contact person(s): Judith H. Thom, RN, MA, Dept. Head, Health Industry Services

Description of innovative recruitment, training, and retention approach(es):

Hillsborough Schools hired certified RN instructors and sent them into the nursing homes to teach state-approved 120-hour classes for nursing assistants. The nursing homes provided the classroom, practice equipment, environmental support, and clinical experiences for the students. The school district paid the teacher's salaries, benefits, and travel expenses. The students were usually employees of the host facility and attended class each week on their day off. The facilities made sure students were not scheduled to work on class days, nor the 11-7 shift before class day. The only cost to the student was the cost of their book and liability insurance. No tuition was charged by the school since class was not being held in a district school building.

Over the years, the program has grown to include seven full-time instructors and 12 part-time instructors. Just under 500 students are in the program each year in classes held in 14 area nursing homes. Three classes are offered in Spanish. The partnership between the facilities and the school district has continued to produce quality nursing assistants at a cost to each student of less than \$100. Class hours have been adjusted to meet changing state requirements and students now meet two or three days per week in order to complete the class within the four-month employment windows allowed by Florida. Open-entry, open-exit classes allow new or prospective employees to enter class at any week and graduate 18 class days later.

Description of program/facility improvement as a result of this innovative approach(es)?

We have been the primary provider of CNAs in Hillsborough County since 1982.

Description of available data that supports program improvement:

We have statistics on graduation, state test pass/fail rates, and job placement for our students. Written data.

How long program has been implemented? Since 1982

Is program still in practice? Yes

BEST PRACTICES

Name of program/facility:

Life Care Center Career Climb Scholarship Fund

Address:

Florida Health Care Association
P. O. Box 1459
Tallahassee, FL 32302

Phone: 850/224-3907

Contact person(s): Lee Ann Griffin or LuMarie Polivka-West

Description of innovative recruitment, training, and retention approach(es):

This fund is intended to promote the present and future well-being of the long-term care industry through educational advancement and higher career goals of employees working either full- or part-time in FHCA member facilities (90% of all long-term care facilities in Florida are FHCA members).

Employees interested in pursuing non-nursing licensure or degrees; for example, therapy, administration, or dietary, may apply for this scholarship.

Description of program/facility improvement as a result of this innovative approach(es)?

In 1999 to date, the Career Climb fund has awarded seven scholarships, totaling \$3,750. Recipients exhibit a high standard of commitment and integrity.

Description of available data that supports program improvement:

Contracts—recipients agree to continue their employment in long-term care for one year after receipt of scholarship.

How long program has been implemented? 1997

Is program still in practice? Yes

Reason for discontinuing practice.

BEST PRACTICES

Name of program/facility:

Mayflower Retirement Center

Address:

1620 Mayflower Court
Winter Park, Fl 32792

Phone: 407/672-1620

Contact person(s): John Hoyt (Hoytjt@aol.com)

Description of innovative recruitment, training, and retention approach(es):

None special—just good benefits and a nice place to work where resident-to-staff ratios are reasonable.

Description of program/facility improvement as a result of this innovative approach(es)?

We are a ten-year-old facility with many employees who have been here all that time. Almost half or 20 of 44 staff have been here more than three years. Only 18% have been here less than one year.

Description of available data that supports program improvement:

Written reports on turnover.

How long program has been implemented? Several years

Is program still in practice? Yes

Reason for discontinuing practice.

BEST PRACTICES

Name of program/facility:

Menorah Manor

Address:

255 59th Street North
St. Petersburg, FL 33710

Phone: 727/345-2775

Contact person(s): Joe Bonafede

Description of innovative recruitment, training, and retention approach(es):

A method of retention—we implemented an uncovered shift differential of \$15 per shift being covered.

Description of program/facility improvement as a result of this innovative approach(es)?

We do fill some shifts, however, has not resolved problem.

Description of available data that supports program improvement: None

How long program has been implemented? Three months

Is program still in practice? Yes

Reason for discontinuing practice.

BEST PRACTICES

Name of program/facility:

Miami Gardens Care Centre

Address:

190 NE 191 Street
Miami, FL 33179

Phone: 305/651-9690

Contact person(s): Rick Katz

Description of innovative recruitment, training, and retention approach(es):

We provide subsidized child care to all of our staff. The child care center is on-site.

We offer the following additional employee benefits: health insurance (we pay 75%); vision, dental, life and disability insurance; credit union, 401K, and Employee Assistance Program.

Description of program/facility improvement as a result of this innovative approach(es)?

Because of these benefits, our facility turnover is around 14%. Staff longevity provides continuity of care for our residents with great outcomes.

Description of available data that supports program improvement:

A written report can be provided upon request.

How long program has been implemented? Since we opened in 1992.

Is program still in practice? Yes

Reason for discontinuing practice.

BEST PRACTICES

Name of program/facility:

Mt. Sinai-St. Francis

Address:

201 NE 112th Street
Miami, FL 33161

Phone: 305/899-4700

Contact person(s): Ted Duay

Description of innovative recruitment, training, and retention approach(es):

Labor consultant who visits the facility monthly to talk with employees. He brings problems to management's attention so that they may be resolved in a timely manner. Often, employees are more comfortable talking to him than to management. Assures a good line of communication.

Periodically, the DON will review wages of CNAs to assure that they are being paid fairly in relation to their peers. Where appropriate, an adjustment is made. This is done automatically, without request by the CNAs.

Monthly, an employee of the month is chosen. This individual receives recognition, a certificate, \$75, a month's worth of meal tickets, and a preferred parking space. This individual is then eligible for employee of the year - \$150.

During the year, our Pastoral Care Department raises money for employee gifts. At Christmas, every employee in the building receives a gift.

At Thanksgiving, every employee receives a turkey.

Monthly, the Executive Director holds a general staff meeting with employees. He communicates with them everything that is going on in the building, dispels rumors, and fields employee questions – good communication.

Every Wednesday, the facility makes popcorn in its industrial popcorn maker.

In preparation for JCAHO, employees were quizzed on JCAHO questions. Employees received from \$1-\$20 for each question answered correctly.

Monthly, the facility directors have a 7:00 a.m. breakfast with the 11 p.m.-7 a.m. shift. They are told what is going on in the building and the directors are available to resolve any issues.

At least three times a year, a facility party is held for the staff. The directors serve the staff and take care of the clean up.

Always have a celebration for CNA Week.

One weekend, the CNAs were short-staffed and worked especially hard. Each one received a letter of thanks and a gift certificate.

Last year, our health insurer increased employee premiums for approximately 20%. The facility absorbed the entire increase in premiums.

The Executive Director maintains an open-door policy. Any employee may speak with him about any issue.

For the facility anniversary party last year, a contest was held to design the logo for the anniversary T-shirt. The employee who designed the winning logo received a gift certificate.

Description of program/facility improvement as a result of this innovative approach(es)?

Description of available data that supports program improvement:

How long program has been implemented?

Is program still in practice?

Reason for discontinuing practice.

BEST PRACTICES

Name of program/facility:

The Palms of Sebring

Address:

725 S. Pine Street
Sebring, FL 33870

Phone: 863/385-0161

Contact person(s): David C. Zack

Description of innovative recruitment, training, and retention approach(es):

We are trying an incentive program where employees will get a referral bonus. The program has not been implemented yet, but details may include \$250 to employee when new employee is hired and another \$250 after they are there for six months.

Description of program/facility improvement as a result of this innovative approach(es)?

Description of available data that supports program improvement:

How long program has been implemented?

Is program still in practice?

Reason for discontinuing practice.

BEST PRACTICES

Name of program/facility:

River Garden Hebrew Home and Wolfson Center

Address:

11401 Old St. Augustine Road
Jacksonville, FL 32258

Phone: 904/260-1818

Contact person(s): Marty Goetz

Description of innovative recruitment, training, and retention approach(es):

Have increased starting wages for CNA from \$7.50-\$9.00 plus a shift differential for evening and night shifts of 35-38¢/hour.

Note: We have been doing other innovative things for years, but to handle the current crisis, raising wages was our only choice.

Description of program/facility improvement as a result of this innovative approach(es)?

Reduced CNA vacancies from 23 to 1.

Reduced use of agency staff and OT dramatically. Virtually not used now.

The staffing issue for us became purely economics in these tight labor markets.

Description of available data that supports program improvement:

How long program has been implemented? Two months

Is program still in practice? Yes

Reason for discontinuing practice.

BEST PRACTICES

Name of program/facility:

Shell Point Village

Address:

15000 Shell Point Boulevard
Ft. Myers, FL 33908

Phone: 941/454-2162

Contact person(s): Karen Anderson (karenanderson@shellpoint.org)

Description of innovative recruitment, training, and retention approach(es):

Increased pay rates to be more competitive in market.

Advertising in Miami (we are on the west coast) promoting our geographical pluses (offered relocation bonus).

Worked with Workforce Development Board to offer CNA class on-site. We drew from WAGES participants to get students.

Description of program/facility improvement as a result of this innovative approach(es)?

The increased pay rates helped retention and have helped to encourage employee referrals.

Have hired five CNAs from the Miami area (response was very good).

Hired four CNAs from the Workforce Development Program.

Description of available data that supports program improvement: None

How long program has been implemented?

Pay rates were increased in August, will continue to recruit in Miami after the holidays.

Is program still in practice?

Reason for discontinuing practice.

Workforce Development Program has not continued. They were difficult to work with (communication to their WAGES clients is extremely poor). Will continue to try and build that relationship.

BEST PRACTICES

Name of program/facility:

St. Barnabas Health System

Address:

5830 Meridian Road
Gibsonia, PA 15044

Phone: 724/443-0700

Contact person(s): Margaret Horton-Personnel Director, Karen Tabacchi-Administrator,
Ellen Bertolino, RN-Nursing Director

Description of innovative recruitment, training, and retention approach(es):

Improved initial interview process.

Included current staff in hiring process.

Implemented a two-week training program.

Buddy system in place, includes training for the seasoned staff to train the new staff.

Increased training for all staff on non-clinical issues, psychosocial issues, death and dying and patient dignity.

Assign fewer patients to staff on a more permanent basis.

Description of program/facility improvement as a result of this innovative approach(es)?

First two years turnover rate dropped to 39%, in 1996, down to 27%.

Description of available data that supports program improvement:

How long program has been implemented?

Is program still in practice?

Reason for discontinuing practice.

BEST PRACTICES

Name of program/facility:

Sunnyside Nursing Home

Address:

5201 Bahia Vista Street
Sarasota, FL 34232

Phone: 941/371-2729

Contact person(s): Fern Eash (fuebso@aol.com)

Description of innovative recruitment, training, and retention approach(es):

Recruitment: posting positions, newspaper advertising, word of mouth, referrals

Training: orientation (facility and position), inservices, and education

Retention: benefits package-paid health insurance, life insurance, vacation, holidays and personal leave; quarterly employee recognition (gifts and/or monetary); employee of the month recognition; end of month appreciation treat for all staff; raises.

Description of program/facility improvement as a result of this innovative approach(es)?

Description of available data that supports program improvement:

How long program has been implemented? 20 years

Is program still in practice? Yes

Reason for discontinuing practice.

BEST PRACTICES

Name of program/facility:

“Take Time to Care” Vetter Health Services, Inc.

Address:

5020 South 118th Street
Omaha, NE 68137

Phone: 402/895-3932

Contact person(s): Bernie Dana, Executive VP

Description of innovative recruitment, training, and retention approach(es):

Four one-hour modules focusing on customer service, problem solving, and taking care of themselves to avoid burnout are given to NAs (employees)

Description of program/facility improvement as a result of this innovative approach(es)?

Turnover rate 77.6% in 1990, 67.9% in 1991 (half the facilities had implemented the program).
Turnover rate 60% in 1992, by first half of 1995 was at 59.8%. (These numbers may include all departments.)

Description of available data that supports program improvement:

How long program has been implemented?

Is program still in practice?

Reason for discontinuing practice.

BEST PRACTICES

Name of program/facility:

The Waterford

Address:

601 Universe Boulevard

Juno Beach, FL 33408

Phone: 561/627-3800

Contact person(s): Lu Cass

Description of innovative recruitment, training, and retention approach(es):

Sign-on bonuses at times, referral bonus

Inservice by ancillary, staff involvement

Encouraged to participate in meetings

During time of need, sign-on bonuses were issued

Monthly inservices. Monthly meetings—the CNAs are always included

Description of program/facility improvement as a result of this innovative approach(es)?

The bottom line—"Teamwork"

Description of available data that supports program improvement: None

How long program has been implemented?

Is program still in practice?

Reason for discontinuing practice.

BEST PRACTICES

Name of program/facility:

Winter Park Towers

Address:

1111 South Lakemont Avenue, #10
Winter Park, FL 32792

Phone: 407/647-4083

Contact person(s): Joyce Patton

Description of innovative recruitment, training, and retention approach(es):

Posting in-house positions before we advertise.
Participant of Presbyterian Retirement Community's inhouse training of CNAs.
Holiday pay and shift difference paid to all (RNs, LPNs and CNAs).
Benefits package (medical, dental, life, retirement, TSA, LTD)
Many incentives (birthday cards with movie tickets, discounted meals, facility and departments' parties, cookouts, etc.)
Employee referral programs
Inhouse training programs (CEUs)
Pay-in-lieu (20%) of benefits (for all RNs, LPNs and CNAs) offered to part-time and full-time

Description of program/facility improvement as a result of this innovative approach(es)?

Description of available data that supports program improvement:

How long program has been implemented?

Is program still in practice?

Reason for discontinuing practice.

APPENDIX D: SURVEY OF FLORIDA NURSING HOMES

Please take this fax to your Director of Nursing

Memo to: DON

URGENT

From: LuMarie Polivka-West, Director of Policy

Subject: **Questions for the Dept. of Elder Affairs CNA Task Force**

Date: October 28, 1999

The following information is requested for your facility. Please fax this information back to 850/224-9155 by November 1. If you have any questions, please call LuMarie or Tony at 800/771-3422.

1. Data to estimate your excess cost for Agency CNAs for the **July, August, September payroll quarter.**

Agency CNA Hours _____ Total Agency CNA Cost _____

Average Facility CNA wage rate from your most recent payroll report _____

Estimated Benefits percentage _____

2. What is your opinion about agency staffing of CNAs in nursing homes?

3. Have you restricted admissions into your facility in the past year in order to maintain compliance with the CNA staffing standard? ___Yes ___No

Have you restricted admissions into your facility in the past year in order to maintain compliance with the nursing staffing standard? ___Yes ___No

4. Please apply the following turnover formula to track your facility CNA turnover rate:

a. Using your employee records, determine the average number of nursing assistants who were on the **payroll for the past quarter.** _____

b. Determine from your employee records how many nursing assistants left your facility during the **past quarter.** _____

Facility Location: Northwest__ Northeast__ Central__ Southeast__ Southwest__
urban__ rural__

Optional: Name of Facility_____ Person responding_____ tel #_____
fax#_____

Return fax to 850/224-9155. Thank you very much.

