



2013

Occupational Gap Analysis Report

Direct Care Workers

Personal & Home Care Aides
Home Health Aides
Certified Nursing Assistants
Patient Care Technicians

Produced by the Regional Employment
Board of Hampden County on behalf of the
Healthcare Workforce Partnership of
Western Massachusetts – July 2013



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Occupational Gap Analysis Report

Direct Care Workforce

Summary

Direct care workers (DCWs) are critical members of the healthcare team. DCWs have a variety of occupational titles including, Personal Care Attendants (PCAs), Home Care Aides (HCAs), Home Health Aides (HHAs), Certified Nursing Assistants (CNAs), and Patient Care Technicians (PCTs). They work directly with clients, residents, patients, consumers and their families in multiple care settings. The Western MA direct care workforce is larger than almost any other occupational grouping and among the fastest growing in the region. The growth of our aging citizenry, who will live longer with more severe chronic conditions – and a demographic shift in which the population of older adults requiring care will exceed the population of younger adults available to provide that care - will further increase the demands on and for DCWs in all settings.

In March 2012, The Healthcare Workforce Partnership of Western Massachusetts identified several priority occupations for future research and career pathway development. Direct care workers were selected as a priority occupation. From January – May 2013, the partnership conducted a formal gap analysis to 1) aggregate available labor market data, 2) better understand issues related to the direct care workforce and 3) help define common career pathway elements linked with related occupations.

Methodology

The Partnership used a variety of methods to collect data during the gap analysis, including:

- Partnership meetings with employer, education and workforce development representatives
- Online employer survey with 29 employers representing long term care, assisted living, home health, acute care or healthcare insurance/primary care
- Review of DCW competencies
- Review of real time job postings
- Review of training and education programs, including certification pass rates
- Preliminary review of evidence-based strategies to address DCW challenges

Gap Analysis Findings

This report summarizes the results of the gap analysis process, identifies evidence-based strategies that could be used to address direct care workforce issues and makes recommendations for next steps. Below are some of the findings organized according to the report sections.

Supply and Demand of Direct Care Workers

- **Direct care workers are in demand:** Over the next 12 months (April 2013-March 2014), regional employers project the strongest demand for will be for CNAs and HHAs. Over the next three years, anywhere from 430-730 new DCW openings are anticipated by employers who responded to the survey.
- **Qualified workers wanted:** Quality DCWs are directly linked to patient satisfaction and the quality of care delivered in many care settings and at home. Regional training and education programs produce over 800 CNAs in 2012, but still employers cite challenges recruiting and retaining qualified workers to fill current and projected positions.
- **Part time work is common:** DCW jobs can be full time, part time or per diem but an

estimated 44% of direct care workers in Massachusetts have part time positions. Many balance multiple part time positions. While federal and state training dollars support individuals in becoming direct care workers, low wages force many to maintain public assistance to meet basic needs. Since long term care and home health care are largely dependent on federal and state public funding (Medicare, Medicaid) adequate public payment is required to sustain or increase staff wages.

Education and Training

- **More individual assessment needed:** Many individuals enter the healthcare industry who are neither workplace ready nor considered an “industry fit” with the requisite person-centered care philosophy or attitude. The workforce development system and training providers rely on a basic assessment called the test of adult basic education (TABE) which is not adequate to ensure a quality workforce.
- **Training typically exceeds state requirements:** Many regional training and education providers have expanded their certified nursing assistant programs beyond the state mandated 75 hours to meet employer demand for higher quality workers. Training and education providers seek greater feedback from employers about how to improve their programs
- **Updated Curriculum and Career Pathways Needed:** Training requirements vary across occupations despite common core competencies. The state’s CNA regulations have not been updated for almost 30 years. As entry-level positions with minimal education and varying training requirements, standardized career pathways do not exist and customized training programs have developed throughout the region. Articulated career pathways for direct care workers are improving, and the state should establish standards using the competencies defined by the Personal and Home Care Aide State Training (PHCAST) and update state legislation rather than promulgate additional customized programs.

Competencies and Skill Gaps

- **Skill gaps exist:** Employers cite specific DCW technical and essential skill gaps in both new and incumbent workers. Technical skill gaps include time management, communications and patient-centered care. Essential skill gaps include dependability and reliability, workplace etiquette, multi-tasking and conflict diffusion
- **Supervisors critical to retention of quality workers:** Based on results from the Extended Care Career Ladder Initiative (ECCLI) and regional experience, quality supervision is essential to retaining quality direct care workers. Employers cite skill gaps among supervisors including leadership, communication, time management, coaching and team building.

Recruiting, Hiring and Retention

- **Transition to practice can be difficult:** Transitioning into a DCW position can be challenging for a variety of reasons, including the ability to meet employer expectations, managing caseloads, satisfying employee expectations, identified skill gaps and personal issues. Targeted support services, peer mentoring and coaching can effectively assist new worker transition.

Suggested next steps to address the identified gaps are included in the final section of the report, “Partnership Next Steps” on page 19. This report was produced by the Regional Employment Board of Hampden County on behalf of the Healthcare Workforce Partnership of Western Massachusetts. For a list of partner organizations see Appendix A. For more information please contact Kelly Aiken,

Direct Care Worker Occupational Overview

To begin the gap analysis process, the partnership reviewed the US Bureau of Labor Statistics to identify relevant job titles. The following occupations were reviewed:

- Nursing aides, attendants and orderlies (herein referred to as Certified Nursing Assistants)
- Patient Care Technicians (a subcategory of Nursing Aides, attendants and orderlies)
- Home Health Aides
- Personal care and home care aides

After looking at the different occupations, the Partnership used the following definition of DCWs:

Occupational Definition – Direct Care Workers are the “frontline” paid caregivers who provide daily living services and supports to the elderly and persons with disabilities and chronic care needs. (Source: www.PHInational.org)

Direct care workers work in a variety of care settings including the following types of organizations:

- Consumer homes
- Home health and visiting nurse agencies
- Home care agencies
- Long term care and rehabilitation facilities
- Assisted living facilities
- Skilled nursing facilities
- Acute and long term acute care hospitals
- Community-based settings such as group homes

Table 1 provides an overview of available occupational data provided by the US Bureau of Labor Statistics, including job titles, employers, description, education and certification.

Table 1: Direct Care Worker Occupational Overview, US Bureau of Labor Statistics, November 2012

| Career and Occupation | Job Titles and Employment | Description |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Nursing Aides, Attendants and Orderlies SOC: 31-1014.00 <i>Certification: MA Nursing Assistant Certification (administered by Red Cross)</i> | Sample of job title(s): Certified Nursing Assistant, Nurses’ Aides, Orderlies, Attendants, Patient Care Technicians <i>Employers: Long-term Care Facilities, Long-term Acute Care Hospital, Acute Care Hospitals (with additional training)</i> | Provide basic patient care under direction of nursing staff. Perform duties such as feed, bathe, dress, groom, or move patients, or change linens. May transfer or transport patients. Includes nursing care attendants, nursing aides, and nursing attendants. |
| Home Health Aides (HHA) SOC: 31-1011.00 | Sample of job title(s): Home Health Aides (HHA), Home Care Aides, | Provide routine individualized healthcare such as changing bandages and dressing wounds, and applying topical medications to the elderly, convalescents, or persons |

| Career and Occupation | Job Titles and Employment | Description |
|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>Certification:</i> No standardized certification. | <i>Employers:</i> Home Health Agencies, Home Care Agencies, Visiting Nursing Associations, Assisted Living Facilities | with disabilities at the patient's home or in a care facility. Monitor or report changes in health status. May also provide personal care such as bathing, dressing, and grooming of patient. |
| Personal & Home Care Aides (PCA) SOC: 39-9021.00 <i>Certification:</i> None | Sample of job title(s): Personal Care Aides (PCA), Home Care Aides, Personal Care Homemakers <i>Employers:</i> PCAs hired by the consumer/patient/ family. Personal Care Homemakers hired by Home Care Agencies | Assist the elderly, convalescents, or persons with disabilities with daily living activities at the person's home or in a care facility. Duties performed at a place of residence may include keeping house (making beds, doing laundry, washing dishes) and preparing meals. May provide assistance at non-residential care facilities. May advise families, the elderly, convalescents, and persons with disabilities regarding such things as nutrition, cleanliness, and household activities. |

Current Workforce

As of May 2011, approximately 9,768 DCWs worked in the three county region of Western Massachusetts – Franklin, Hampshire and Hampden. The workforce is predominately female between the ages of 25-54. Many are immigrants and some were healthcare professionals in their native country. The percentage of workers with full time, part time or per diem positions is unknown, but certain types of DCWs like personal and home care aides seldom have access to full time, benefited positions. According to PHI International, 44% of DCWs in Massachusetts work in part-time positions. Table 2 provides a breakdown of the estimated number of workers in each occupation and county.

Table 2: Direct Care Worker Employment Data, Massachusetts Department of Labor (May 2011). Downloaded from www.mass.gov.

| SOC Code | Occupation | Employment 2010 | | | |
|-----------------|-----------------------------|------------------------|------------------------|---------------------|---------------|
| | | Hampden | Hampshire/ Franklin | Western MA Total | MA Total |
| 31-1014.00 | Certified Nursing Assistant | 3,157 | 1,547 | 4,704 | 42,120 |
| 31-1011.00 | Home Health Aides | 1,104 | 380 | 1,484 | 17,060 |
| 39-9021.00 | Personal & Home Care Aides | 2,850 | 730 | 3,580 | 17,180 |
| | Total | 7,111 | 2,657 | 9,768 | 76,360 |

Source: Compensation Data and Employment Projections based on information from the Massachusetts Executive Office of Labor and Workforce Development (EOLWD) Labor Market Information website. Growth by Percentage is based on statewide projections, not regional. May 2011

Median DCW annual salaries range from \$22,000 to \$24,000. CNAs working in skilled nursing facilities typically make higher wages. Table 3 provides wage statistics for the three county region, including hourly wages at the median, entry and experienced levels.

Due to their low earning potential, PHI has determined that a third of the state’s DCWs live in households with incomes at or below 200 percent of the federal poverty line, a near poverty threshold that typically makes households eligible for public assistance programs. As a result, nearly 40% rely on some form of public assistance, such as Medicaid or food stamps (PHInational.org/policy/publications).

Table 3: Direct Care Worker Wage Statistics, Massachusetts Department of Labor (May 2011). Downloaded from www.mass.gov.

| SOC Code | Occupation | Median | | Entry | | Experienced | |
|------------|-----------------------------|---------|------------------------|---------|------------------------|-------------|------------------------|
| | | Hampden | Hampshire/ Franklin | Hampden | Hampshire/ Franklin | Hampden | Hampshire/ Franklin |
| 31-1014.00 | Certified Nursing Assistant | \$13.12 | \$12.64 | \$10.66 | \$9.63 | \$15.24 | \$14.26 |
| 31-1011.00 | Home Health Aides | \$11.95 | \$11.42 | \$10.32 | \$10.25 | \$12.72 | \$12.50 |
| 39-9021.00 | Personal & Home Care Aides | \$11.53 | \$11.52 | \$10.35 | 10.28 | \$13.34 | \$13.44 |

Source: Compensation Data and Employment Projections based on information from the Massachusetts Executive Office of Labor and Workforce Development (EOLWD) Labor Market Information website. Growth by Percentage is based on statewide projections, not regional. May 2011

It should be noted that using the Crittenden Women’s Union Economic Independence Calculator, a livable wage for a Western Massachusetts family consisting of one adult and school age child is approximately \$40,000/year or \$19.14/hour. For more information visit their website <http://www.liveworkthrive.org/site/calculator>.

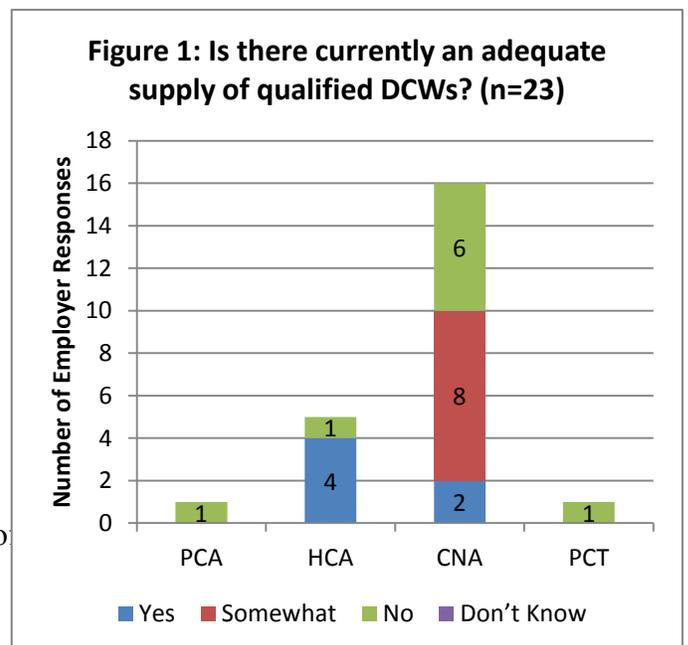
DCW Supply and Demand

The Need for Quality Direct Care Workers

Quality DCWs are critical to delivering quality patient-centered care in every setting. The majority of employers responding to the survey (96%) feel the quality of their direct care workers is directly tied to the quality of the care delivered to patients and their families. They are a direct link to patient and family satisfaction with care delivery. .

Employers vary in their perspective on whether there is currently an adequate supply of qualified DCWs. According to Figure 2, 87% of the respondents (14 of 16) who hire CNAs think there is only somewhat of an adequate supply or there is not an adequate supply of qualified CNAs. The limited information provided about HCAs indicates there is an adequate supply. The availability of qualified candidates over the next three years mimics the perceptions of the current supply.

The Massachusetts Senior Care Association provides regional workforce data based on their



annual member survey. In May 2012 regional employers reported 280 vacant CNAs positions and a vacancy rate of 11.5% (Source: Franklin, Hampshire and Hampden county employers, Massachusetts Senior Care Association Annual Employment Survey, May 2012).

The Franklin Hampshire Regional Employment Board provided the Partnership with a snapshot of real time job postings generated by WANTED Analytics™. Figure 2 on the following page provides an example of available job postings in the extended Western MA region from January 1, 2013-February 22, 2013. It provides a breakdown of full time, part time and contract or per diem positions available. It should be noted that WANTED Analytics™ data has some duplication and errors, but is useful to better understand the current job market.

Figure 2: Example of available job postings in extended Western MA region (extracted on 6/26/12?)

▼ JOB CRITERIA

Keyword [?]

Enter keywords

Location [?]

- All locations
- Springfield MSA, MA
- Hartford-West Hartford-East Hartford MSA, CT
- Worcester MSA, MA
- Manchester-Nashua MSA, NH
- Pittsfield MSA, MA

Function [?]

Occupation [?]

- All occupations
 - Sales and Related Occupations
 - Computer and Mathematical Occupations
 - Management Occupations
 - Office and Administrative Support Occupations
 - Healthcare Practitioners and Technical Occupations
 - Nursing Aides, Orderlies, and Attendants
- Show more...

Skills [?]

- All skills
 - Oral and written communication skills
 - Signal lights
 - Electrocardiography machines (EKG)
 - Clinical documentation systems
 - Data entry
- Show more...

Certifications [?]

- All certifications
- Certified in Nursing Administration (CNA)
- Certified Nursing Assistant (CNA)

Search Definition

Nursing Aides, Orderlies, and Attendants in My Market

Jobs: **New** Time frame: 2013-01-01 - 2013-02-22 Apply

Include: Staffing Anonymous Duplicates Aggregator / Free

Locations Top 10

| Cities | |
|--------------------|------------|
| Springfield, MA | 29 |
| Agawam, MA | 25 |
| Worcester, MA | 25 |
| Hartford, CT | 22 |
| Nashua, NH | 20 |
| Holyoke, MA | 18 |
| Rochdale, MA | 13 |
| Glastonbury, CT | 11 |
| Manchester, NH | 9 |
| Leominster, MA | 9 |
| Others (43) | 128 |
| Total (53) | 309 |

Occupations Top 10

| 2-Digit SOC | |
|--------------------------------|------------|
| Healthcare Support Occupations | 309 |
| Others (0) | 0 |
| Total (1) | 309 |

Skills/Certifications Top 10

| Skills | |
|---------------------------------------|------------|
| Oral and written communication skills | 36 |
| Signal lights | 25 |
| Detail oriented | 10 |
| Electrocardiography machines | 10 |
| Patient Electronic Medical Record | 8 |
| Clinical documentation systems | 7 |
| Data entry | 7 |
| Stretchers | 6 |
| Keyboarding | 6 |
| Bedpans | 5 |
| Others (19) | 27 |
| Total (29) | 147 |

Employers Top 10

| | |
|-----------------------------------------|------------|
| Kindred Healthcare | 53 |
| Genesis HealthCare | 51 |
| Providence Health & Services | 16 |
| Petco | 12 |
| St. Francis Hospital and Medical Center | 9 |
| Emeritus Senior Living | 9 |
| Emeritus Corporation (Assisted Living) | 8 |
| Hebrew Health Care | 8 |
| Wingate Healthcare | 7 |
| Catholic Medical Center | 7 |
| Others (78) | 129 |
| Total (88) | 309 |

Sources Top 10

| Sites | |
|----------------------|------------|
| Corporate Site | 57 |
| Jobing | 53 |
| Beyond.com | 52 |
| Nurse.com | 49 |
| Career Mag | 46 |
| Monster | 31 |
| After College | 30 |
| Regional Help Wanted | 26 |
| JOBcentral | 22 |
| CareerBuilder | 22 |
| Others (14) | 85 |
| Total (24) | 473 |

Job Types

| | |
|-------------------|------------|
| Full-Time | 220 |
| Part-Time | 116 |
| Contract | 24 |
| Others (0) | 0 |
| Total (3) | 360 |

Age

Current Supply

There is a steady supply of CNAs in Western Massachusetts. In 2011, thirteen (13) regional training programs produced 675 CNAs and in 2012 the number rose to 716. We are unable to report on the number of HHAs, HCAs or PCHMs trained in the region. Table 4 provides an overview of the Red Cross of Massachusetts Nursing Assistant Testing Data for the three county region. The data provided by the Red Cross does not indicate the number of individuals who took the tests more than once. Over the last two year, the average score for all CNA test takers was 89% for the clinical portion and 97% for the knowledge portion of the test. Individuals may take the clinical section up to three (3) times and the knowledge section up to four (4) times. See Appendix B for the complete list of CNA training providers. It should be noted that some of the CNAs trained by regional providers are prospective nursing or health science students who do not intend to immediately become enter the workforce.

Table 4: 2011-2012 Red Cross of Massachusetts Nursing Assistant Testing Data

| Nursing Assistant Testing Data for Hampden, Franklin, Hampshire Counties | | | | | |
|---------------------------------------------------------------------------------|----------------------|--------------|---------------|--------------|---------------|
| CNA Training Programs in Region | 13 | Clinical | | Knowledge | |
| | | # tested | % passed | # tested | % passed |
| Regional Total January 2011-Dec 2012 | | | | | |
| | 1-1-11 to 6-30-11 | 369 | 95.96% | 361 | 96.94% |
| | 7-1-11 to 12-31-11 | 338 | 88.04% | 314 | 96.26% |
| | 1-1-12 to 6-30-12 | 471 | 86.85% | 447 | 97.67% |
| | 7-1-12 to 12-31-12 | 397 | 83.19% | 369 | 97.64% |
| | Total/Average | 1,575 | 89.43% | 1,491 | 97.22% |

Source: Red Cross of Massachusetts (February 2013)

Future Demand

While regional projections do not exist, employers maintain that using the 2020 statewide growth rates is appropriate. Home Health Aides and Personal and Home Care Aides are projected to growth between 45-55% resulting in over 1,900 new positions between 2010-2020. Table 5 provides a breakdown of workers by occupation and county. Please note that it is unclear how many positions are fulltime, part-time or per diem.

Table 5 also illustrates growth in demand for DCWs through 2020. According to the MA Executive Office of Labor and Workforce Development, by 2020 employers will have a need for an additional 2,759 DCWs in the three county region. Through the survey, regional employers indicate the strongest demand will be for CNAs and HHAs over the next 12 months (April 2013-March 2014). Over the next three years, anywhere from 430-730 new DCW openings are anticipated by just the employers who responded to the survey. Increased demand for Personal and Home Care Aides is anticipated in Massachusetts and in Hampden County specifically when the “One Health” program for 25-64 year olds dually eligible for Medicare/Medicaid is implemented and the majority of new individual participants becomes eligible for PCA services. (source: www.mass.gov)

Table 5: Direct Care Worker Future Demand Data, Massachusetts Department of Labor (May 2011).
Downloaded from www.mass.gov.

| SOC Code | Occupation | Employment 2010 | | Employment 2020 | | Change | | Projected Statewide Growth |
|------------|-----------------------------|-----------------|------------------------|-----------------|------------------------|---------|------------------------|----------------------------|
| | | Hampden | Hampshire/ Franklin | Hampden | Hampshire/ Franklin | Hampden | Hampshire/ Franklin | |
| 31-1014.00 | Certified Nursing Assistant | 3,157 | 1,547 | 3,451 | 1,844 | 550 | 297 | 19% |
| 31-1011.00 | Home Health Aides | 1,104 | 380 | 1,570 | 582 | 466 | 202 | 54% |
| 39-9021.00 | Personal & Home Care Aides | 2,850 | 730 | 3,766 | 1,058 | 916 | 328 | 45% |

Source: Compensation Data and Employment Projections based on information from the Massachusetts Executive Office of Labor and Workforce Development (EOLWD) Labor Market Information website. Growth by Percentage is based on statewide projections, not regional. May 2011

DCW Education and Training

Education and Training

Some DCWs require specific education and training while others like PCAs have no training or education requirements. Table 6 provides a summary of DCW education, training and certification requirements. The typical types of training providers are also listed.

Table 6: DCW Education and training requirements

| Occupational Title | Entry-level Education Reqmts | Training & Certification Requirement | Types of Training Providers |
|-----------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| Personal and Home Care Aide | None | On-the-job training by consumer or family member. <i>PCHAST recently developed 60 hour training</i> | Consumer |
| Homemaker | None | 40 hours of training provided on-the-job during first 6 mos of employment by home care agency | Employer |
| Personal Care Home Maker | None | 40 hours of homemaker training plus 20 hours of personal care training. Typically on-the-job training by home care agency | Employer |
| Home Health Aide | None | 75 hours of training, including a practicum of 16 hours. Certification required but not standardized. <i>Some providers integrate with CNA training</i> | Community college, vocational high school, employer |
| Certified Nursing Assistant | GED or HS Diploma | 75 hour of training as defined by the MA Dept of Public Health & state certification. <i>Many programs exceed the 75 hour requirement to enhance technical & essential skill development</i> | Community college, vocational high school, proprietary training program, employer |
| Patient Care Technician | GED or HS Diploma | None, but some employers use CNA requirements as entry requirement with additional acute care focused training. <i>STCC and Baystate developed simulation based PCT training</i> | Community college, employer |

While state legislation mandates nurses assistants receive 75 hours of training, many regional programs vary in length from 100-240 hours of classroom and hands-on training. Those that exceed the minimum requirements, include technical and essential skill development demanded by employers. Some of the additional topics contained within the expanded curriculum include:

- Alzheimer’s and Dementia
- Computer skills
- Conflict management skills
- Workplace readiness skills

In some instances, education providers integrate the HHA certification into the CNA training course to provide learners with additional job opportunities. The longer programs typically work with individuals needing a high touch environment with case management. Training providers express a desire to continue open discussion with employers to continuously improve the quality of their graduates.

The MA Department of Public Health (DPH) provided the partnership with an update on the state’s plans to update the legislation. DPH understands that the current curriculum requirements should be revised to incorporate industry needs beyond long term care settings and enhanced technical skills training in Alzheimer’s and dementia. DPH is unclear when the update will occur, but expects to conduct regional focus groups to gather additional feedback from employers and training providers.

Program Instructors

CNA and HHA programs must utilize a Registered Nurse (RN) as the primary instructor. Additional instructors may be Licensed Practical Nurses (LPNs) or RNs who are knowledgeable in course content they are teaching. Training providers can find it difficult to locate qualified instructors. DPH also noted that they will no longer approve CNA program instructors, but programs are still required to ensure their instructors meet all credentialing requirements.

Pre-Training Assessment

Pre-training assessment tools are designed to assist individuals determine if a particular occupation is compatible with their interests, skills, knowledge and aptitude for the work. The region does not utilize a universal pre-training assessment tool to help determine “industry fit” for DCWs. The typical tool used is the Test of Adult Basic Education (TABE) to assess reading and math levels. Employers have suggested that additional pre-training assessment would improve the overall quality of the DCW workforce. Some efforts have been made to pilot ACT WorkKeys with prospective CNAs and Springfield Technical Community College developed a “One Day Medical Encounter”. See the Strategies section for more information.

Cost of Training

Training programs differ in terms of length, support, content as well as cost. The cost of CNAs training varies among providers from \$1,300 - \$2,800. The wide range in costs is attributed to some programs including HHA training and additional support services to ensure a higher level of participant success. Some learners pay out of pocket for the training, while others are supported through state and federal programs that give them access to no cost training. In some cases, potential DCWs may not have adequate information to make the best choice for their needs.

DCW Competencies and Skill Gaps

Despite common baseline skill and task requirements among all DCWs, standard core competencies and seamless education and training programs do not exist. The state’s Personal and Home Care Aide State Training (PCHAST) program, funded through the US Health and Human Services,

identified a set of common core competencies and developed a new standardized 60 hour curriculum. The core competencies include:

| Personal and Home Care Aide Core Competencies | <i>Developed by PCHAST</i> |
|-----------------------------------------------|------------------------------------------------|
| 1. Roles and responsibilities | 8. Safety and emergency |
| 2. Health care support | 9. Consumer rights, ethics and confidentiality |
| 3. Infection control | 10. Communication |
| 4. Basic restorative | 11. Culture and Diversity |
| 5. Personal care | 12. Housekeeping |
| 6. Nutrition | 13. Life Skills |
| 7. Consumer needs specific | |

As noted by PCHAST, the potential for career development building upon these common core competencies is significant. The PHCAST curriculum has been piloted across the state by employers and community colleges, including Greenfield Community College. These competencies are envisioned by some as core competencies for all health care career training programs. The next phase of development will extend train-the-trainer opportunities to other community colleges.

DCW Skill Gaps

Throughout the gap analysis process, employers and training providers identified specific competency and skill gaps among DCWs. These gaps were identified through meetings as well as through the employer survey. Table 7 provides a listing of technical and essential skills gaps. For the purpose of this report, technical skills are defined as those fundamental to delivering quality care, while essential skills are those more important to securing and maintaining employment but not necessarily specific the healthcare industry.

Table 7: Summary of DCW Technical and Essential Skill Gaps

| Technical Skill Gaps | Essential Skill Gaps |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Knowledge about body systems • Enhanced patient assessment skills • Basic computer skills • Basic documentation skills • Awareness of acute illnesses • Person-centered care model • Time management (caseload of 4 residents in clinical education to 10 residents in LTC setting) • “Industry fit” – empathy and desire to help • Cultural competency • Mental health and behavioral health awareness • Customer service skills • Communications (verbal, interpersonal, written) • Safety awareness • Motivational interviewing with residents | <ul style="list-style-type: none"> • Responsible communications (no call/no show) • Dependability and reliability • Workplace etiquette (e.g., use of cell phones) • Critical thinking • Multi-tasking • Conflict resolution and diffusing emotional situations • Speaking with confidence • Resume writing skills • Interviewing skills • Dressing for success • Positive response to change |

In addition, employers identified the top 3-5 technical or essential skill gaps in their direct care workers that, if improved, would increase the quality of services delivered and improve their organization's fiscal success. Below are the more frequently cited skill gaps:

- Resident-centered care
- Time management
- Communications (verbal, interpersonal, written)
- Personal responsibility and reliability
- Computer skills/literacy
- Customer service
- Listening skills
- Teamwork
- Conflict resolution

Based on lessons learned from the statewide implementation of the Extended Care Career Ladder Initiative (ECCLI), well-trained supervisors are critical to maintaining a quality direct care workforce. Thus, employers were also asked to identify the top 3-5 technical or essential skill gaps in the **supervisors** of their direct care workers that, if improved, would increase the quality of services delivered and improve your organization's fiscal success. The following responses were cited most frequently:

- Communications
- Team building
- Time management
- Stress management
- Coaching
- Employee discipline and general management
- Multi-tasking with employees, patients and families
- Leadership
- Effective listening and compassion

It should be noted that some employers believe that their supervisors have no skill gaps as they relate to managing DCWs.

Career Pathways

Career pathways offer DCWs advanced job opportunities that require additional skills and knowledge. Half of all surveyed employers indicated their organizations offer career pathway options, however few pathways are consistent across settings. Those cited include:

- CNA to Geriatric Nursing Assistant (GNA)
- CNA I to CNA II
- Homemaker to Personal Care Homemaker to Home Health Aide
- CNA to Patient Care Technician
- CNA to LPN to RN

The most well-defined career pathway in the region is from CNA to LPN to RN. However, moving from CNA to LPN can take years for a full time DCW who begins his/her pathway at either the GED

or HS diploma level. Partners express the need to better understand the pathways to other occupations such as PCTs and Medical Assistants. As previously mentioned, linking the pathway for HHAs and PCAs to CNAs is also needed.

In addition, there is growing interest among education and training providers in blending Adult Basic Education, ESOL and college developmental education with skills development by utilizing contextualized curriculum for the healthcare industry. This approach can enable faster advancement to college-level coursework and higher paying job opportunities. See Strategies section for more information.

Recruiting, Hiring and Retention

Recruiting, hiring and retaining quality DCWs is an ongoing task for the majority of employers. Turnover and vacancy rates are an important part of this discussion, however it's difficult to reach consensus on methodology and standard measurements.

Recruiting

Employers use a variety of recruiting methods, but the internet is the most frequently used by the largest number of employers. Table 8 provides a breakdown of methods and frequency of use. At this point in time, employers are not often recruiting through job fairs, career centers, community colleges or vocational schools. Yet, those employers who do actively engage with graduates from regional training programs express satisfaction with this strategy.

Table 8: Employer's Frequency of Use of Different Recruiting Resources

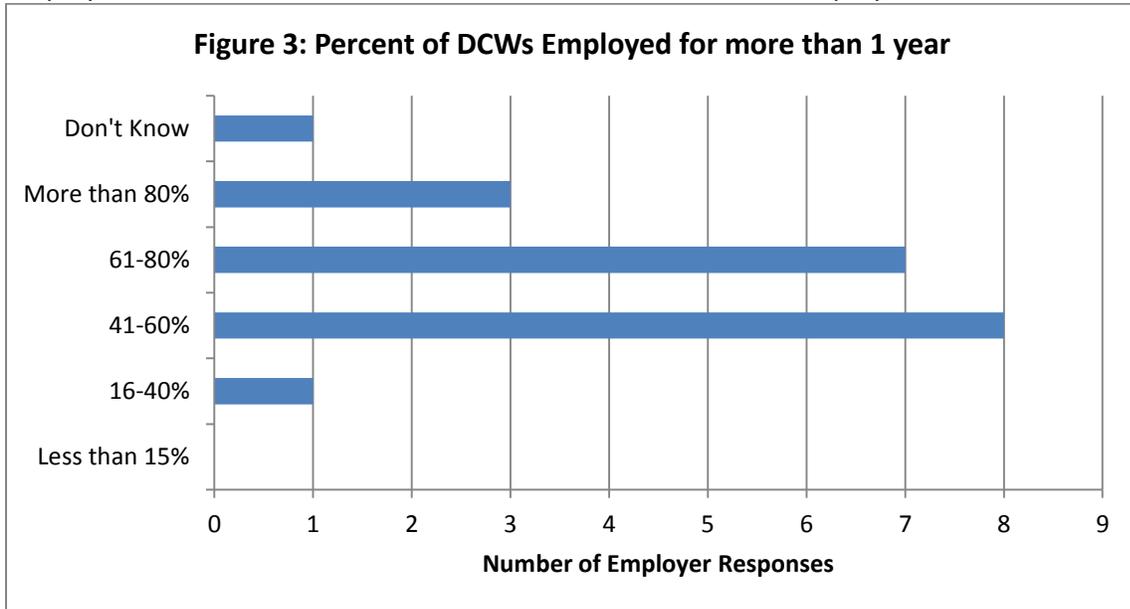
| Method | High | Medium | Low | Never |
|--------------------------------------------|------|--------|-----|-------|
| Internet advertising | 14 | 4 | 3 | 0 |
| Newspaper advertising | 5 | 2 | 12 | 1 |
| Internal training and promotion | 4 | 3 | 9 | 2 |
| Other: Word of Mouth/Referrals | 4 | 0 | 0 | 0 |
| Social Networking | 3 | 2 | 5 | 6 |
| Internet Recruitment Sites | 2 | 1 | 2 | 9 |
| Job Fairs | 2 | 5 | 9 | 3 |
| Career Center Recruitment | 1 | 2 | 9 | 5 |
| Community College Recruitment | 1 | 7 | 9 | 2 |
| High School Recruitment | 0 | 3 | 7 | 8 |
| Proprietary Career Institution Recruitment | 0 | 0 | 4 | 10 |
| Recruitment agency | 0 | 1 | 2 | 13 |

Retention and Vacancy Rates

Almost 40% or 11 respondents estimate their annual turnover of DCWs is less than 15%. 57% or 16 respondents indicate they have a retention rate somewhere between 16-40%. Only one respondent estimated a higher annual turnover rate of 41-60%.

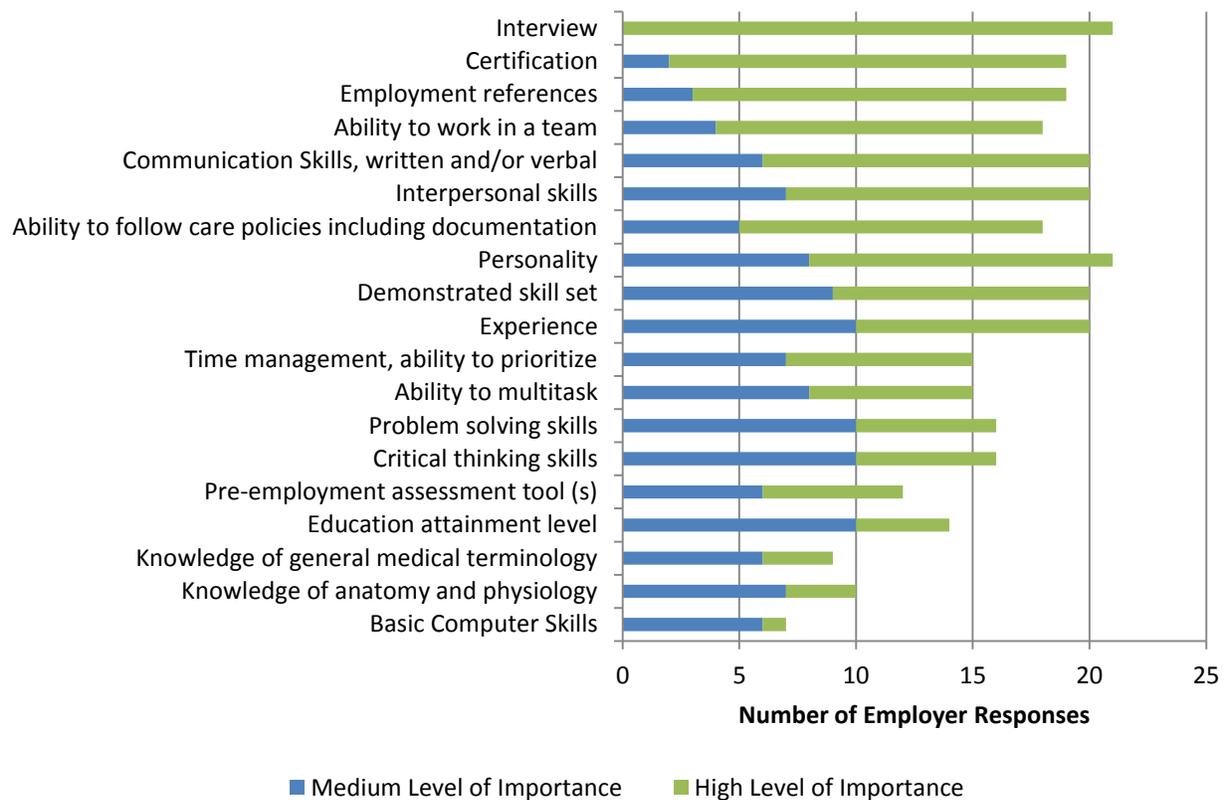
The MSCF annual employer survey indicates that 67% of CNAs retain employment after one year on the job in the three county region. This translates to 33% of the CNA workforce leaving their

employer prior to 12 months on the job. It is unknown if they leave the industry all together or move to another similar position with another employer. The Partnership's employer survey validated the percentage of DCW's employed for more than one year. The largest majority of employers or 34% indicate that between 61-80+% of DCWs are employed for more than one year.



Employers commented on skills and knowledge that are important during the hiring process. As seen in Figure 4, all employers identified the interview as having a high level of importance and the majority also emphasizes employment references and certification when required.

Figure 4: Level of importance placed on skills and knowledge during hiring process



Surveyed employers also provided insights on both the voluntary and involuntary reasons that individuals leave DCW positions at their organizations. The most frequently cited reasons are included in Table 9 below.

Table 9: Voluntary and Involuntary Reasons DCWs Leave Positions

| Voluntary Reasons | Involuntary Reasons |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Better Pay • Job outside industry • Job Advancement • School • More consistent hours • Relocation • Pregnancy • Retirement | <ul style="list-style-type: none"> • Poor Customer service skills • Poor care skills/inability to perform job duties • Absenteeism/Attendance • Poor performance • Personal/family issues • Medical issues/health reasons • Poor work ethics/inappropriate behavior • Setting their own agenda • False reporting • Lack of dependability • Integrity • Attitude • Suspected drug/alcohol abuse |

- | | |
|--|----------------------------------------------------------------------------------|
| | <ul style="list-style-type: none">• Refusal to be patient-centered |
|--|----------------------------------------------------------------------------------|

Employers provided additional insight into the factors that contribute to turnover in direct care worker positions. They explain that to better understand the challenges or potential reasons for turnover, we should organize the issues according to the following categories:

- DCWs not meeting employer expectations – lack of experience, lack of industry fit
- The work or job not meeting employee expectations – scheduling, location, compensation and benefits, work environment, the work itself
- Skill gaps (technical and essential) – time management, customer service skills, lack of dependability, inappropriate behavior
- Personal issues – family issues, medical issues, advancing education, substance abuse, socio-economic barriers

Regardless of reason, turnover comes at a cost to both the employer. While employers use different approaches to estimating the cost of turnover, there was general employer agreement that we should use a benchmark of 1.5 times the annual salary of the employee when calculating the cost of turnover.

Transition to Practice

The transition to practice for direct care workers typically includes employer-based orientation and in some cases, mentoring by an incumbent DCW. According to the survey, direct care workers are all provided orientation when they begin a new job, however the length of time varies.

- 28% of respondents provide less than 2 weeks orientation
- 60% of respondents provide 2-4 week orientation
- 8% of respondents provide 5 weeks or more of orientation

Some employers recognize the orientation period is not always sufficient for all new DCWs. Due to staffing resources and associated costs, employers find it difficult to extend orientation for everyone, but some are willing to extend on an individual basis to ensure successful transition to practice.

Over 80% of surveyed employers indicated that their organization provides mentoring to new DCWs. As with orientation, the amount of time a new hire has access to mentoring varies.

- 40% of respondents provide less than one month
- 36% of respondents provide 1-2 months
- 8% of respondents provide 3+ months

It should be noted that the survey did not ask respondents to define their mentoring model or assess the quality of mentoring provided to DCWs.

Employee Assistance Programs

The transition from training to independent practice can be difficult for some new DCWs, particularly as they adjust to the 24/7 realities of the healthcare industry. Providing access to personal support services is considered an effective strategy for improving retention and reducing turnover. Some employers offer Employee Assistance Programs (EAPs), but state that employees only “sometimes” access these services. Some employers, typically through grant-funded projects, have used case managers to provide new employees with the resources and support they need to successfully transition to practice.

Direct Care Worker Strategies

Employers, training and education providers, One Stop Career Centers and the REBs have employed numerous strategies to address DCW issues and challenges in the past. In addition to the PCHAST program mentioned previously, the following are examples of strategies used by regional partners. Examples of evidence-based national strategies offered by the National Direct Service Workforce Resource Center are also included.

Extended Care Career Ladder Initiative (ECCLI).

Many initiatives were funded through the Extended Care Career Ladder Initiative (ECCLI). From 2000-2010, the Commonwealth of MA made an extensive investment in the direct care workforce through the ECCLI program. This program was designed to improve the quality of facility-based long-term care and home care by supporting employers in providing skills training and career advancement opportunities to direct care workers. According to Commonwealth Corporation, more than 172 long-term care organizations participated and more than 9,000 workers were trained statewide. Employers that received ECCLI grants reported that as a result of increased training for both frontline staff and supervisors there achieved the following outcomes:

- Improved communication and teamwork
- Increases in retention
- Increased clinical skills
- Greater self-respect and confidence among staff
- Alignment of the goals of employees and employers for staff professional development
- Development of a “culture of learning”

While many individualized results were achieved through ECCLI, lasting systems-level change has been limited so many of the original challenges have resurfaced over the last several years. For more information about specific strategies please visit www.commcorp.org

Targeted Recruiting and Selection

Often with specific grants, regional partners have utilized targeted recruiting and selection strategies to assess whether an individual is compatible with the needs of the healthcare industry, meets educational requirements or is determined an “industry fit”. In 2010, the Healthcare Workforce Partnership used the ACT WorkKeys® tool for a pilot career pathway program for CNAs. The CNA job assessment developed is included in Appendix C. WorkKeys was combined with a

“One Day Medical Encounter” (ODME) at the SIMS Medical Center on the Springfield Technical Community College campus. Using simulation technology, the ODME introduced prospective CNAs students to the sights, sounds, smells and rigors of the job as well as other career opportunities in the healthcare industry. Employers participated in the ODME to assist in determining industry-fit.

Blending Skills Training with Adult Basic Education

The Franklin Hampshire Regional Employment Board and Center for New Americans worked together to improve language proficiencies of those entering direct care occupations by providing ESOL in conjunction with CNA training. Similar to this model is the Integrated Basic Education and Skills Education model (I-BEST). It is a national model that blends skills training with adult basic education. I-BEST pairs two instructors in the classroom – one to teach professional and technical content and the other to teach basic skills in reading, math, writing or English language – so students can move through school and into jobs faster. For more information about the I-BEST model visit: http://www.sbctc.ctc.edu/college/e_integratedbasiceducationandskillstraining.aspx

National Evidence-Based Strategies

In 2012 the Lewin Group developed the *Massachusetts’ Direct Service/Care Worker Minimum Data Set and Workforce Policy Recommendations* on behalf of the National Direct Service Workforce Resource Center. Table 10 presents some evidence-based strategies that employers, states, regions and training providers can implement to address various DCW issues. In particular, these strategies have proven effective when implemented by employers or public agencies involved in administering Medicaid programs.

Table 10: Evidence-Based Proven to Address Direct Care Worker Challenges

| Industry Strategies | Public Strategies |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Targeted recruitment and selection • Culture change initiatives • Participatory management • Multi-employer resource networks/collaboratives* • Career pathways • Coaching supervision training • Peer mentoring • Business case for workforce investment: Increased wages = decreased turnover • Guaranteed hours • Sharing across settings • Reimbursement for transportation | <ul style="list-style-type: none"> • Provider reimbursement/rates analysis • Contracting standards for providers • Incentive awards for workforce outcomes • Labor market analysis • Health coverage initiatives • Competency and training development • Universal core curricula • Apprenticeship programs • Worker registries |

Source: MA Direct Care Worker Minimum Data Set and Workforce Policy Recommendations, Lewin Group (2012)

*Employer Resource Networks (ERN) were discussed by the partnership as an innovative, employer-based high touch case management model that pulls together a consortium of small- to mid-size businesses to provide job retention services, work supports and training opportunities for entry level employees, many of whom are disadvantaged and receiving public assistance.

Partnership Next Steps

The Healthcare Workforce Partnership’s DCW gap analysis documents numerous issues related to the supply and demand of quality workers. To ensure Western MA has an adequate supply of qualified direct care workers, multiple strategies involving multiple stakeholders should be considered. Some of the issues can be addressed at the regional level while others need to be addressed at the state level to ensure long lasting systemic impact. Throughout the gap analysis process, numerous strategies were suggested. The Healthcare Workforce Partnership and its partners should consider the following next steps:

1. Increase quality of DCW candidate pool
 - Institutionalize “industry-fit” assessment tools and process. Consider the use of the One Day Medical Encounter model developed by Springfield Technical Community College as an assessment tool for ITA-supported CNAs and HHA training participants
 - Integrate adult basic education with skills training through models of contextualization in developmental and adult basic education
 - Integrate standardized workplace readiness criteria into regional training programs
 - Assess utilization of WorkKeys in Career Centers for DCW recruitment to improve retention and DCW success.
 - Increase ongoing communications between employers and training providers to identify specific strengths and weaknesses of each training program

2. Increase retention of DCWs
 - Support employers interested in providing training for incumbent DCWs and their supervisors. Gather lessons from Greenfield Community College's Rapid Response grant for incumbent direct care workers. Have Hampden County partners work to secure incumbent worker training funds.
 - Explore feasibility of creating a regional Multi-Employer Resource Network to support DCW transition to practice through case management and focus on workplace readiness. Consider including employers outside of healthcare industry.
3. Agree on core competencies, update curriculum and develop standardized career pathways
 - Work with statewide partners, including employer associations and other regional healthcare workforce partnerships to develop a statewide plan of action that will result in updated CNA curriculum, inclusion of PCHAST core competencies and formalized career pathway.

References

The Centers for Medicare & Medicaid Services. The Lewin Group (2009), *Strategies for Improving Direct Care Workforce Recruitment, Retention and Quality: What we Know about What Works, What doesn't and Research Gaps*.

The National Direct Service Workforce Resource Center. The Lewin Group (2012), *Massachusetts' Direct Service Workforce Minimum Data Set and Workforce Policy Recommendations*.

U.S. Department of Labor by Social Policy Research Association (2011), *Career Pathways Toolkit: Six Key Elements for Success* <https://learnwork.workforce3one.org/view/2001135442016073646>.

Appendix A

Healthcare Workforce Partnership of Western Massachusetts

American International College
Baycare Health Partners, Inc.
Baystate Health
Berkshire Health
CareerPoint One Stop Career Center
Caring Health Center
Chicopee Visiting Nurses Association, Inc.
Commonwealth Care Alliance
Cooley Dickinson Hospital
Elms College
Fazzi Associates
Franklin Hampshire Regional Employment Board
FutureWorks One Stop Career Center
Genesis Healthcare/Heritage Hall
Greenfield Community College
Holyoke Community College
Holyoke Health Center
Holyoke Medical Center
Holyoke Visiting Nurses Association, Inc.
Homewatch CareGivers
Irene E. & George A. Davis Foundation
Jewish Geriatric Services
Kindred Hospital Park View
Life Care Center of Wilbraham
Loomis Communities
Loving Care Agency
MA Senior Care Foundation
Noble Hospital
O'Connell Care at Home
Pioneer Valley Area Health Education Center
Regional Employment Board Hampden County, Inc.
Shriners Hospital for Children
Sisters of Providence Health System
Springfield College
Springfield Technical Community College
United Way of Pioneer Valley
University of Massachusetts, Amherst
Westfield State University
Westover Job Corps
Wingate of Wilbraham
WorkSource Partners

Appendix B – CNA Training Providers
CNA Training Providers (see attached PDF)

Appendix C
Workkeys Job Assessment for Certified Nursing Assistant (see attached PDF)