

**PATHWAY TO THE FUTURE:
HOW WORKFORCE
DEVELOPMENT AND
QUALITY JOBS CAN
PROMOTE QUALITY CARE**

**HHS-DoL
Symposium Summary**



Prepared by
The Lewin Group
July 2004

Office of the Assistant Secretary for Planning and Evaluation

The Office of the Assistant Secretary for Planning and Evaluation (ASPE) is the principal advisor to the Secretary of the Department of Health and Human Services (HHS) on policy development issues, and is responsible for major activities in the areas of legislative and budget development, strategic planning, policy research and evaluation, and economic analysis.

The office develops or reviews issues from the viewpoint of the Secretary, providing a perspective that is broader in scope than the specific focus of the various operating agencies. ASPE also works closely with the HHS operating divisions. It assists these agencies in developing policies, and planning policy research, evaluation and data collection within broad HHS and administration initiatives. ASPE often serves a coordinating role for crosscutting policy and administrative activities.

ASPE plans and conducts evaluations and research—both in-house and through support of projects by external researchers—of current and proposed programs and topics of particular interest to the Secretary, the Administration and the Congress.

Office of Disability, Aging and Long-Term Care Policy

The Office of Disability, Aging and Long-Term Care Policy (DALTCP) is responsible for the development, coordination, analysis, research and evaluation of HHS policies and programs which support the independence, health and long-term care of persons with disabilities—children, working age adults, and older persons. The office is also responsible for policy coordination and research to promote the economic and social well-being of the elderly.

In particular, the office addresses policies concerning: nursing home and community-based services, informal caregiving, the integration of acute and long-term care, Medicare post-acute services and home care, managed care for people with disabilities, long-term rehabilitation services, children's disability, and linkages between employment and health policies. These activities are carried out through policy planning, policy and program analysis, regulatory reviews, formulation of legislative proposals, policy research, evaluation and data planning.

This report was prepared under contract #HHS-100-03-0009 between the U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, Office of Disability, Aging and Long-Term Care Policy and the Lewin Group. For additional information about this subject, you can visit the DALTCP home page at <http://aspe.hhs.gov/daltcp/home.shtml> or contact the ASPE Project Officer, Andreas Frank, at HHS/ASPE/DALTCP, Room 424E, H.H. Humphrey Building, 200 Independence Avenue, S.W., Washington, D.C. 20201. His e-mail address is: Andreas.Frank@hhs.gov.

The U.S. Departments of Labor and Health and Human Services jointly sponsored an invitational symposium on long-term care workforce issues on May 24-25, 2004 at the Wyndham Washington Hotel, D.C. The first joint effort of its kind between the two departments, the symposium was attended by nearly 140 thought-leaders across the nation representing the long-term care provider community, worker groups, long-term care and workforce development policy officials at the federal, state and local level, long-term care and economic development researchers, and federal and philanthropic funders.

The symposium focused on what can be learned from research and practice to develop the long-term care paraprofessional workforce, enhance its performance and increase its retention. It consisted of a series of plenary sessions, each followed by facilitated, small group discussions. This framework allowed invitees with different perspectives and experiences related to the long-term care paraprofessional workforce and the workforce development sectors to reflect on what had been learned, share ideas, build relationships so that evolving interests in information sharing and research and demonstration ideas can be followed up and nurtured.

Participants were welcomed by John Hoff, Deputy Assistant Secretary for Planning and Evaluation, HHS, and David E. Gray, Acting Assistant Secretary for Policy, DOL. They emphasized the important role of direct care workers and the need to coordinate resources at the federal, state and local levels and to develop policy that promotes a quality workforce and quality care. Robyn Stone, Executive Director of the Institute for the Future of Aging Services, and Steven Dawson, President of the Paraprofessional Healthcare Institute, then set the stage for dialogue between the long-term care and workforce development sectors. They remarked how it had been a dream of theirs to bridge these two worlds and participate in such a venue to facilitate innovative and evidence-based practices.

DOL Secretary Elaine L. Chao reiterated the importance of collaboration and commended participants for tackling the challenges that lay ahead, given the shifting demographics. She expressed the department's dedication to promoting a demand-driven workforce investment system and described the grants DOL has awarded to promote direct-care jobs as part of the President's High Growth Job Training Initiative. Secretary Chao introduced the keynote luncheon speaker, Idaho Governor Dick Kempthorne. Governor Kempthorne, chair of the National Governors Association, has been a champion of long-term care during his tenure and spoke on a personal level about the need for a quality long-term care workforce that supports the independence and dignity of older adults.

Three themes were highlighted during the plenary and small group sessions: 1) the relationship between the performance of the paraprofessional long-term care workforce and the quality of care and quality of life of long-term care recipients; 2) the potential of workforce development policies and practices to reduce vacancy and turnover rates among direct care workers and improve job performance; and 3) the

value of building alliances and stakeholder collaboration to solve workforce shortages.

During the session, “Linking Staffing and Quality”, presenters addressed the relationship between a quality workforce and the quality of care provided. The session featured research and providers’ experience in approaches and lessons learned in building a stable and committed direct care workforce, including several of the Visiting Nurses Service of New York’s (VNSNY) interventions, culture change initiatives, and evidence from the home care arena. They emphasized the need for continued demonstrations and applied research to better understand the link between staffing and quality and what facilitates or impedes quality improvement.

The afternoon session on “Connecting Workforce Development Initiatives, Individual Economic Opportunity and Quality Care” provided an overview of workforce shortages, the workforce investment system and DOL initiatives, highlighting several local collaborations between the long-term care community and workforce development sector. The session emphasized how increasing the supply of paraprofessional workers can benefit the workers and the community. Several collaborative efforts were showcased, including the Good Samaritan Career Lattice Project, a collaborative effort between the Evangelical Lutheran Good Samaritan Society and the South Dakota Department of Labor, the work of the Northern Indiana Workforce Board and the Healthcare Coalition Project, and the Extended Care Career Ladder Initiative (ECCLI) in Massachusetts.

The last session, “The Impact of Workforce Improvement Initiatives on Workforce Recruitment and Retention”, addressed the research and practice experience of initiatives aimed at improving the recruitment and retention of the long-term care workforce. Various HHS initiatives were described, including demonstration projects designed to improve the long-term workplace environment and other interventions focused on improving the recruitment and retention of the long-term care workforce. The session emphasized the continuing need to see evaluation as an important component to building the evidence base for what works as well as the importance of acknowledging the impact of staffing resource issues on building effective systems of care. Presenters highlighted some early successes of *Better Jobs, Better Care* coalitions in the five demonstration sites and showcased PHI’s National Clearinghouse on the Direct Care Workforce and the Cooperative Home Care Associates’ (CHCA) philosophy and model of recruitment, training and retention.

During the concluding session, participants were asked to share strategies that emerged during the small group discussions that they plan to explore or implement in their own settings. Participant discussed a number of opportunities for collaboration between the long-term care and workforce development sectors.

Among the take-home strategies that emerged from participants are:

- Long-term care providers to participate on state and local WIBs and leverage resources;
- Workforce investment to work with long-term care providers to develop sectoral strategies, customized training, and on-the-job training (OJT);
- Workforce system to do more targeted outreach to direct care community, workers and providers.
- Conduct research that shows how quality-of-care outcomes are correlated with linking direct care system to workforce system.
- Educate others about statewide worker shortages and initiate action with state policymakers regarding appropriation and funding.
- Form coalitions, including consumers, state agencies, researchers, paraprofessional workers, workforce development (WIB) and AARP to work on issues related to changing the jobs themselves and the organizational structure in which they are housed (e.g., language; make more prestigious from a worker viewpoint).