

Northern New England LEADS Institute: A Regional Strategy to Ensure Quality Care and Quality Jobs

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Karen Farrington has many qualities of a great certified nurse assistant (CNA): flexibility, insight that comes from years of experience, an easygoing nature, and a good sense of humor. Karen has been a mentor to new CNAs at a nursing home. This, as part of a program that is helping to lessen lower turnover rates by easing new CNAs into the job and making sure they have an experienced worker who is available to them, who is supportive, and willing to teach them what they need to know. Karen has accepted a job writing the schedule for the CNAs at this facility. This is not an easy task since, as in many nursing homes, there is a real lack of available CNAs who are available to cover shifts. Having to work without enough people is one of the biggest sources of stress and burnout for direct care and support workers, and the problem is prevalent in nursing homes across the state. Karen has a sharp mind and effective ideas for trying to keep good workers and reduce burnout among those who have been working for a while. It is no small challenge, but Karen's own CNA experience and strong connection to the rhythms of working "on the floor" make her more than qualified to tackle this new job. (excerpt adapted from "our stories" can be found on the Web site of Maine PASA, www.maine-pasa.org.)

Promoting public policy and practice reform in long-term care requires interdisciplinary approaches, strategic partnerships, and experienced leadership working at the local, state, and national levels. The quality of care provided to consumers is often determined by direct care workers providing the majority of hours of care to older adults and people living with chronic illness and disability. For this reason, direct care workforce recruitment and retention strategies are increasingly recognized as a way to improve the quality of care for the nation's growing number of elderly citizens, while also

improving the quality of low-wage jobs, especially those available to women and an increasing number of immigrants in northern New England.

In 2004, Jane's Trust, a charitable lead trust administered by Hemenway & Barnes, approved a two-year grant of \$900,000 to the Paraprofessional Healthcare Institute (PHI) to sponsor a regional partnership to improve the policy and practice of long-term care in northern New England. Focusing on Vermont, New Hampshire, and Maine, the Northern New England LEADS (Leadership, Education, and Advocacy for Direct Care Support) Institute is creating opportunities to change the culture of home care services and long-term care workplaces by strengthening the role and voice of direct care workers. With additional support from the Jacob and Valeria Langeloth Foundation, and complemented by funding from The Atlantic Philanthropies and the Charles Stewart Mott Foundation, the Northern New England LEADS Institute was launched in January 2005 with state and local partners, including the Community of Vermont Elders; the New Hampshire Community Loan Fund; Coastal Enterprise, Inc.; the Muskie School of Public Service; and the Carsey Institute at the University of New Hampshire. The institute also involves 12 pilot sites, including home health and nursing home care agencies that have recognized the cost and consequences of poor recruitment and retention strategies.

The institute provides technical training to direct caregiver leaders, supervisors, and administrators so that caregiving practices can be redesigned more cost effectively to focus on the interaction between the caregiver and the consumer client. Each site is involved in peer-to-peer mentoring and nurse coaching supervision training so that nurse supervisors and aides can become more effective teammates in providing quality care to consumers. In 2005, LEADS finalized its training curricula and began intensive training, including a nine-day coaching supervision workshop and a three-day peer mentoring workshop series scheduled for 2006. In 2007, the LEADS Institute will launch its state-focused public education activities, seeking out public speaking opportunities for direct care

workers, including meetings with local media, community leaders, and policymakers. LEADS will implement an evaluation process, collecting and analyzing data to assess and document the impact of policy and practice changes, and begin to disseminate its findings in northern New England and nationally. By building trusting relationships and providing practical experience, the LEADS Institute is becoming a key part of the infrastructure for reforming broader policy and practices in long-term care in northern New England.

With recent accomplishment in linking quality care and quality jobs in this exciting field, caution should be expressed given the growing economic and care challenges faced by northern New England communities that are experiencing the higher health costs, a growing number of older adults, and a shrinking workforce. Vermont, New Hampshire, and Maine are all confronting Medicaid and other state reimbursement systems that essentially reward providers for maintaining a “low investment/high turnover” model of direct care. Bringing practice innovations – peer mentoring and nurse coaching supervision training – to scale will require financing innovation and stronger organizational and leadership capacity. Effective public education now in the planning stages will be required to achieve public understanding of the role direct care workforce issues can play in broader challenges, such as quality and coordinated care for seniors, the increasing cost of Medicaid, state and federal budget cuts, rebalancing away from institutional care and toward home and community-based care, and widespread nursing shortages.

Although the LEADS Institute is in an early phase of development, its collaborators believe it is an exciting example of effective nonprofit and philanthropy partnership in northern New England, that has the potential for replication across the nation. Three elements have made this regional strategy attractive to grantmakers and practitioners and have spurred interest regionally, as well as in other parts of the nation. First, the LEADS Institute links workforce issues with health and human service. It has created a mechanism that is interdisciplinary and aims to align quality, cost, and consumer and workforce interests. Second, the regional strategy aims to help move the “good to great,” taking local provider sites that already understand that workforce and quality care problems exist and connecting them to the best practices in training, mentoring, technical assistance, evaluation, public education, and a network of information and support. Third, the LEADS Institute is an incubator for partnership among national, state, and local philanthropies, providing a mechanism to address workplace culture change, and other common concerns among stakeholders, such as long-term care financing reform, health care access for low-wage workers, and care coordination.

Given the complexity of its work, the Northern New England LEADS Institute offers a simple and compelling approach to creating accountability within the service delivery system to key constituencies without a voice or a seat at the decision-making table – low-wage workers and vulnerable and underserved older adults, as well as those with disabilities. Inherent in that accountability is the opportunity for the

philanthropy sector – state, regional, and national – to help raise the bar to achieve policy and practice changes that help vulnerable people receive the care they need and deserve.

RESOURCES

The agencies described in the text that follows provide support in the professional development of direct care workers, a shrinking workforce that is critical to the long-term care of older adults and people living with chronic illness and disability. For more information regarding these agencies, visit the Web sites listed.

► **The Northern New England LEADS Institute, www.paraprofessional.org/Sections/leads.htm**

The Northern New England LEADS Institute is a project of the **Paraprofessional Healthcare Institute (PHI)**. PHI works to strengthen the direct care workforce within the U.S. long-term care system through innovative approaches to recruitment, training, and supervision; client-centered caregiving practices; and effective public policy. PHI’s work is guided by the belief that creating quality jobs for direct care workers is essential to providing high-quality, cost-effective services to long-term care consumers.

The goals of the LEADS Institute are to:

- **Create better jobs** by enhancing the support and professional growth opportunities available to direct care workers
- **Provide better care** by strengthening the relationships between frontline caregivers and consumers, and thus provide consumers with more satisfying “person-centered” care
- **Transform organizational culture** by building widespread support for ongoing, positive change among staff at all levels
- **Form new alliances and partnerships** to bring this new vision to other organizations throughout the region
- **Advocate for change**

► **Maine PASA, www.maine-pasa.org/**

Maine PASA is an association that promotes professionalism and development for the direct care, direct support, and personal assistance workforce as part of an overall effort to support the highest quality of life for elders and people with disabilities.

► **Vermont Association of Professional Care Providers (VAPCP), www.vermontelders.org**

VAPCP is a membership organization dedicated to advancing the professional growth, employment opportunities, and quality of life for people who provide personal care services in a variety of health care settings. VAPCP provides the information, education, and advocacy necessary for developing the field of care giving in Vermont.

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