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## Evaluation of Long-Term Care Workforce/Community Partnerships Model

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# Evaluation of Long-Term Care Workforce/Community Partnerships Model



**NOVEMBER 2016**



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The College of Public Affairs and Community Service (CPACS) was created in 1973 to ensure that the university was responsive to the critical social needs of our community and state. The College was given the mission not only to provide educational programs of the highest caliber to prepare students for leadership in public service, but also to reach out to the community to help solve public problems.

The College has become a national leader among similar colleges, with nine programs ranked in the top 25 in the nation. Our faculty ranks are among the finest in their disciplines. Faculty, staff, and students are integral to the community and state because of our applied research, service learning, and community partnerships. We take our duty seriously to help address social needs and craft solutions to local, state, and national problems. For more information, visit our website: [cpacs.unomaha.edu](http://cpacs.unomaha.edu)

## CPACS Urban Research Awards

Part of the mission of the College of Public Affairs and Community Service (CPACS) is to conduct research, especially as it relates to concerns of our local and statewide constituencies. CPACS has always had an urban mission, and one way that mission is served is to perform applied research relevant to urban society in general, and the Omaha metropolitan area and other Nebraska urban communities in particular. Beginning in 2014, the CPACS Dean provided funding for projects with high relevance to current urban issues, with the potential to apply the findings to practice in Nebraska, Iowa and beyond.



# Evaluation of Long-Term Care Workforce/ Community Partnerships Model

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**November 2016**

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## OVERVIEW

Demographic analysis of US Census data combined with qualitative assessment of contextual factors can support strategic expansion of partnerships for rural care giving to address wicked problems in facility viability such as staff recruitment, training, retention and performance.

## BACKGROUND: THE CHALLENGES

Present and worsening challenges of finding resources sufficient to meet needs for to elders in US and around the world.

Rural areas of the US are especially challenged by providing services needed by an increasing percentage of elders:

- Simultaneous decreases in available pool of qualified carers.
- Expenses associated with high costs of paying qualified carers.
- Yet recruitment and retention of qualified staff is the key to economic viability of service providers.
- Limited ability of residential clients to pay for care which limits economic viability of provision of care as an enterprise – many facilities simply close or do not open.
- Limits of funding support available from national, state, local public allocations and from private funders.

## STAFFING CHALLENGES

Many rural areas in the US, e.g. Nebraska, face special challenges:

- Increasing numbers of lifelong residents who are aging and need more care even as their children are moving to more urban areas in search of, inter alia, better career opportunities.
- Increasing numbers of unemployed young workers trapped in poverty, many with children,

who lack qualifications required for employment in the area and subsist wholly or in part on public relief.

- Amenities and services that support employment (e.g., child care, public transportation, clinics) that are available in urban areas may be unavailable in rural areas.
- As local economies shrink, public assistance to help keep care facilities afloat or to offer support services needed to help the unemployed also shrink.
- As care facilities try to cut costs, staffing levels decrease, staff turnover increases - related expenses increase costs of care and decrease its quality.

## ANALYZING THE CHALLENGES AND IDENTIFYING POTENTIAL

Demographic analysis can:

- Identify current and project future need for services.
- Help estimate current and future available labor pool.

Qualitative analysis (includes “walking around”) to identify barriers to meeting staffing challenges:

- Internal to facility – Identify, learn about and analyze staff reasons for leaving and reasons for staying (retention), also reasons they applied for their jobs (recruitment).
- External to facility – identify and learn about barriers to recruitment and potential resources to help overcome barriers.

Identify strategic partnerships that can help recruit and retain qualified staff and retain staff.

## DEMOGRAPHIC ANALYSIS

US Census data (updated by the CPS)



## QUALITATIVE INFORMATION GATHERING AND ANALYSIS: IDENTIFY BARRIERS TO MEETING CHALLENGES

### Internal to facility

- Budget – identify costs that could be influenced by changes the facility might make; those costs are likely to be related to staff performance, retention or recruitment.
- Staff - learn about and analyze staff reasons for leaving and reasons for staying (retention); examine incentives for performance; learn why current staff applied for their jobs (recruitment).
- Residents and their families – learn about key aspects of satisfaction/dissatisfaction; these are likely to be related to staff.

### External to facility

- Existing Labor Pool – guided by characteristics of staff needed now and in future identify current and likely future supply of persons qualified to fill jobs.
- Potential Labor Pool - identify how pool could be expanded “if” barriers such as unavailability of training or services that support training and employment (e.g., transportation; child care) were addressed.

## QUALITATIVE INFORMATION GATHERING AND ANALYSIS: IDENTIFY POTENTIAL RESOURCES TO HELP OVERCOME BARRIERS

### Internal to facility

- Reallocation of expenditures to cover high turnover and lagged recruitment.
- [Silvester].
- Intentional management of incentives for performance and retention.
- Training and advancement opportunities.

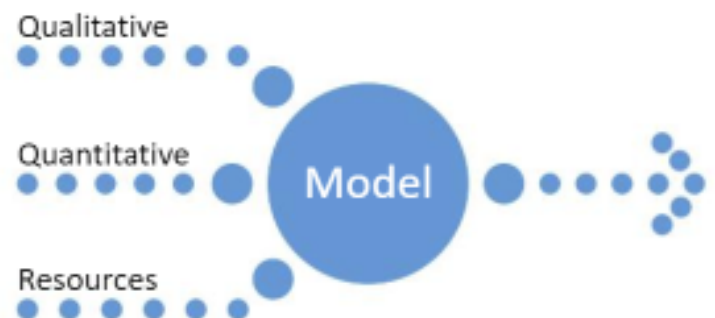
### External to facility

- Identify Potential Labor Pool - identify populations that could be recruited “if” barriers such as unavailability of training or services that support training and employment (e.g., transportation; child care) were addressed.
- Identify resources that could be accessed via partnerships with existing programs in the context of providing employment in the facility.

## INCREMENTAL DISCOVERY AND BUILDING OF COMMUNITY PARTNERSHIPS: LEVERAGE EXISTING RESOURCES TO TRANSFORM BARRIERS INTO LAUNCHING PADS

Partnerships to find People  
Partnerships to remove Barriers

## JUANES STRATEGIC COMMUNITY PARTNERSHIPS MODEL



## INCREMENTAL DISCOVERY AND BUILDING OF COMMUNITY PARTNERSHIPS TO LEVERAGE EXISTING RESOURCES AND TRANSFORM BARRIERS INTO LAUNCHING PADS

Budget – cost of high staff turnover, especially cost of crucial but very high priced “interim” staff, also costs of loss of private pay business due to impact on quality and ratings for care

- Dept. Labor Job Development Program (federal money) .. support on the job training and stipend and work-related expenses ... Model connect potential staff with program, agree in exchange for one-year retention to train them and put them on the job.
- After 6 mos on the job post-DOL training
- Provide CNA training on site to DOL staff who agree to stay one year, promote them to CNA status/wage
- After 6 mos post-CNA promotion
- Support LPN training and promote to LPN
- NOTE: ... a cobbled together “career ladder” that retains each staff person who participates for 3 years or more.
- Everybody wins.

## QUALITATIVE EXAMINATION OF CHALLENGES AND OPPORTUNITIES – IDENTIFYING GAPS AND BARRIERS

- Description of model exemplifying application of mapping and partnership building to overcome

barriers and connect resources in ways that benefit all stakeholders and meet the challenge of providing quality care now and in future.

- Challenge of staffing turnover/reliability – qualitative investigation guided by characteristics.
- Needs and resources of “pool” from which staff are recruited – not met by staff wages or conditions of work ... seek partnerships/resources to address these barriers.
- Dept. Labor Job Development Program (federal money) .. support on the job training and stipend and work-related expenses ... Model connect potential staff with program, agree in exchange for one-year retention to train them and put them on the job.

## STEPS IN INNOVATIVE PARTNERING

- Practitioners can partner with universities or other sources to obtain quantitative (customized demographics based on data from US Census/CPS) and qualitative (with practitioners, local info) in order to meet challenges of rural elder care in ways that benefit all stakeholders.
- Dept. Labor Job Development Program (federal money) .. support on the job training and stipend and work-related expenses ...
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- After 6 mos on the job post-DOL training Provide CNA training on site to DOL staff who agree to stay one year, promote them to CNA status/wage.
- After 6 mos post-CNA promotion.
- Support LPN training and promote to LPN.
- NOTE: ... a cobbled together “career ladder” that retains each staff person who participates for 3 years or more.
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## CONCLUSIONS AND RECOMMENDATIONS

Development and piloting of this model suggest  
Practitioners can partner with universities or other sources to obtain quantitative (customized demographics based on data from US Census/ CPS)  
Facilities can examine internal barriers to retention, and envision orientation, training, appraisal, advancement, support services, incentive and promotion structures that may address barriers to retention.

Facilities can examine external barriers to recruitment, and identify barriers to recruiting from the available (or potentially available) labor pool. Through qualitative analysis informed by demographic analysis, apply the partnerships model  
facili explore potential for partnering with existing programs conduct qualitative (with practitioners, local info) in order to meet challenges of rural elder care in ways that benefit all stakeholders.

And and external barriers to recruitment, then explore potential for partnering with existing programs conduct qualitative (with practitioners, local info).

Since providers of similar services in similar (rural) contexts face similar challenges, it is likely that this model can be applicable. Recommend that it be widely disseminated and tested.





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