



Heartland Conference 2010

Reemployment Strategies for the Midwest Recovery

April 7-9, 2010

Hyatt Regency Chicago, IL

Training the Healthcare Workforce for the Boomer Crisis

Wednesday, April 7th ★ 3:30 – 5:00 p.m.

Presenters:

Jean Peters - NW Michigan Council of Governments;
Healthcare Skills Alliance

Maureen Sheahan - Training & Organizational Development Specialist, PHI

Facilitator:

Stan Blazek, Federal Project Officer, USDOL-ETA, Region 5



Health Care Industry Workforce Challenges

- Healthcare IT – EMR requirements
- Clinical placement bottlenecks for healthcare careers
- Articulation between schools
- Perceived physician shortage
- Perceived nursing shortage
- Shift to community and home-based care from “in-patient” care



The Challenges of Increased Need in the Coming Decades

- Baby Boomer numbers
- Lengthening life spans
- Increasing disability, including dementia and mental illness
- Returning disabled veterans
- Obesity- and diabetes-related disabilities



Importance of Eldercare/Disability Services & Direct Care Workers

- Eldercare/disability services employ 1/3 of total U.S. health care and assistance sector employment – approximately 4.9 million out of 15.3 million jobs.
- DCWs provide an estimated 70–80 % of paid hands-on services and supports to persons with disabilities or chronic care needs.
- DCW jobs are expected to increase by 32% by 2018, which is more than other health services – 24%, and overall job growth–10%.

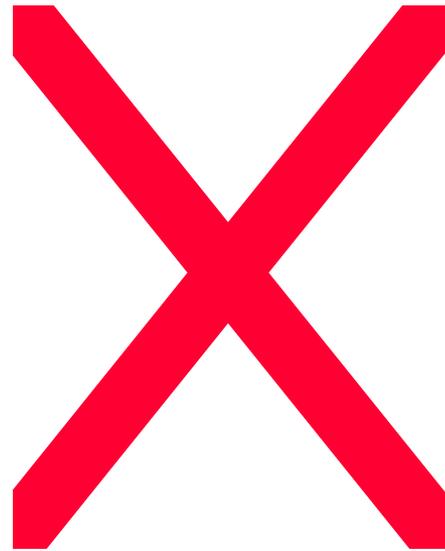
The Number of Direct Care Workers Needed is Staggering

Top Ten Occupations With the Largest Job Growth, 2008-2018

	Occupation	New Positions
1	Registered Nurses	581,500
2	Home health aides	460,900
3	Customer service reps	399,500

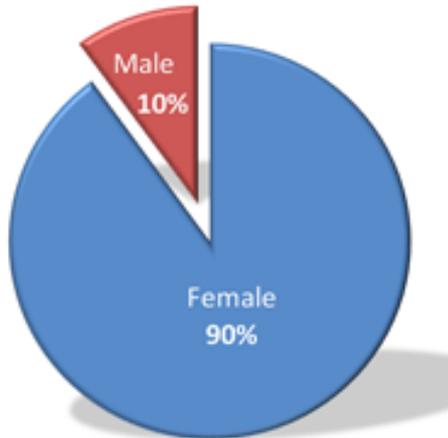
Source: U.S. Bureau of Labor Statistics – National Job Growth

**The Need
for Elder
Services is
Growing
More
Quickly
than
Workforce
Supply**



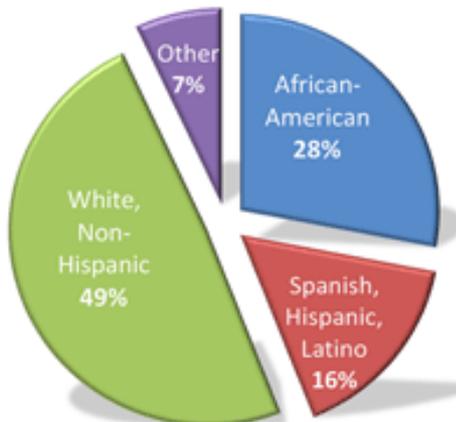
Who Are Direct Care Workers?

Gender



Professional Healthcare Institute www.PHInet

Race/Ethnicity



Professional Healthcare Institute www.PHInet

Average Age:

- All direct-care workers: 42
- In nursing facilities: 38
- In home health care: 45
- Self-employed or working directly for private households: 49

Education:

- High school diploma or less: 59%
- Some college or advanced degree: 41%

Head of household:

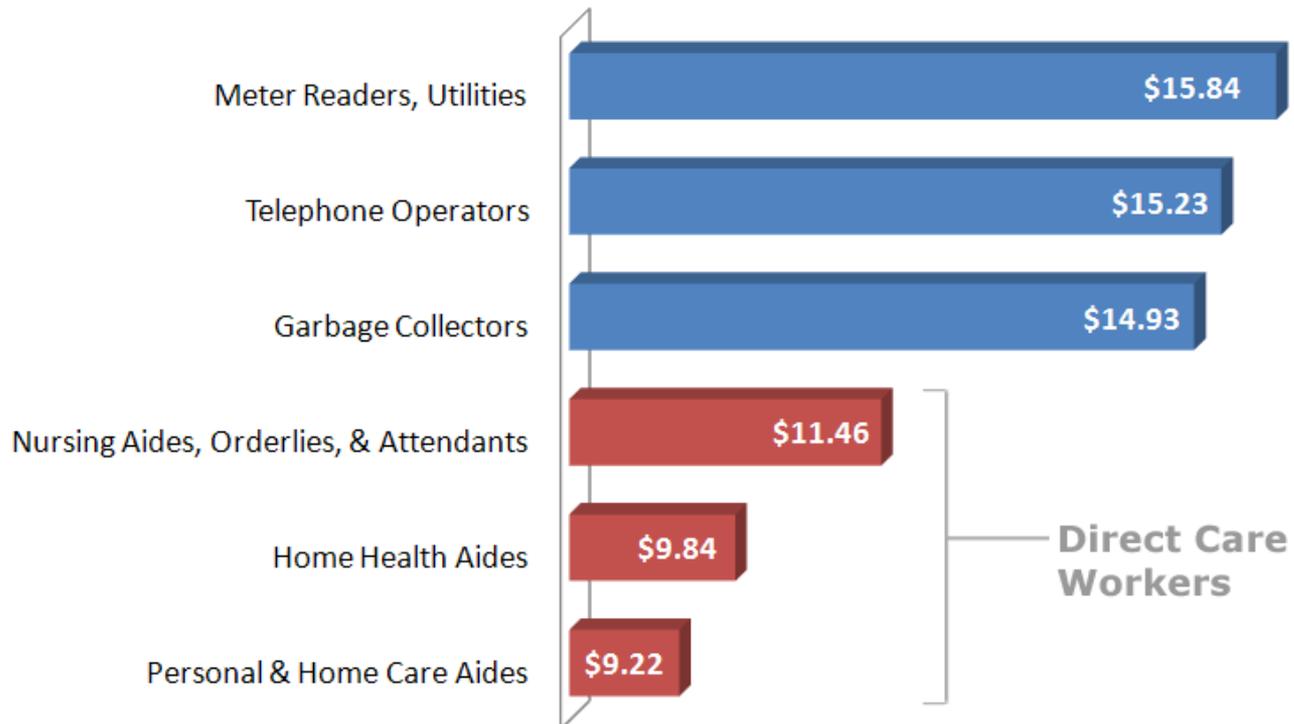
- Single parent, grandparent, caretaker: 17%

Employment Status:

- Full-time year round: 57%
- Part-time or full-time part of the year: 43%

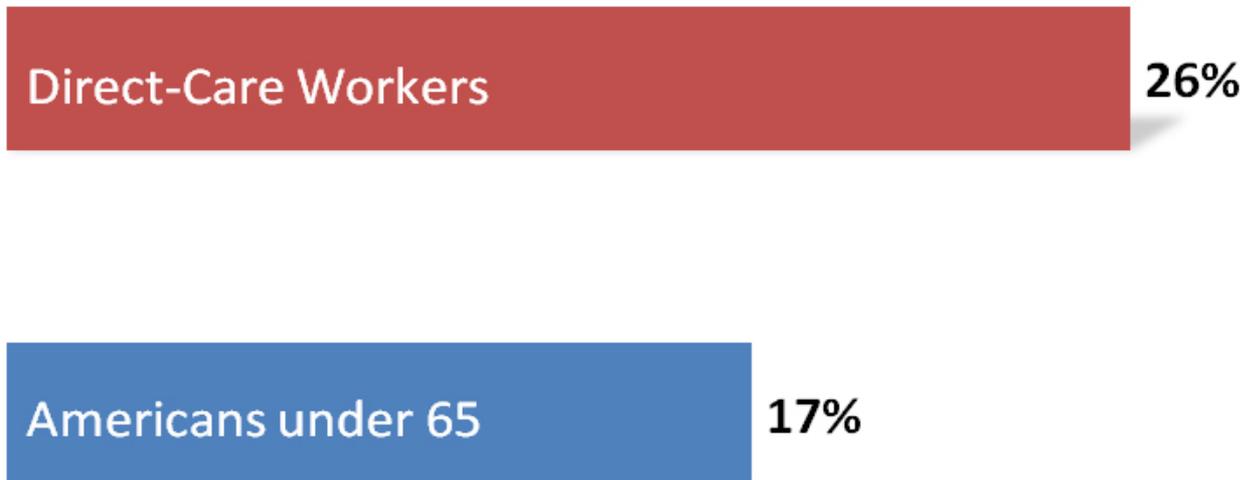
Wages are a Barrier to Attracting DCWs

Direct-Care Workers Earn Near-Poverty Wages, 2008



Minimal Benefits Add to Lack of Appeal of DCW Jobs

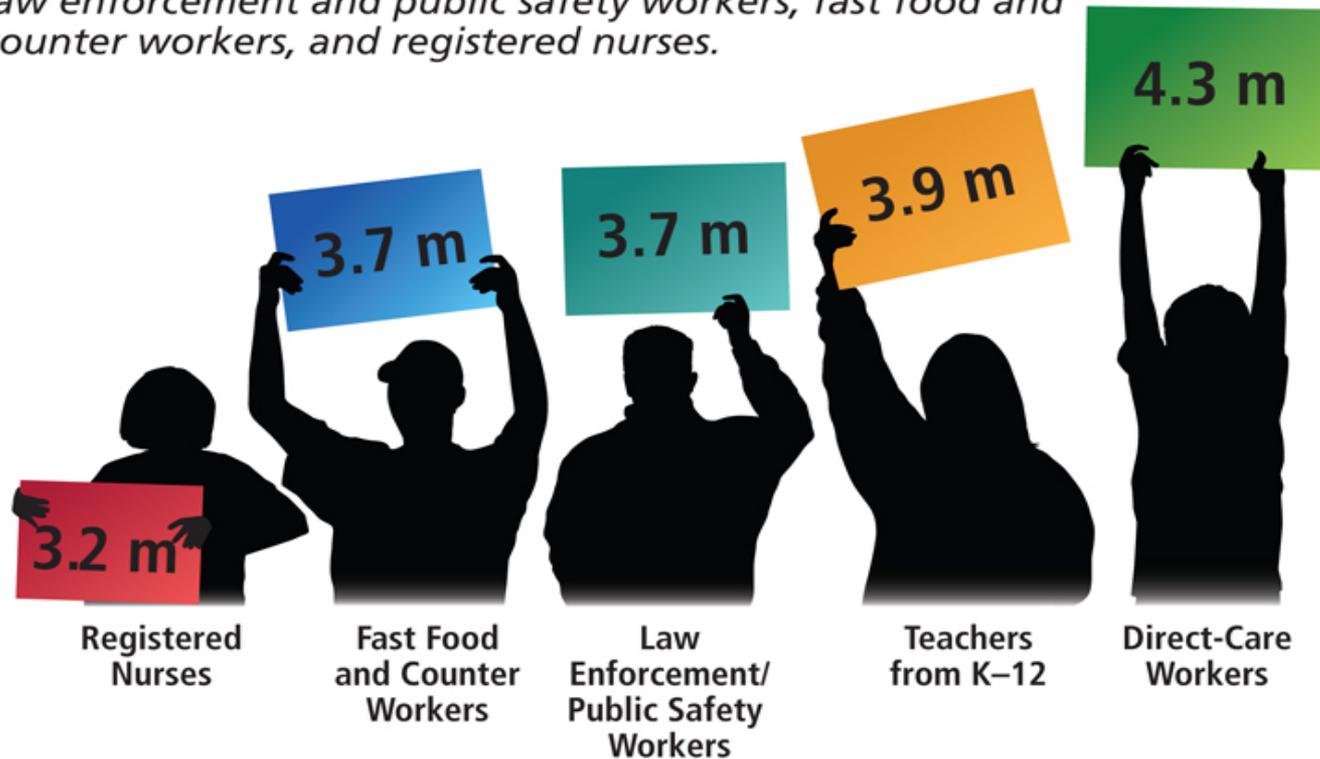
Direct-Care Workers Lacking Health Coverage Compared to General Public, 2008



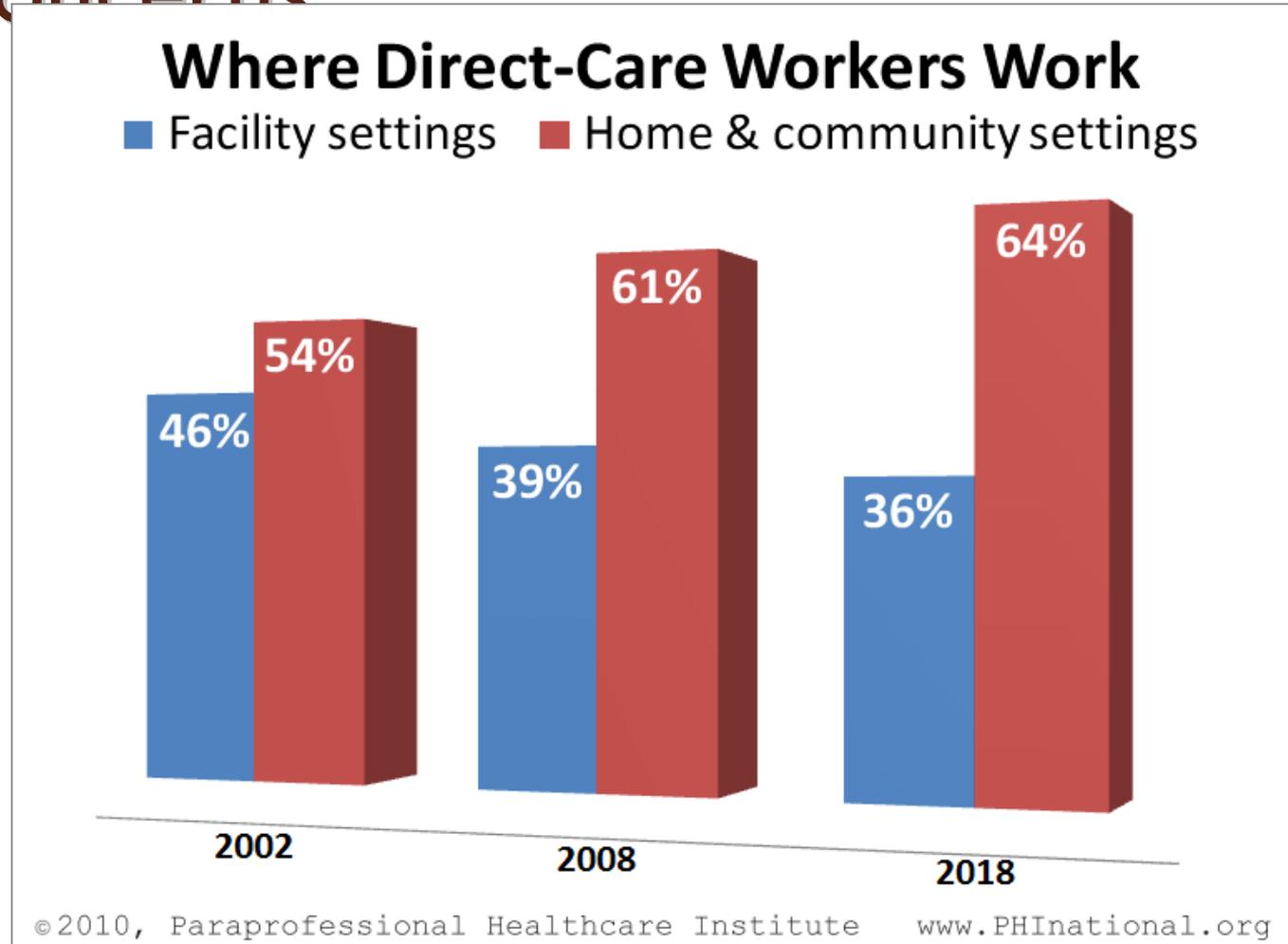
Why Are DCW Jobs So Important?

Direct-Care Workforce Reaches Historic Proportions

By 2018, there will be more direct-care workers than teachers (K-12), law enforcement and public safety workers, fast food and counter workers, and registered nurses.



The Rise of Home/Community Care and Services Raises More Concerns





Opportunities to Reduce DCW Turnover

- Supervision
- Wages and benefits – and the challenges of living in poverty
- Lack of consistent work weeks/hours
- Lack of credentials and regulation along with low status and recognition
- Widespread lack of career ladders
- High injury rates
- Challenges of the work itself



Why is Apprenticeship a Key Strategy for this Workforce?

The Four Principles:

- **Workers earn while learning**
- **Portable U.S. DOL registered certification**
- **Wage incentives or bonus**
- **Mentoring supports learning and increases confidence**



The Apprenticeship Advantage

- **Linking classroom instruction to on-the-job experience enhances learning**
- **Competency-based**
- **‘Grow Your Own’ encourages retention, quality care and services**
- **Career Ladders – Specialties**
- **Flexible to meet employer needs**
- **Returning to the way it used to be**



DoL Registered Healthcare (DCW) Apprenticeships

- **Certified Nursing Assistants**
- **Home Health Aides**
- **Direct Support
Specialists/Professionals**
- **Health Support Specialists**

<http://phinational.org/training/resources/apprenticeships>



CNA & HHA Apprenticeship Models

- The local sponsor's Apprenticeship Training Committee (ATC) oversees program within DoL guidelines
- Core Competencies – 675 to 750 hours of on-the-job learning; classroom time 150 hours
- ATC determines specialty competencies. One must be peer mentoring
- Must integrate with state & federal training requirements



Apprentices Earn Specialty Certification

- Specialties are added to the core competency in concentrated areas that give apprentices the edge.
 - 32-40 hours of classroom work
 - 150 – 300+ hours of additional on-the-job learning
 - Dependent on the competencies and related instruction developed for each specialty



Why Apprenticeships Work for DCWs & Healthcare Sector

- ❖ Systematic training
- ❖ Employees who "fit" the organization
- ❖ Local, state and national recognition
- ❖ Reduced turnover
- ❖ Recruitment strategy
- ❖ Relevant classroom instruction linked to actual work experience
- ❖ Recognition for long-term employees
- ❖ Employees increasingly capable of advancing
- ❖ Industry-recognized training standards



The Consortium Model

- NWMCOG serves as apprenticeship sponsor
- Enhances the One-Stop system's relationships and collaboration with employers
- Relieves employers of most of the administrative burden
- Creates opportunities for custom training
- Allows multiple entry points for new and incumbent workers



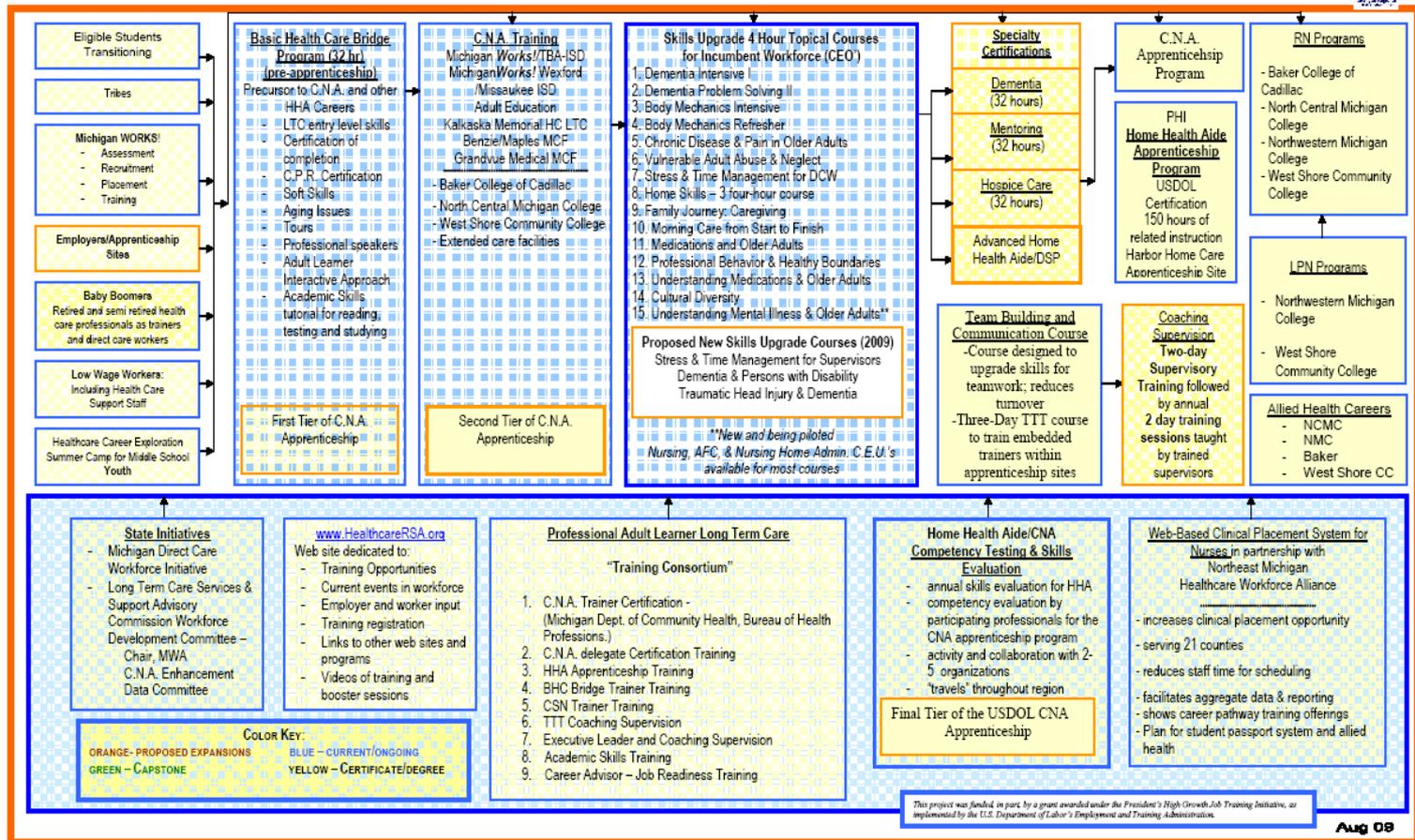
Aspects of the Consortium Model of Apprenticeship

- Increases collaboration among employers
- Creates a preferred regional training standard
- Surfaces high road employers
- Increases industry standards
- Strengthens opportunities for WIA funding, including OJT
- Opportunity for expansion to other careers and specialties per employer

Healthcare Apprenticeship & Career Credentialing Pathway



HEALTHCARE APPRENTICESHIP & CAREER CREDENTIALING PATHWAY





Program Features

Basic Healthcare Bridge Program

- Orientation to the field and training
- Groundwork for success on the job
- Specifics for success in long term care
- Assessment tool and training tool

C.N.A. Training, for all learners and apprentices

Skills Upgrade Classes – 16 Short 4 hour courses with C.E.U.'s

- Dementia Levels I and II
- Professional Behaviors and Boundaries
- Family Journey: Caregiving from Diagnosis to Death
- Home Skills Enhancement - Cooking, Cleaning, Shopping



Program Features

continued...

- **Specialties -**
 - PHI's 3-day Peer Mentoring program
 - 32 hour dementia, hospice, advanced home care
- **Team Building & Communication Skills –** PHI's one-day program
- **Coaching Supervision –** PHI's 2-day program for management
- **Mobile Skills & Competency Evaluation –** 12 plus stations



US DoL Office of Apprenticeship Technical Assistance

- Resources for best practices and guides to help you determine the apprenticeship framework that works best for you

- Website Resources
- Webinars
- Community of Practice
Networks
- Competency outlines

<http://21stcenturyapprenticeship.workforce3one.org/page/home>



Lessons Learned for Consortium Models of Apprenticeship

- **Glean employers' needs** – not what jobs they want but what skill sets they need
- **Determine employer's capacity** to:
 - Understand obligations they will have
 - Coordinate training for staff
 - Select staff and evaluate them at each step and certification
 - Celebrate success
 - Collaborate with their union



Lessons Learned for Conveners

- Approach this as an exercise in relationship building and collaboration among employers with a little healthy competition
- Prepare employers to manage having apprentices alongside non-apprentices
- Include local One-Stops and labor in the process from the start, e.g. in the ATC
- Use successful employers to help you recruit others



More Lessons for Conveners

- Allow more time than you think
- Have a draft training plan and delivery system when approaching employers
- Be very clear about wage increments and training costs
- Make sure employers understand what they are getting into



Looking to the Future

- **Coordinate emerging standards and credentials with apprenticeship model**
 - In many states, CNA training programs are the ‘default’ training for LTC services
 - Apprenticeship can easily be applied to other health care professions – PT and OT aides, Allied Health
 - Advocate for core foundation skills across the variety of direct care worker jobs
- **Continue to support the Workforce Investment Community’s efforts to meet health care, long term care and DCW needs**



Meeting the Boomer Challenge!

- **Organize the education community for more accessible, adult-learner centered training options**
- **Enhance the profession to attract non-traditional workers**
 - Improved wages and benefits
 - Deepened roles – care coordination, education, greater clinical scope
- **Improve financing for long-term workforce development and community-based care**



TRAINING THE HEALTHCARE WORKFORCE FOR THE BOOMER CRISIS

Thanks and best wishes in your good work!

Jean Peters, *Coordinator,*

NW Michigan Council of Governments Healthcare SA

231.929.5000; 800.692.7774 ■ jeanpeters@nwm.cog.mi.us

www.HealthcareRSA.org ■ www.nwm.cog.org

Maureen Sheahan, *Midwest Training & Organizational
Development Specialist, PHI*

248.376.5701 ■ msheahan@phinational.org

www.phinational.org ■ www.directcareclearinghouse.org

www.phinational.org/training/resources/apprenticeships