

# Strengthening the Direct Care Workforce in North Carolina

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**D**eveloping the capacity and quality of the direct care workforce continues to be a serious issue for states, including North Carolina. There are many well-trained, committed, caring, and competent direct care workers in North Carolina providing care every day to persons in need of long-term care services at home or in residential- or facility-based settings. This fact, however, does not negate the reality that high turnover and vacancy rates continue to be a major concern for states. With the aging of the population and advances in medical care that help people live longer lives, demand for well-trained, quality direct care workers will grow rapidly. This is illustrated by the fact that two of the three major categories of direct care workers currently tracked by the US Bureau of Labor Statistics are ranked as the second and third fastest growing occupations in the country between 2006-2016.<sup>1</sup> North Carolina is projected to need 43,340 additional direct care workers between 2006 and 2016, a 43% increase.<sup>2</sup>

North Carolina has had an ongoing focus on the direct care workforce since the late 1990s. Through numerous collaborative efforts with a variety of stakeholders, several major initiatives and other smaller scale projects have been implemented. This forward momentum has occurred in spite of two significant downturns in the economy during this period. Early efforts positioned North Carolina to successfully compete for federal and private foundation grants focused on the direct care workforce. Civil monetary penalty funds have also been used to help support nursing home targeted efforts. Initiatives implemented were intended to address recruitment and retention, improve direct care jobs and the workplace culture, improve the quality of care provided, and develop an ongoing data collection and analysis capacity to examine workforce trends and assess the effect of various initiatives.

Having a continuing focus, combined with considerable consistency in the make up of key partners in the work, has

enabled North Carolina to integrate, wherever possible, new workforce efforts with other training and quality improvement efforts being undertaken by the state, provider associations, or other stakeholders.

While not every group listed has participated in all the major initiatives discussed in this commentary, key partners have included the North Carolina Health Care Facilities Association; North Carolina Long-Term Care Facilities Association; North Carolina Assisted Living

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Association; Association for Home and Hospice Care of North Carolina; numerous divisions/offices within the North Carolina Department of Health and Human Services (NCDHHS); Direct Care Workers Association of North Carolina; Friends of Residents in Long-Term Care; the Carolinas Center for Medical Excellence; UNC Institute on Aging; the Gerontological Nursing Specialty Program at Duke University; North Carolina Board of Nursing; the North Carolina Community College System; and the North Carolina Foundation for Advanced Health Programs, Inc.

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Some of the major accomplishments over the past decade have been the creation of two advanced job category listings on the state's Nurse Aide Registry. These job categories were developed to provide meaningful career path options for nurse aides on the Registry while also responding to advanced training and skill needs identified by long-term care employers. The two job categories include a medication aide and a geriatric nurse aide. To be listed as either a medication aide or geriatric nurse aide, nurse aides must successfully complete additional training and a competency test. Data analysis efforts have also been instituted to track medication error rates as well as determining the extent to which these new job categories provide a career path for workers in terms of increased pay. A third new career path option, a home care nurse aide specialty, is currently under development, funded by a grant to the North Carolina Foundation for Advanced Health Programs from the North Carolina Health and Wellness Trust Fund. The home care nurse aide specialty will focus on the unique service delivery issues experienced by nurse aides working in home care settings where on-site supervision is not routinely available. Listing for this new job category will also require successful completion of training and competency requirements. Once implemented, trend data pertaining to nurse aides completing this additional training and wage data related to this job category will also be tracked.

North Carolina has earned national recognition for two innovative programs viewed as potential models for other states, stemming from projects implemented through the national Better Jobs Better Care research and demonstration grant initiative funded by the Robert Wood Johnson Foundation and The Atlantic Philanthropies. North Carolina's research grant project built upon the existing WIN A STEP UP program for nurse aides working in nursing facilities. WIN A STEP UP emerged from a partnership between the North Carolina Institute on Aging at the University of North Carolina at Chapel Hill and NCDHHS, and was initially supported by the Kate B. Reynolds Charitable Trust in 2000. The program aims to enhance care for North Carolinians living in nursing homes by addressing the costly problem of nurse aide turnover which interrupts the caregiver-resident relationship and exacerbates staffing shortages.

WIN A STEP UP is based on three principles: (1) *education*, which is essential for quality service by building competence, self-esteem, and teamwork in the workforce; (2) *compensation*, where concern about direct care workers is reflected in nurse aides' paychecks and benefits; and (3) *commitment*, ensuring that all parties who receive program benefits formally agree to contribute and be held accountable for their performance. WIN A STEP UP currently provides two days of intensive coaching supervision training for frontline

nurse supervisors and provides 30 hours of training for direct care workers, monetary payments, and recognition. Direct care workers agree to attend classes and keep working at the facility for a specified period of time after they finish the classes. Their employer agrees to commit staff time to completing the program and distributes a retention bonus or wage increase to participants who successfully complete the curriculum. For the last several years, the program has supported continuing education of nursing assistants and their supervisors in nursing homes and strengthened facilities' capacity to reinforce and accelerate organizational culture change by embedding certified coaching supervision trainers within participating homes.

WIN A STEP UP has reached over 1,000 direct care workers and their supervisors in nearly one-quarter of North Carolina nursing homes and has gained national recognition because it has the proven capacity to improve skills, increase career commitment, and provide recognition to its participants.<sup>3</sup> In 2004, the US Department of Health and Human Services identified WIN A STEP UP as one of three programs nationwide proven to be effective in reducing nurse aide turnover. In 2007, WIN A STEP UP was selected as one of two national finalists for the Rosalynn Carter Caregiving Award. Program design has evolved by developing and applying evidence through applied research, and rigorously conducted evaluations have linked WIN A STEP UP to improvements in nursing care, reductions in aide turnover, and decreases in pressure sores among residents in participating facilities.<sup>4-7</sup>

The second innovative project recognized nationally is the North Carolina New Organizational Vision Award (NC NOVA), developed through the Better Jobs Better Care demonstration grant to the North Carolina Foundation for Advanced Health Programs (NCFHP). NC NOVA is a first in the national special licensure program for nursing homes, adult care homes, and home care agencies and is intended to improve direct care jobs, build effective workplace teams, boost staff morale across the organization, reduce turnover, and improve quality care and consumer satisfaction. Qualifying organizations are awarded a special license by the state's Division of Health Service Regulation. To date, nine organizations have achieved this prestigious designation. Although still early in the data analysis process, in 2008 annual average turnover rates for NC NOVA adult care home and nursing home designees were between 61%-89% lower than the aggregate statewide rates for these settings.<sup>a</sup> Average annual turnover data for NC NOVA home care agency designees were 12% lower than average statewide data home care agencies overall. It is also worth noting that the three state-operated neuromedical treatment centers are working to implement NC NOVA criteria with the

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a. Moxley J. Office of Long-Term Services and Supports, North Carolina Department of Health and Human Services. Personal communication. November 2009.

ultimate goal of attaining NC NOVA designation since these settings can also benefit from the workplace culture change expectations included in the NC NOVA special licensure designation program.

NC NOVA's partner team developed the program with several core principles in mind including linking state policy to practice through special licensure, being voluntary and incentive based, being a comprehensive "raise the bar" program, having a determination process separate from the state's regulatory process through use of an independent review organization, and having the special license issued by the state which provides creditability for employers, workers, consumers, and the general public. North Carolina has received national attention not only for NC NOVA but also for the partner team's highly effective and collaborative approach to the program's development.<sup>8</sup> In light of NC NOVA successes, the Robert Wood Johnson Foundation provided additional funding to the NCFHP after NC NOVA was implemented to create a guide for other states that may be interested in developing a similar program.

Currently, NC NOVA partners are working to further strengthen NC NOVA by working to put in place the structures to provide a Medicaid-funded enhanced performance payment for NC NOVA designees at some point in the future, put structures in place to ensure long-term integrity and consistency of the independent review process, and develop structure and technical supports for organizations interested in working toward NC NOVA designation. These efforts are being funded through a grant from The Atlantic Philanthropies to the NCFHP.

North Carolina has been successful in the face of numerous challenges over the last decade for several reasons. First, the state has kept together a broad coalition of stakeholders who have recognized that the direct care workforce shares many common strengths and challenges despite differences across a variety of work settings. Secondly, North Carolina's stakeholder coalition has been persistent, flexible, and pragmatic in the acquisition and deployment of limited public and private resources for workforce development. Finally, North Carolina has made extensive use of data and evidence, systematically monitoring programs, evaluating program performance, and using that evidence to continuously improve effectiveness and increase efficiency. Finally, it is clear that North Carolina's programs strengthening the direct care workforce are part of a dynamic process of ongoing culture change activities and quality improvement collaboratives that are coming to be an accepted part of the landscape in the long-term care sector throughout the state.

Although important steps have been taken, these efforts must be sustained and built upon. North Carolina will need approximately 43,000 additional direct care workers by 2016. The title of the national direct care workforce initiative, known as Better Jobs Better Care, most aptly describes the core focus for all future work if we are to attract and retain the significant number of additional workers that will be needed in the coming decade to provide quality care to consumers and families in need of paid long-term care services. **NCMJ**

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