BetterJobsBetterCare

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ISSUE BRIEF

Better Jobs Better Care
Building a Strong Long-Term Care Workforce

SYNOPSIS » Partnerships among long-term care providers, consumers, and workers are emerging around the country to strengthen the long-term care workforce. Better Jobs Better Care is supporting such coalitions in five states. Multi-stakeholder coalitions that are able to forge a unified agenda make for a powerful force in the political arena. They can also create momentum for fundamental changes in the workplace to improve job conditions and work environments for direct-care workers. This issue brief describes the structure, practices, and factors leading to the success of such coalitions.

Multi-stakeholder Coalitions:

Promoting Improvements in the Long-term Care Workforce

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INTRODUCTION

Across the U.S., long-term care stakeholders-providers, workers, and consumers-are coming together in a variety of coalitions to seek solutions to the direct-care workforce crisis. Private foundations and government agencies have invested substantial resources into promoting theses types of community-level and state partnerships, based on the belief that collaboration increases the ability of groups to achieve health and social goals.

Coalitions take many forms, from loose networks to collaborative bodies, but in most cases they "make a formal sustained commitment to work together to accomplish a common mission."[1] Some long-term care workforce coalitions are ad-hoc, organized to achieve a specific, time-limited goal such as passing a bill. Others make longer-term commitments to achieve broad-based change in public policy and workplace and caregiving cultures.

This issue brief examines the emergence of multi-stakeholder coalitions to address long-term care workforce issues, and looks at factors that contribute to their success. It discusses:

1. why multi-stakeholder coalitions can help to address the workforce crisis and improve the quality of long-term care;
2. how state long-term care workforce coalitions are organized;
3. factors that contribute to the success of coalitions; and,
4. how to assess the functioning and effectiveness of a coalition.

WHY ARE MULTI-STAKEHOLDER COALITIONS EFFECTIVE CHANGE AGENTS?

There are no easy solutions to long-term care workforce problems. Stabilizing the workforce requires improved wages and job benefits, better job preparation and ongoing training for workers, more support for direct care workers in managing their work and family responsibilities, and changes in the workplace to improve supervision and communication around consumer care needs. It also calls for efforts to expand the labor pool to compensate for the widening gap between the numbers of workers available to fill these jobs and the demand for long-term care services. The complex interplay of market forces, industry practices, and public policies involved in making such changes means that no single person, organization, or sector can resolve the long-term care labor crisis on its own. This calls for partnerships among groups with a stake in resolving the problem.

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Coalitions are also important to persuade policymakers to act. To date, federal and state officials have not adequately responded to the problems, in part because the three key stakeholders have not been able to agree on solutions. Typically, providers have sought more resources and more flexibility, while consumers and labor representatives have wanted greater oversight to ensure resources are used appropriately. In addition to differences among stakeholders, long-term care interests have been divided between sectors, with home- and community-based care and institutional care competing for public funds.

In the late 1990s, these positions began to shift as the long-term care system faced the worst labor shortage in its history. A dialogue opened among providers, workforce advocates and consumers, all of whom were concerned that lack of staff undermined the quality of long-term care. Stakeholders began to see that a unified strategy focused on improving the quality of direct-care jobs could create a 'win' for all three groups:

- Workers would gain respect, improved wages and benefits, and opportunities for professional growth;
- Consumers would receive better care from competent, compassionate workers who feel valued for the essential services they provide; and
- Providers would be able to count on a more stable, qualified workforce to provide the quality services demanded by their customers.

In addition to the benefits they could each gain, a partnership among the three groups would allow them to leverage and blend their respective strengths and abilities.[2]

California offers a good example of how coalitions can reshape public policy more effectively than any single stakeholder group. When the state's disability community came together with organized labor to improve the In-Home Supportive Services (IHSS) system, which provides publicly funded support services to people living with disabilities, they constituted a powerful force for change.[3] An alliance of the two groups led to the creation of California's county-level public authorities, which administer the IHSS program and support both workers and consumers. The public authority acts as the workers' "employer of record," thereby allowing workers to improve wages and benefits through collective bargaining, while also providing important consumer services such as worker registries.

Multi-stakeholder coalitions are also powerful engines for change in the workplace. With all the critical players at the table, stakeholders can examine the impact new workplace practices will have on people, institutional structures, and daily routines. North Carolina, for example, has brought together stakeholders to develop two new job categories—medication aide and geriatric aide—and the curricula for related training programs. The input of all the stakeholders in the design of these positions increased the chances for them to offer real opportunities for career advancement for direct-care workers and improve the quality of care.

HOW ARE COALITIONS ORGANIZED?

Long-term care workforce coalitions have formed in a growing number of states and at the national level (see box). Among those states where such coalitions have helped to raise long-term care workforce issues on policy agendas or initiate changes in workplaces are Arizona, California, Massachusetts, Maine, and Wisconsin, in addition to those in the Better Jobs Better Care grantee states of Iowa, North Carolina, Oregon, Pennsylvania, and Vermont. These coalitions illustrate diverse approaches to coalition structure and goals.

The Massachusetts' Direct Care Workers Initiative (DCWI) is a statewide coalition, with representation from consumer, provider, and labor organizations, including four provider trade associations. Facilitated by the Paraprofessional Healthcare Institute, the coalition identified a clear set of policy and practice goals, including providing a living wage and health insurance for all direct-care workers; establishing educational opportunities and career paths; making long-term care a gateway to employment for people transitioning from welfare; and improving workplace supervision and management. The group was formed soon after the Massachusetts legislature funded the Nursing Home Quality Initiative, which provided increased wages and educational opportunities for CNAs. The DCWI then worked with policymakers to extend the program to all direct-care workers. Two of the initiative programs —

Direct Care Alliance — A National Long-term Care Workforce Coalition

The Direct Care Alliance (DCA) promotes quality jobs in long-term care at the national level. Officially launched in 2000, the DCA grew out of a dialogue that began in 1998 among key stakeholders and individuals interested in a quality jobs/quality care agenda. An initial steering committee has evolved into a board of directors, which seeks to maintain balanced representation of consumers (aging and disability communities), workers (unions and direct-care worker associations), and concerned providers (nursing home, assisted living, and home care). As of 2003, DCA is in the process of becoming a separate nonprofit organization based in Washington, DC.

The DCA set itself a broad mission: to achieve a stable and competent frontline long-term care workforce. Its greatest success thus far has been in sparking national dialogue on the direct-care workforce crisis. The organization has held two successful national conferences, bringing together key stakeholders from states with emerging state-level coalitions. At each conference, an effort was made to include voices that are often not at the table, including direct-care workers and people living with disabilities. Recognizing the differences between the long-term care aging community and disability rights activists, the organization sponsored a day of dialogue in summer 2003. This unprecedented event, which began to build a shared awareness and understanding among represented groups, was hailed as a break-through by all participants. For more information, visit: www.directcarealliance.org

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the Extended Care Career Ladder Initiative and the Direct Care Scholarship Fund — are now in their fourth year of operation.

The DCWI has approached its latest campaign—to increase access to health insurance for direct-care workers—in a way that achieves both an immediate policy goal and builds toward a deeper transformation of caregiving and workplace practices. Rather than taking the traditional route of having policy experts develop a plan, the group formed a Health Insurance Working Group made up of workers and their employers from a dozen workplaces. The group is helping to shape the design of policy options and is providing the base for a grassroots advocacy strategy. Through focus groups, the group has identified barriers to health insurance access and developed a core of workers and employers willing to share their stories in public forums and with legislators. The benefits have been two-fold: workers and their employers are learning the skills they need to be effective participants in public policy, and their powerful stories are entering the public discourse. The process has also helped to build bridges between workers and management at participating workplaces.

In both North Carolina and Pennsylvania, state agencies have taken the lead in building multi-stakeholder approaches to long-term care workforce issues. North Carolina's Department of Health and Human Services has brought together stakeholders to serve on several work groups addressing a wide range of recruitment and retention issues, while Pennsylvania's Department of Aging facilitates the state's Intra-Governmental Council on Long Term Care.

Established by executive order and codified in state law, the Pennsylvania Long-Term Care Council includes members of the Cabinet, the General Assembly, senior advocacy groups, home care and nursing home provider associations, disability advocates, unions, and legislative representatives. The Council provides a public forum for discussion and debate on long-term care issues and ensures that policymakers hear from stakeholders on a regular basis. The Workforce Issues Work Group, for example, carefully documented both provider and worker perspectives on the staffing crisis,[4] resulting in significant new funds being directed to home- and community-based agencies for workforce development.

As a government-sponsored group, the Council is limited to making recommendations and is unable to directly advocate for changes that a fully independent coalition might. The Council's role is therefore complemented by Pennsylvania Culture Change Coalition (PCCC), representing over 130 long-term care advocates, providers, administrators and union members who are seeking "deep system change

and transformation in our culture of aging, across all settings."

These groups came together to form Pennsylvania's Better Job Better Care coalition, with leadership provided by the Center for Advocacy for the Rights and Interests of the Elderly (CARIE), a well-respected consumer advocacy group. The Pennsylvania coalition plans to institutionalize its effort by becoming a freestanding nonprofit organization. Stakeholders have concluded that by establishing a broad-based workforce coalition, independent of state government, they will be able to strengthen their advocacy, raise funds, and assure that the workforce issue continues to receive attention beyond the life of their Better Jobs Better Care demonstration.

FACTORS THAT CONTRIBUTE TO SUCCESSFUL COALITIONS

In *From the Ground Up*, a workbook on coalition building and community development (see note 1) the authors identify several critical factors contributing to the success of coalitions: clear mission, inclusive membership, commitment to action and advocacy, and an ability to handle key organizational issues such as communication and decision making, i.e., effective governance. This section examines these critical factors in the context of building successful multi-stakeholder long-term care workforce coalitions.[5]

Diverse interests strengthen a coalition by adding credibility, resources, and expertise needed to pursue the coalition's goals and objectives.

Mission

Coalitions come together because participants recognize that, though they may have differences, they have common areas of interest. These common concerns form the basis for the coalition's mission. To sustain a viable coalition, this mission must 1) align with the interests of individual members, 2) be important enough to individual members to set aside differences, and 3) require collective action to succeed.

As one coalition facilitator noted, when stakeholders initially "come to the table, they may share little more than oxygen." It is in the process of articulating a common mission that collaboration begins. For example, in June 2002, Maine's Center for Economic Policy and Costal Enterprises, Inc., convened a group of long-term care providers, labor organizations, and advocacy groups to discuss direct-care workforce issues. Together, they drafted a set of principles that form the core of a new vision for Maine's long-term health care system and a strong foundation on which stakeholders can craft solutions together.[6] As a starting point, the coalition has promoted legislation that instructs the state's Department of Health and Human Services to study the cost of increasing Medicaid reimbursement in order to improve direct-care wages.

Inclusive Membership

Long-term care workforce coalitions bring together organizations that often have been at odds in the past. Not only is it new for consumers, providers and labor to collaborate, but as Elissa Sherman of the Massachusetts' DCWI notes, "having the full spectrum of long-term care providers look for solutions together is a first. In Massachusetts the workforce problem is now seen as a problem that impacts the entire long-term care sector."

Coalition leaders note that it isn't easy to bring together the full range of stakeholders. The Pennsylvania Culture Change Coalition and Maine's Direct Care Worker Coalition, for example, have attracted committed workers and providers, but have found it more difficult to sustain consumer participation. In other cases, coalitions have tried to include direct-care workers but have found that securing their participation can be difficult.[7] Part of the coalition's work is to meet with stakeholder organizations in order to understand their strategic interests and explore together how the coalition can help to achieve key goals.

Long-term care workforce coalitions vary considerably in the participation of other key actors besides the three major stakeholder groups. Pennsylvania's Long-Term Care Council includes representation of all the state agencies with an interest in aging and disability and workforce development. Arizona's Direct CareGivers Association includes researchers and local policymakers. The conveners of Maine's coalition are economic development organizations that have long addressed issues affecting low-wage workers. Diverse interests strengthen a coalition by adding credibility, resources, and expertise needed to pursue the coalition's goals and objectives.

Commitment to Action and Advocacy

The majority of long-term care coalitions have developed a two-pronged strategy to promote

workforce improvements — sustained advocacy in the policy arena, coupled with innovative changes in the workplace. Though it may take several years to affect state policy, member organizations may be able to foster changes in workplace practice in a shorter time period. For all coalitions, setting goals that are realistic and demonstrating success early on are essential.

In Tucson, Arizona, the Direct CareGivers Association identified two goals: 1) to provide opportunities for caregivers to pursue training, certification, and continuing education, and 2) to improve the system in which caregivers work by developing standards, educating the public, and working with providers to enhance recruitment, screening, and retention. While advocating for direct-care workers in the public arena, the coalition also started the Caregiver Resource Center, a "one-stop" center for communitywide recruitment of caregivers; screening, training, and introduction to the workforce; job placement; and continuing education, mentoring, and support. The resource center is already providing benefits to workers, who receive quality training and job placement services, and provider-members who pay a fee to access a ready pool of qualified candidates for employment.[8]

In the policy arena, well-organized coalitions have achieved early victories by publishing and publicizing reports demonstrating the extent of the direct-care workforce crisis in their states and making recommendations for action. Michigan's newly formed Direct Care Workforce Initiative received state funding to survey current and former CNAs and home health aides about why some workers choose to stay in their jobs while others leave.[9] Once complete, this research has the potential to serve as a powerful vehicle for change.

Structure and Governance

A coalition, whether relatively informal, defined by legislative mandate, or institutionalized as a nonprofit organization, will achieve its goals only if it can successfully handle basic organizational functions. The most effective long-term care coalitions are "democracies in action";[10] to function well, they need shared leadership, good communication, inclusive as well as efficient decision-making processes, and clearly articulated processes for resolving conflicts.

Leadership—Lead agencies have a particularly challenging task in supporting and maintaining a coalition. They must balance autonomy and accountability successfully, ensuring that participating organizations feel that they have sufficient influence without limiting the ability of coalition staff to move the agenda forward. The best coalition leaders act as facilitators and coordinators, inviting broad participation from members and spreading leadership throughout the coalition. Since members are likely to have different skills, one means of doing so is to encourage members to take on various roles: strategist, lobbyist, media spokesperson, legislation expert.[11]

A lead agency that represents a single stakeholder must be careful to ensure that its advocacy for its own agenda does not conflict with building a collaborative process. Because this can be difficult, coalitions often use outside facilitators to help build consensus around the coalitions goals and objectives. North Carolina, Massachusetts, and Maine have all benefited from facilitators who have seen their role as building consensus, not promoting a particular constituency or agenda.

Decision Making—As a collaborative body, a coalition needs a democratic decision-making process that allows for all points of view to be considered, while also providing a reasonably efficient means of making decisions and moving forward. Susan Harmuth, from North Carolina's Department of Health and Human Services, describes their decision-making

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process as "consensus building." Sometimes, in the process of building consensus, coalition representatives, to understand issues in new ways, which can mean moving ahead of their constituents. Though a representative to the coalition may agree with a particular position, s/he may feel constrained by those s/he represents. Coalition leaders find that they must help members bring their own constituents along, in order to build broad support for the coalition's agenda.

Many coalitions seek consensus but allow for a majority vote to avoid situations where a minority blocks action. Minority opinions, however, cannot be disregarded; organizations that feel their interests are not well represented will leave the coalition. At the same time, disagreements that prevent action altogether will likely lead to dissolution. Coalitions need mechanisms for resolving differences in ways that build common ground. Large coalitions often use layered decision-making structures, establishing work groups and a steering committee and delegating some decision-making authority to coalition staff. For this kind of structure to work, members need to agree on what kinds of decisions can be made by different parties within the coalition.

Coalitions often feel a tension between taking the time necessary to build trust and find common ground and the desire to take action at an opportune moment. Although a coalition shouldn't get so immersed in process that it fails to achieve results, a coalition that has taken the time to build unity will be more powerful when it enters the public arena.

Communication—Good communication, both internal and external, is fundamental to a well-functioning coalition. Internally, members need to be kept abreast of coalition activities, particularly if meetings are infrequent and staff members carry out much of the work. Coalition leaders also need to keep themselves informed about the activities and concerns of coalition members. As one leader noted, an issue should never be a surprise when it comes up. Leadership involves nurturing members, hearing their concerns, and finding ways to mediate differences before positions harden.

It also takes skilled coalition leadership to ensure that the dialogue includes everyone at the table. Inevitably, coalitions include powerful and less powerful organizations and individuals. In long-term care workforce coalitions, individual direct-care workers and consumers may need extra support to participate fully in coalition discussions and decision making dominated by professionals. Providing members with opportunities to learn more about particular policy issues and the political process and to develop their speaking, advocacy, and leadership skills can help to enhance participation. In some cases, the support needed may be much more pragmatic. Scholarships may help workers or consumers without organizational resources to participate in meetings or conferences that require travel or registration fees.

Conflict Resolution—Conflict is inherent in the very nature of coalitions, because they bring together organizations that often compete for clients, resources, and prestige within their communities. For example, competition for funds can cause irreparable damage between coalition members. When the coalition is the source of competitive program funds, it must ensure the allocation process is open and fair. Also, the coalition itself must take care not to compete with member organizations for funding or prestige. The coalition should always draw attention to the role of the participating organizations, making sure that they get the lion's share of the credit for the coalition's success.

When organizations are asked to give up individual control and some of the limelight, the payoff needs to outweigh the risks. For example, labor organizations may feel ambivalent about joining a coalition to increase wages and benefits through legislative measures, if they fear that credit will go to the coalition and undermine organizing campaigns. Similarly, a powerful political player may feel little need to ally with other stakeholders. To bring these organizations to the table, coalition leaders need to help members focus on their common objectives.

The more diverse the coalition, the more likely disagreements will emerge. A coalition manages conflict well by promoting open communication and seeking solutions that satisfy all parties. Conflicts are less likely to become destructive when a coalition has agreed on structures, decision-making processes, and conflict resolution strategies early on. When conflicts do arise, coalitions should not deny or hide conflicts behind a façade of cooperation.

Ongoing monitoring can help to assess coalitions' strengths and weaknesses and measure the effectiveness of their current strategies.

Even worse is to allow an unresolved conflict to become the focus of public arguments between members, destroying the coalition's unity. Successful strategies for resolving conflicts include negotiation and compromise, taking an issue off the table until a later time when more information or changes in the external environment may make it easier to come to agreement, or sending a disagreement to a conflict resolution committee to work out a solution.

Maintaining Vitality

Coalitions need to grow, change, adapt, and maintain their viability over time. The leadership needs to be attentive to the level of energy members bring to coalition activities, and the stress they may feel due to internal organizational challenges or external challenges such as state fiscal crises. As the external environment changes, the coalition may need to reassess its strategy and evaluate timelines for achieving goals and objectives. Public celebrations of accomplishments, in which members are acknowledged for giving their time and energy, also help to sustain a coalition's energy and vitality.

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ASSESSING COALITION EFFECTIVENESS

As the investment in community and state partnerships around health issues has grown, so has interest in evaluating the effectiveness of coalitions, consortia, and alliances in achieving their goals.[12] Indeed, an evaluation of the Better Jobs Better Care demonstration projects will assess the contribution of state long-term care coalitions funded by the program to changes in public policy and workplace practices. But coalitions need not wait for the results. Ongoing monitoring can help to assess coalitions' strengths and weaknesses and measure the effectiveness of their current strategies. There are a number of useful evaluation tools that coalitions can use to assess their functioning and program accomplishments.[13]

To evaluate a coalition's success in meeting its goals and objectives, experts recommend tracking three types of measures: process, outcome, and impact.[14] Process measures analyze the type and number of activities that members engage in to further the coalition's goals. If the coalition were advancing a policy agenda, for example, it might identify how many times its members met with legislators or the number of media contacts about the agenda.

Outcome measures consist of two types: 1) the commitment and involvement of member organizations, which can be determined through surveys that assess how members perceive the success of the coalition's programs, rate their level of commitment, and assess the perceived costs and benefits of membership; and 2) progress in achieving objectives, e.g. did the coalition succeed in enacting new public policies or implementing new workplace practices?

A coalition should also assess the impact of its activities. For example, in the case of wage pass-through legislation, did it actually increase wages for workers? Did it improve wages across the board or did only a small number of workers benefit? Did a career ladder improve retention of workers? Did new skills obtained by direct-care workers lead to better quality of care for consumers?

Keep in mind that troubled coalitions are not necessarily those experiencing conflict (if there is an effort to resolve the conflict), but rather those that exhibit certain warning signs: declining attendance at meetings or lack of enthusiasm; meetings that get bogged down in procedures; consistent failure to follow through on promised actions; ongoing battles between members. If these symptoms are severe, it may be time to look for new partners, redirect the mission, or accept that the coalition has outlived its usefulness.

CONCLUSION

Forming a multi-stakeholder coalition to improve the quality of direct-care jobs and the

quality of long-term care is challenging. But according to many participating in such coalitions, it is well worth the effort. Katherine Cox, representing AFSCME in the national Direct Care Alliance, says, "When providers and unions go to policymakers together it gives us tremendous credibility. The DCA is more than the sum of its parts; it's creating a new synergy."

The success of multi-stakeholder approaches to workforce issues is evident around the country. Massachusetts and Pennsylvania have both brought significant new resources into their long-term care sectors, which are being used to improve training programs, provide workers with greater support, and offer new opportunities for advancement. California's public authority structure has proved so successful that it is being adapted by other states around the country. Maine is exploring a wage-floor for direct-care workers, and the Direct CareGiver Association in Tucson, Arizona, is experimenting with a new community-based model for training and supporting workers.

A coalition can never be taken for granted; trust and respect must be fostered, conflicts resolved, relationships deepened. With relationships strengthened through dialogue and shared understanding, stakeholders can go beyond collaborating for a one-time victory to common cause in transforming the culture of long-term care. Inclusive, well-governed multi-stakeholder coalitions have the potential to develop truly creative approaches to nurturing and supporting a workforce that, in turn, will improve care for millions of people challenged by physical, intellectual, or cognitive disabilities.

Notes

[1] Kaye and Wolff, (editors), 4th ed., 1997. From the Ground Up: A Workbook on Coalition Building and Community Development, AHEC/Community Partners, Amherst, MA. Available from: http://www.compartners.org/order/from_ground_up.shtml

[2] Zuckerman, Kaluzny and Ricketts, 1995. "Alliances in Health Care: What We Know, What We Think We Know, and What We Should Know", Health Care Management Review, 20: 54-64.

[3] Heinritz-Canterbury, 2002. Collaborating to Improve In-Home Supportive Services: Stakeholder Perspectives on Implementing California's Public Authorities, Paraprofessional Healthcare Institute, New York.

[4] Leon, Marainen, and Marcotte, 2001. Pennsylvania's Frontline Workers in Long-Term Care: The Provider Organization Perspective (Polisher Research Institute at the Philadelphia Geriatric Center); In Their Own Words, Parts I & II (Pennsylvania Intra-Governmental Council on Long-Term Care, 2001 & 2002

[5] See Cohen,, Baer, and Satterthwaite, , "Developing Effective Coalitions: An Eight Step Guide" (Prevention Institute), available at: www.preventioninstitute.org/eightstep.html and National Council on Disability, "Applied Leadership for Effective Coalitions," available at: www.ncd.gov/newsroom/publications/appliedleadership.html#3

[6] Maine Direct Care Worker Coalition (unpublished). Available from Coastal Enterprises, Inc., e-mail tms@ceimaine.org.

[7] In some states, such as Maine, Iowa, and North Carolina, direct-care worker associations are represented by members who are themselves workers. For a more in-depth discussion of worker participation, see the forthcoming BJBC issue brief, Involving Workers in Improving Job and Care Quality

[8] See Practice Profile Database at the National Clearinghouse on the Direct-Care Workforce, www.directcareclearinghouse.org/practices.

[9] Turnham and Dawson, 2003. Michigan's Care Gap: Our Emerging Direct-Care Workforce Crisis, Paraprofessional Healthcare Institute, New York.

[10] Dale Laninga, from a talk presented at the Pennsylvania Culture Change Coalition Conference, Lighting the Path to Quality Care, August 20-21, 2003 Harrisburg, PA.

[11] National Council on Disability, op. cit.

[12] Kreuter, Lezin, and Young, 2000. "Evaluating Community-Based Collaborative Mechanisms: Implications for Practitioners," Health Promotion Practice, 1:49-63.

[13] Coalition self-assessment tools include: 1) the Partnership Self-Assessment Tool, a free, web-based tool to get feedback from members, developed by the Center for the Advancement of Collaborative Strategies at the New York Academy of Medicine, http://www.partnershiptool.net/abouttool.htm, and 2) The Coalition Self-Assessment Survey: A Manual for Users, by Erin Kenney and Shoshanna Sofaer, City University of New York, Baruch College School of Public Affairs (available from the BJBC national program office at IFAS on request).

[14] Cohen, Baer, and Satterthwaite, op. cit.

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