

nizations to provide supports such as transportation, child care and even food assistance and emergency shelter space for victims of domestic violence.

### A Year of Training at Least

While training can be effective, he told the subcommittee, training programs that are very short term may be less effective than those that take about a year to complete. Many students from high-poverty neighborhoods need time to adjust their outlook, through supportive coaching, as they prepare for careers.

“Training out of poverty is possible. It takes dedication and resources,” he said.

Much of the subcommittee’s discussion turned to the ramifications of SNAP recipients being cut off benefits for failing to meet work requirements.

Rep. Alma Adams (D-NC) asked Holzer if he favored benefit sanctions for noncompliance.

The Georgetown professor, a Department of Labor chief economist during the Clinton Administration, said he believes that everyone on SNAP should be offered a “reasonable and appropriate program activity,” before they are removed from the rolls.

Rep. Ted Yoho (R-Fla) asked if the witnesses had seen damage when people lose their benefit because of work requirements, and Rep. Dwight Evans (D-Pa) followed Yoho with a yes-or-no about whether “kicking people off of SNAP” encourages work.

Holzer, Reynolds and Lotzar all answered Evans with a no.

Lotzar told both lawmakers that people will look for quick cash. This may be through crime or legitimate jobs that are easy to obtain but offer low wages.

“These jobs, inevitably, end up undesirable to people and they end up back where they started a few months earlier,” he said.

Rep. John Faso (R-NY) talked about the proposed budget resolution saying that its presumption is that lawmakers will find a way to tighten SNAP’s work requirements, to generate program savings.

### Reinvest Savings in Training?

“Maybe the way to bridge the Republican-Democrat philosophical divide is to reinvest some of the savings [in employment and training services for SNAP recipients],” he suggested.

Rep. Jim McGovern (D-Mass), the ranking minority member on the subcommittee, responded by bringing up the fact that the expiration of work requirement waivers last year significantly reduced the SNAP rolls. McGovern cited a story from the May 22 *Washington Post* that profiled a homeless Navy veteran from Augusta, Maine, who had turned to hunting squirrels for food after he was removed from the SNAP rolls.

“When you cut this program, you are taking food away from people. In 2016, we threw a million people off of the program because of the work requirements. These people largely aren’t working. They are going hungry,” McGovern said.

—Ryan Hess

### Employers

#### NURSE ASSISTANTS SKILL UP WITH HEBREW SENIORLIFE, JVS BOSTON

In the Boston area, the nonprofit nursing home provider Hebrew SeniorLife saw its staff turnover fall by almost two-thirds from 2013 through 2016, as it invested in training and coaching frontline workers, particularly certified nursing assistants, in partnership with JVS Boston.

In June, the National Fund for Workforce Solutions recognized Hebrew SeniorLife as one of its newest CareerSTAT Frontline Healthcare Worker Champions.

CareerSTAT is a peer network of health care employers that share an interest in developing their frontline workers and measuring the results of these efforts. The project is managed by the National Fund.

The National Fund recognized four organizations as Healthcare Worker Champions and seven others as emerging leaders in this year’s round of awards.

### Standout

Hebrew SeniorLife stands out among the awardees as a long-term care and senior living provider. It has worked with a local employment and training organization to build its internal frontline workforce development capacity, according to National Fund staffers.

The other awardees were hospital systems: Mercy, of Missouri, Oklahoma, Arkansas and Kansas; Ochsner Health System, of Jefferson, La.; and University Health System, of San Antonio, Texas.

Large hospital systems often have the capacity to offer the types of training and benefits that help them recruit, retain and promote frontline workers, but nursing homes, particularly those that serve high numbers of Medicaid beneficiaries, face tighter profit margins.

Nursing homes typically offer lower wages and as a result face relatively high turnover for the sector.

Long-term care providers also less often engage in this type of workforce development.

Among 36 organizations now recognized as CareerSTAT Healthcare Worker Champions, only Genesis HealthCare in southeastern Pennsylvania (recognized in 2015) and The Boston Home (recog-

nized this year as an emerging leader) are also focused on long-term care.

According to the Bureau of Labor Statistics Occupational Outlook Handbook, the average hourly wage of CNAs employed by hospitals was \$14.35, as of May 2016. That is 16 percent more than the \$12.37 average wage of CNAs at retirement and assisted living facilities. Skilled nursing care facilities paid \$12.79.

These are national figures. The average wages of all CNAs in the Boston metropolitan area were significantly higher, at \$15.30.

“Hebrew SeniorLife understands that the more opportunities we offer our employees to expand their professional education and deepen their skill sets, the more consistently we can provide the highest possible care for seniors throughout HSL’s continuum of care. HSL is committed to supporting professional advancement for all of our employees, including our patient care associates who serve as the primary point of contact for our seniors,” HSL Chief Executive Lou Woolf said in a statement.

Patient care associate is the job title the organization uses for CNAs.

HSL has about 2,600 employees across nine facilities, caring for about 3,000 residents and patients. About 900 of the organization’s workers are patient care associates.

HSL develops the skills of these workers through several initiatives.

### **Tuition Help, Scholarships**

All staff have access to partial tuition assistance. More than 100 patient care associates used the benefit in 2016.

A small number of full scholarships, often funded by private donations, are also available to patient care associates each year. They typically use scholarships to become licensed practical nurses or registered nurses. Fourteen of these scholarships were awarded this year. There have been 36 of these awards over the past five years.

HSL’s partnership with JVS Boston goes back about a decade. JVS initially offered English language and computer training courses for HSL workers.

Courses leading to credentials, such as licensed practical nursing and palliative care certificates, have also been provided over the years, according to Mary McDougall, director of professional practice and education at HSL.

Four years ago, with support from the Boston Foundation, HSL and JVS Boston developed a new training program for patient care associates known as Advanced Leadership in Geriatric Care. It is designed as a small step up a career ladder for workers with the most direct contact with nursing home residents.

Advanced Leadership in Geriatric Care runs for 10 weeks. One full day per week, participants are released from their floor duties to attend class.

### **Listening, Computers**

The curriculum covers topics such as listening, communication, problem solving, leadership and conflict resolution. It also includes some computer instruction, covering basic office skills that help nursing assistants be more effective on their floors. Some examples are creating email distribution lists to reach different types of staff, emailing requests to the maintenance department and making flyers to inform nursing home residents of coming events, explained Mary Jo Kiepper, the academic and career coach assigned by JVS to HSL. Kiepper has taught part of this training program.

Graduation from the program lands these frontline workers a new job title — senior patient care associates. This comes with a \$1 per hour raise and more advanced responsibilities, such as orienting new coworkers, engaging with residents and their families and serving as a liaison between other patient care associates and managers.

HSL’s typical starting wage for a patient care associate who applies with one year of work experience is \$13.75.

Senior patient care associates are offered opportunities to take part in further short-term training, such as lean management, and to serve on staff committees, such as one dedicated to sharing and discussing advances in safe patient handling.

Kiepper has worked as a coach for graduates of the program and found that she spent time helping both frontline managers and the workers figure out their extended responsibilities.

“Not only were these employees new to this position, but this position was really new to the organization,” she said.

Graduates of the program are expected to take on quality improvement projects.

### **Bright Idea**

Prince Kuffour, one of HSL’s first senior patient care associates, devised a system for labeling and storing wheelchair footrests. This is not inconsequential. During the day, many nursing home residents are helped into wheelchairs so they have some self-mobility. Staff members remove the footrests so residents can walk the chair around their floor as well as wheel their chair with their hands. But when staff members need to move residents from one area to another, pushing the wheelchairs, safety precautions call for replacing the footrests.

Kuffour came up with a color-matched identification and storage system to keep the footrests from being misplaced or put on the wrong wheelchairs, McDougall said.

“There is a focus on trying to get the patient care associates to think on a higher level than what is typical in a nursing assistant’s world,” she told ETR.

As of the end of 2016, HSL and JVS Boston have trained 44 senior patient care associates. The organization is planning future cohorts.

## 25 Honored

Twenty-five senior patient care associates were honored last year by their employer’s HSL Rocks — Culture Change Champions employee recognition program. They had been nominated by managers and the families of residents for making a difference in patients’ lives.

Kiepper is on-site at HSL facilities weekly to provide drop-in counseling for patient care associates. They call this initiative “Office Hours.” She told ETR that she offers academic and career counseling, exam preparation, help in enrolling in English language programming and citizenship assistance.

Kiepper provided 180 hours of one-on-one assistance to HSL workers in 2016.

Bill Burgey, HSL’s marketing manager, praised JVS Boston and Kiepper for dedicating her time to HSL over several years, saying the consistency she brings to staff counseling is valued by the workers

## Turnover Drops Two-Thirds

HSL experienced 27 percent annual staff turnover in 2013. This had fallen to 9.7 percent by 2016. The organization also noted gains from 2015 to 2016 in employee and customer satisfaction.

“Hebrew SeniorLife is in a situation that many long-term care providers are envious of, because they have strong philanthropic support for trying out programs. When they are successful, they find ways to bring these programs in-house and fund them with their own operating dollars,” CareerSTAT Director Kelly Aiken told ETR. “Long-term care organizations, unlike big hospitals, have to be very creative about how they recruit and retain their workers ... One of CareerSTAT’s best practices is leveraging community partners, and HSL has been very good at this in partnering with JVS.”

JVS Boston and HSL participate in a regional health care industry partnership. HSL was one of JVS’ key employer partners for a sectoral health care training grant it received from SkillWorks a Boston-based intermediary supported by the National Fund.

—Ryan Hess

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## Demonstrations

### HEALTH TRAINEES PICK 5 CAREERS, PRIVATE OVER PUBLIC SCHOOLING

Low-income, low-skilled adults in an experimental San Diego health care training program picked five credentialed occupations and private schooling over community colleges; some got jobs early on.

About 80 percent of participants in a Bridge to Employment program focused on the health care industry chose to try for preparing to become certified nursing assistants, phlebotomists, medical assistants and medical data technicians, according to the first stage report on implementation.

“Most chose to attend private schools, whose training programs were shorter in length than those offered by community colleges and adult high schools, allowed them to start training soon after enrolling in Bridge to Employment, and were good at marketing their programs to program participants,” write Mary Farrell of MEF Associates and Karin Martinson of Abt Associates in *The San Diego County Bridge to Employment in the Healthcare Industry Program: Implementation and Early Impact Report*. “The community college programs did not offer enough entry-level health care programs to meet the demand, resulting in waiting lists.”

Although the results reported for the random-assignment study cover only early stages of the project, Farrell and Martinson report that participants had already begun to earn credentials, and some gained employment.

Only a year and a half in, 64 percent of participating trainees obtained a credential, compared with 34 percent for those not offered the same services, as a control group. This was a 29 percentage point early “impact,” the research duo calculates.

“More treatment group members than control group members were working in a health care occupation,” they add, although such data will be fully explored in a later report.

The venture is an effort involving three nonprofits in San Diego County under the auspices of the San Diego Workforce Partnership. BTE is one of nine ventures in the Pathways for Advancing Careers and Education study, sponsored by the Department of Health and Human Services’ Administration for Children and Families.

Between July 2012 and October 2013, some 1,000 applicants were randomly assigned to either the treatment or the control group. The data in the report come from a survey taken 18 months from start-up.

BTE treatment includes individual training accounts of up to \$7,000 to \$10,000 to help pay for instruction costs. Through case management with “navigators” participants are also offered up to \$1,000 for transportation, child care, temporary housing and other needs to make possible their en-