Massachusetts Department of Higher Education
Allied Health Advisory Group

2015 – 2016
Summary Progress Report

Issued by:

Massachusetts Department of Higher Education
One Ashburton Place, Room 1401
Boston, Massachusetts 02108
Summary:

In January 2015, the MA Department of Higher Education hired the Director of Healthcare Workforce Development. This newly created position was charged with implementing the goals set forth in DHE’s Allied Health Direct Care Workforce Plan published in June 2014.

A crucial goal was to organize and convene an advisory council whose focus was on the Direct Care Workforce and represented a cross-function group of stakeholders. The Allied Health Advisory Group (AHAG) was formed and held its first meeting in June of 2015. The group is tasked to develop an implementation agenda based upon the recommendations of the Allied Health-Direct Care workforce plan approved by the Board of Higher Education in 2014.

ALLIED HEALTH ADVISORY GROUP
PURPOSE STATEMENT

About the Allied Health Advisory Group:

DHE is convening an Allied Health Advisory Group (AHAG) to coordinate policies, strategies and investments informed by the Direct Care – Allied Health Workforce plan. The AHAG will sponsor, lead and coordinate statewide and regional pilot innovation projects to increase the supply of qualified direct care professionals, and align curriculum to address emerging industry requirements for healthcare delivery improvements. Through regularly scheduled meetings, the AHAG will establish/revise action plans, address variances and corrective actions, assess project/program outcomes and future industry trends.

Allied Health Advisory Group Purpose Statements:

Through partnership with industry, employer, academic and government partners, the committee will engage and promote collaboration across this community by:

- Defining, developing, and executing short-term and long-range action plans to pilot innovations in workforce education and replicate/scale-up initiatives to achieve the scope of impact called for in these plans.
- Advancing strategies, policies and programs that address challenges facing the healthcare workforce.
- Establishing a direct care worker career pathway that integrates core competencies training into career lattice/ladder strategies.
- Maintaining measures of the size of the direct care workforce, as well as projected growth, rates of attrition and the gap between demand and projected supply.
- Identifying a “best practice” career pathway model that supports direct care workers as they transition to college and advance their education.
- Engaging the community to address and overcome “Policy Barriers” to a sustainable program of training and supports needed to recruit, retain and progress candidates into this workforce, and on to further jobs and sustainable living wage careers.
This group consists of representatives from community colleges, 4-year colleges, employers, industry groups, regional employment boards, and state agencies. As of April 2016, the group has met 4 times on a quarterly basis. Meetings are in the morning for 2 hours and have been held at the UMass Medical School Shrewsbury Campus. An average of 32 members attended the four 2015-2016 meetings.

This past year has seen rapid growth of professionals wanting to join the AHAG. It now consists of 82 members. The make-up of membership is as follows:

![AHAG Membership Chart]

**Accomplishments:**

I. **Identification of priority areas**

In order to be more effective, the AHAG members decided to focus on specific goals of the AH DCW Workforce Plan. Identification of these goals is intended to address specific near-term needs across the Commonwealth while beginning work that will have a longer-term trajectory and will create a sustainable impact over time. Moreover, this work will focus on system alignment, sharing of best practices, and promotion of broad-based regional and statewide collaboration in an effort to meet the training needs of the direct care workforce and the staffing needs of employers. The priorities the group decided to focus on for the immediate future are:

- **Building direct care worker pathways** - Direct care jobs represent entry-level access points to higher education for many adult and traditional-age students. Curriculum and career pathways based on industry validated job competencies, consistent across the taxonomy of direct care jobs and health care delivery settings, is necessary to develop and sustain the direct care workforce pipeline. Such pathways, codified in standards and regulations, will provide for portability of job competencies (knowledge, skills and abilities) among different entry level training programs and jobs, and will also provide for alignment of outcome expectations between education and employer partners.

  These pathways will allow for the seamless progression of students - both traditional age and adult learners – from foundation skills training (English language and numeracy) through entry level workplace skills into college-level certificate and degree programs leading to sustainable, living wage careers. It will also offer the flexibility to provide students with options for entry, exit and re-entry points along the education/career pathway.

- **Creating recognized transferable training to support pathway advancement** - Considerable progress has been made in the community college system to develop stackable and accelerated programming for high demand industry sectors, like healthcare, through credit bearing certificate and degree programs. However,
there is quite a lot of opportunity to expand the transferability of credit between non-credit and for-credit programming.

Just as credit transfer is a priority for students who progress from 2 year to 4 year programs, it is equally important that non-credit training “stack” to for-credit coursework, certificates, and degrees thus providing portable building blocks and seamless academic progression, that reinforce student learning outcomes and progression to higher levels of education and careers. These clearly articulated pathways, stackable credentials, and complementary support services that align and reinforce the partnership between levels of the direct care/allied health career ladder, are strategies that reinforce student retention, completion, and worker progression in direct-care careers.

• **Investing in the development of core competencies** - Higher Education and job training programs, including those delivered by community-based organizations working in partnership with community colleges, must be aligned to the competency requirements of employers in key industry sectors and deliver predictable student learning outcomes. The current array of training and certificate/degree programs that address direct care jobs are neither well aligned to meet employer expectations regionally and statewide, nor are these programs based on common core-competencies to promote seamless and accelerated career progression of workers.

Developing core competencies that are consistent across settings and job titles are important for giving direct care workers more freedom to fluidly move from setting to setting. This is also beneficial to employers as it would save them time and money that is now spent retraining aides who otherwise could be working immediately. Currently, competency models for these programs are available in various forms throughout the state, but there is a need to expand their purpose, scan what currently exists, and institutionalize them across educational establishments.


In Massachusetts, the average retention rate for C.N.As is 72% *(2014 Mass Senior Care Survey)*. While this is higher than the national retention goal (60%), the fact still remains that many direct care employers have a difficult time hiring and retaining workers. While wage is certainly a factor, research has shown a primary reason direct care workers report leaving their job is a lack of support being provided by their manager or supervisor *(Bishop, Squillace, Meagher, Anderson, & Wiener, 2009; Chou & Robert, 2008; Eaton, 2001)*.

Providing the high level of support that many aides need is often beyond the capacity or the ability of their employer. Now, new attention is being paid to better preparing these supervisors, giving them the tools to be better managers and leaders within their organization. Providing these managers with additional training to become better supervisors will benefit DCWs and their employers.

The importance of well trained supervisors to the retention of direct care workers cannot be overstated. Numerous studies have noted that the quality of the supervisory relationship between direct care workers and their nurse supervisors is an essential element to job satisfaction and retention of direct care staff. According to Stone, “Direct care workers whose work is valued and appreciated by supervisors, and who are listened to and encouraged to participate in care planning decisions, have higher levels of job satisfaction and are more likely to stay in their jobs” *(Stone 2007)*.

Increased satisfaction for nursing assistants should reduce turnover and, thus further improving working conditions by increasing staffing, reducing the need for mandatory overtime, and increasing the stability of
teams and supervisory relationships. This shift should support better outcomes for residents, the ultimate aim of nursing home service provision and policy.

Discovering new approaches to the development of workforce pathways, transferrable credentials, consistent definitions of core competencies and supportive leadership training are necessary to motivate and support the entry-level direct care workforce to persist in their current jobs, and progress to other opportunities in the healthcare field.

II. Creation of the AHAG website: www.mass.edu/nahi/projects/alliedhealth

In October, 2015 The Allied Health Advisory Group website was established as part of the larger DHE Nursing and Allied Health Initiative site. The site acts as a repository of meeting minutes, presentation slides and other related documents, as well as provides a good overview of the AHAG, its efforts and partnering organizations.
III. Release and awarding of the first Direct Care Worker RFP

The first RFP for this work was released in fall of 2015. The focus of the RFP was to drive applicants towards creating systems that addressed some or all of the 4 priority areas mentioned earlier. Seven projects were submitted. The proposal submitted by Worcester State University (WSU) was recommended for funding. WSU was awarded $59,917 over 15 months for this work, and will leverage $41,022 in other funding sources.

The proposal described WSU’s collaboration with UMass Memorial Health Care (UMMHC) and the State Healthcare and Research Employees’ Union (SHARE), for the development of an innovative educational program designed to provide seamless academic and career pathways for direct care workers (DCW’s) to progress in their careers through higher levels of education.

- WSU will incentivize UMMHC employees to participate in the programming by offering 18-24 credits for prior learning and work experience through their ‘Next Steps’ program that articulates to approximately 8 other bachelor degree programs at WSU;
- A comprehensive suite of support services such as intrusive advising and academic coaching for the purposes of recruitment, progression, retention and completion of participants;
- Authentic collaboration between employers, organized labor and education institutions with true sharing of expertise between parties;
- Development of unique online programming;
- Development and deployment of courses aimed at developing professional, communication and other ‘soft’ skills;
- Serving 20 Direct Care Workers across multiple UMMHC sites

Of the seven proposals received, four had strong similarities and were offering to develop or expand models along the following spectrum of activities:

- Academic and Curriculum Planning
- Specific Programming for Non-Native English Speakers
- College Readiness
- Training Straight into Career
- Academic Progression into Credit Bearing Certificates and Degrees (AS and BS)
- Competency Based Training for Managers and Supervisors

This grouping of proposals individually incorporated a common competency-based curriculum available from the Executive Office of Health and Human Services. We saw this as an opportunity to create a greater scale of impact through the formation of a consortium proposal. DHE staff engaged the lead and partner organizations to consider this approach which was received enthusiastically by the applicants. Following a review with DHE legal and A&F staff, it was decided that a new RFP would be issued, reflecting this revised approach to expand the opportunity. Funds were re-consolidated with the intention that a new grant cycle would be complete by the end of second quarter of FY15.

IV. Release and awarding of the second RFP: Scaling Efforts to Advance the Commonwealth’s Direct Care Workforce

This second-round of grant funding called for proposals from a consortia of Massachusetts public higher education institutions, working in collaboration with employers, regional vocational schools, regional workforce investment boards and other community-based organizations, to address the workforce development needs of health care employers.
All project proposals needed to have articulated the conditions necessary for regional or statewide implementation and replication, and the sharing of best practices and sustainability. Campuses that applied for funding must have addressed how they would take to scale initiatives that will advance the Commonwealth’s direct care workforce in one or more of the following areas:

- Academic and Curriculum Planning for Direct Care Programs
- Academic Progression into Credit Bearing Certificates and Degrees (AS and BS)
- Training and Up-skilling for Incumbents
- Specific Programming for Non-Native English Speakers
- College Readiness
- Career Training
- Competency Based Training for Managers and Supervisors

Two projects were submitted for consideration and reviewed by a team of DHE staff as well as external employer partners. One project is recommended for approval, and one project was declined. The proposal recommended for award was submitted by a consortia lead by UMass Medical School (UMMS), and with partners consisting of:

- UMass Area Health Education Council (AHEC)
- Bristol Community College
- Greenfield Community College
- Northern Essex Community College
- Mass Bay Community College
- Quinsigamond Community College
- UMass – Dartmouth Campus
- Massachusetts Home Care Aide Council
- Massachusetts Senior Care Association
- The Partnership for a Skilled Workforce (Metro South-West WIB)
- Always Best Care, Inc.
- Salmon Health and Retirement, Inc.

UMass Medical School/Mass AHEC was awarded funds of $199,999.69 for this work, and will leverage $14,999.98 in other matching funds for a total of $214,999.66.

Upon completion of the project, the resulting products will be made available to community colleges statewide, ensuring a training trajectory that aligns with employer expectations and supports the education and career goals of the direct care worker (DCW) across the system.

The decision of the Department to fund this proposal is based on the following:

- Commitment to real systems change in advancing the goals of the Allied Health Direct Care Workforce Plan through authentic collaboration between 7 public colleges, 2 employers, 2 employer trade associations and a large Workforce Investment Board
- Adoption of a competency-based curriculum codified by employer input and standards
- A large scale implementation of activity across the state through thoughtful use of limited grant dollars
- Building of stackable academic pathways from certificate to associate’s to bachelor’s level degrees
- Utilization of support services such as intrusive advising and academic coaching for the purposes of recruitment, progression, retention and completion of participants
- Development of programming aimed at improving English skills of participants thereby maximizing the inherent benefits of a bi-lingual/bi-cultural population in direct care roles
- Development and deployment of courses aimed at enhancing the professionalism of staff leaders in direct-care environments
V. Creation of Advisory Group Sub-Committees

At the October, 2015 meeting, members of the AHAG felt they were ready to begin working on the more granular aspects of moving the work of the Direct Care Workforce Plan forward. They recommended that subcommittees be formed around certain key topics:

**Curriculum Design and Alignment Sub-Committee**

*Initial framework:*
- Organizing efforts that lead to an eventual system-wide adoption of a competency-based curriculum for DCW-related educational programs
- Organizing and soliciting feedback from stakeholders to provide input on a competency-based curriculum
- Reviewing, amending and assuring any curriculum is aligned to the needs of employers
- Sharing and disseminating of best practices around adoption of a competency-based curriculum

*Progress to date:*
- As a committee, agreeing on teaching a core set of competencies
  - How that’s delivered in each curriculum is an on-going discussion
- Heard from employers about competency checklists for onboarding CNAs
- Took environmental scan of costs for credit-based CNA/HHA programs
- Examining the over-training or under-training the workforce. Mixed messages from industry.
- Planning C.N.A/HHA “Curriculum Sharing Summit” for June 2016

**Scope and Role Definition Sub-Committee**

*Initial framework:*
- Defining the multiple career paths of direct care workers as a means to understand the broad scope of direct care roles
- Connecting with employers to understand and collect data on how they define the scope of the roles for their direct care workforce
- Advocate with stakeholders to inform best practices around having DCWs operate at the top of their credentials

*Progress to date:*
- Organizing a crosswalk of BSN/RN, LPN and C.N.A. job duties
- Discussion of the effect of applying ‘Magnet-esque’ practices on the LPN and C.N.A workforce
- Planning on publication of a white paper. Early thoughts on content:
  - Dispelling the myths about licensed and unlicensed job duties and roles
  - Identify the role of the LPN as providing excellence in bedside care
  - Identify how seeking ‘magnet status’ can frame utilization of BSN/LPN partnership vs. BSN/C.N.A
  - Identifying scope of practice for BSN/RN, LPN and C.N.A.s
  - Discussions happening on MAs, but thinking it will require a different work product and approach

**Building the Business Case for Investment in the Direct Care Workforce Sub-Committee**

*Initial framework:*
- Building the business case for employers to invest in the development of their direct care workforce
- Disseminating data and best practices of employers who develop their direct care workforce
- Studying and recommending models and partnerships for employers interested in developing their DCWs
Progress to date:

- In April of 2015, the group agreed that it made sense to suspend meetings for this sub-committee indefinitely. As time went by, it became clear that this particular conversation may not be the right one for the Department of Higher Ed to be having, and moreover, it seems to be happening in many other areas better suited to action. That is not to say however that engaging the employer community is not important. On the contrary, engagement is still extremely relevant for this work and will continue on in our other sub-committees.

Legislative Outreach and Policy Sub-Committee

Initial framework:

- Reporting on legislative efforts going on at the state and national level that have a direct effect on the direct care workforce
- Connecting with legislators and legislative staff to keep them informed of the work of the Allied Health Advisory Group
- Organizing advocacy efforts to legislators regarding funding requirements needed to keep the work of the AHAG and DHE going

Progress to date:

- Initially established after the rest - 1st meeting on 02/04/16
- Discussed group’s purpose and initial actions
- Thoughts and ideas on getting the message out to legislators about the work being done on Allied Health side
- Advised on construction of letters sent out to legislators notifying them of RFP awards to their constituents
- Updates on legislative activities happening in the direct care worker space
Alignment of Work:

Below is a chart showing how the work going on across all of the accomplishments are touching many of the goals of the Allied Health Workforce plan.

<table>
<thead>
<tr>
<th>Goals and Strategies:</th>
<th>Convening the AHAG</th>
<th>Creation of AHAG Website</th>
<th>Release of First RFP</th>
<th>Release of Second RFP</th>
<th>Creation of Sub-Committees</th>
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</thead>
<tbody>
<tr>
<td>1. Create Career Preview Opportunities</td>
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<td>Offer or increase the length of clinical experiences</td>
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<td>Offer one day direct care previews</td>
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<td>Develop recruitment screening tools</td>
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<td>2. Increase Career Awareness</td>
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<td>Develop a direct care job website</td>
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<td>Invest in an information campaign for students (including financial aid awareness)</td>
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<td>Build direct care worker pathways</td>
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<td>Create recognized transferrable training</td>
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<td>Offer partial scholarships for students</td>
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<td>3. Change Policy</td>
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<td>Staff a cross-secretariat task force to identify barriers</td>
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<tr>
<td>Launch an advocacy campaign to improve reimbursement and wages</td>
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<td>Create an innovation fund to support new, untested, promising ideas</td>
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<td>4. Build the Business Case for Investing in the Direct Care Workforce</td>
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<td>Convene an education, employer and policy collaborative</td>
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<tr>
<td>Articulate the business case for investing in the DCW</td>
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<td>Create regional data sets through the WIBs</td>
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<td>Launch a campaign to educate people on the value of the DCW in the healthcare system</td>
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<td>5. Invest in the Development of Core Competencies</td>
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<td>Align core competencies across jobs and build consensus for support</td>
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<td>Pilot core competencies curriculum and offer statewide core competency courses</td>
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<td>Inform DCW curriculum with the employer needs</td>
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<td>Incorporate life/soft skills into direct care curriculum</td>
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<td>Align job descriptions and standards of practice</td>
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<td>6. Provide Employer Support</td>
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<td>Develop and pilot a case manager model</td>
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<td>Offer post placement coaching</td>
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<td>Offer supervisor/staff management training</td>
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Planning for July 2016 – June 2017:

As we move into our second year of the Allied Health work, evaluations of projects and identifying goals for the future are key steps for staying focused and engaged. FY17 sees potentially reduced resources for continuing this work. A priority for the DHE will be to engage the AHAG to figure out how to leverage what funds are available in order to make the most impact possible. In the June 2016 meeting, the AHAG will conduct some strategic planning exercises to sharpen our focus and continue this important work.

Additionally, DHE is working with other secretariats to find statewide approaches to addressing the worsening crisis for finding home health aides. We will continue to breakdown silos where possible in order to address these and other issues facing the Direct Care Workforce.

Closing:

The DHE wants to sincerely thank all the members for their time and dedication to moving this work forward. These professionals and their combined interest in solving the issues surrounding the direct care workforce, position Massachusetts to continue as a leader in training, developing and upskilling these workers.

Prepared by:
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