



Quality Jobs for Quality Care

The Path to a Living Wage for Nursing Home Workers



MASSACHUSETTS
SENIOR CARE
ASSOCIATION

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About Massachusetts Senior Care Association

The Massachusetts Senior Care Association represents a diverse set of organizations that deliver a broad spectrum of services to meet the needs of older adults and people with disabilities. Our members include more than 500 nursing and rehabilitation facilities, assisted living residences, residential care facilities and continuing care retirement communities.

Forming a crucial link in the continuum of care, Mass Senior Care facilities provide housing, health care and support services to 150,000 people a year; employ more than 77,000 staff members; and contribute more than \$4 billion annually to the Massachusetts economy.

Since its founding in 1949, Mass Senior Care's mission has been to improve the quality and delivery of long term care services in Massachusetts through research, education and advocacy.

Acknowledgments

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Quality Jobs for Quality Care: A Path to a Living Wage for Nursing Home Workers

Executive Summary

The commitment and dedication of the state's long term care workforce has propelled Massachusetts into a position of national leadership in providing quality long term care services to frail elders and people with disabilities who can no longer live safely in the community. Seventy-seven thousand nursing home staff work tirelessly in the Commonwealth's more than 400 long term and post-acute care facilities to ensure residents and their families receive the quality care and support they need and deserve. Their ability to deliver quality care is dependent on the quality of their jobs.

While nursing home consumer satisfaction remains high and hospital readmissions have declined, over half of nursing home staff do not have access to the most essential element of a quality job – a living wage. Most often this impacts immigrants and single mothers who view their job in a nursing home as a starting point on a career pathway to making a family-sustaining wage.

Seventy-five percent of a nursing home's budget is used to fund employee wages and benefits. With MassHealth funding the care of over two-thirds of nursing home residents, wage increases for nursing home staff are predominantly dependent upon adequate MassHealth payment by the Commonwealth. Since 2008 there has been little state investment in nursing home care for MassHealth residents. Consequently, certified nurse aides (CNAs) have seen a mere 4% cumulative increase in actual wages over the last seven years and a 6% decline in real wages for this 2008-2015 period. CNAs working in other settings such as hospitals can now earn as much as 20% more, leaving nursing homes at a competitive disadvantage. In addition, Massachusetts Governor Charlie Baker has committed to a goal of providing a \$15 per hour starting wage for the state's Personal Care Attendants (PCAs) in 2018.

Ensuring staff stability and job satisfaction is critical to providing quality care in nursing homes. Recruiting and retaining qualified staff passionate about working with frail elders and people with disabilities is an ongoing priority for Massachusetts nursing home providers. However, that has become increasingly challenging. CNA vacancy rates have doubled over the last five years leaving one in ten positions unfilled. As the economy improves, there is increased recruitment competition among nursing facilities, hospitals, assisted living residences and home care agencies for CNA staff, which is further exacerbated by a decrease in the supply of newly trained CNAs. Projected declines in the caretaking workforce, women age 25 to 44, will only make matters worse over the next 10 years.

Wages play a critical role in defining quality jobs, but other elements such as benefits, job security, fair work schedule, career advancement and a supportive work environment are also crucial. While skilled nursing facilities offer many of the elements of a quality job, there is opportunity for improvement. A combination of strategies is needed to create quality jobs that provide higher wages and an improved working environment to increase retention of existing staff and recruitment of new staff.

Recommendations for Investment

The Massachusetts Legislature funded the Nursing Home Quality Initiative beginning in 2000. This multi-pronged initiative, which became a national model, demonstrated that increased state investment in nursing homes improved job quality, while enhancing resident care. A similar investment in quality nursing home care is needed to fund the following recommendations:

- **Create a Pathway to a Living Wage** – Develop a multi-year funding strategy that includes both an immediate and annual wage pass-through for the lowest wage workers including CNAs, dietary, laundry and housekeeping staff, tying the wage increase to the Consumer Price Index.
- **Support a Culture of Retention** – Fund the rollout and implementation of comprehensive evidence-based supervisory training for the express purpose of retaining staff and reducing turnover.
- **Establish a CNA Scholarship Program** – Support more adults in their quest for post-secondary credentials by providing scholarships for integrated training that includes both Adult Basic Education/English as a Second Language and CNA training.

By investing directly in nursing home staff, Massachusetts will remain a leader in providing quality care for residents and their families and improve the lives of thousands of workers across the Commonwealth.

Introduction

Seventy-seven thousand dedicated nursing home staff deliver high quality care to frail elders and people with disabilities every day in the Commonwealth's 400 long term and post-acute care facilities. As a result of the tireless commitment and dedication of its workforce, Massachusetts is a national leader in providing quality long term care services to individuals who can no longer live safely in the community. Massachusetts facilities have among the highest percentage of Department of Public Health "deficiency free" nursing facilities compared to the national average. Consumer satisfaction remains high and hospital readmissions have steadily declined. As the population ages and demand for long term care services continues to rise, these quality accomplishments can only be maintained and improved upon when nursing home staff are recognized and supported for their commitment to providing excellent care.

Quality care in all facilities is dependent on quality jobs and staff stability. Hiring and retaining qualified staff passionate about working with frail elders and people with disabilities remains an ongoing priority for Massachusetts nursing home providers. However, state underfunding for nursing home services has resulted in non-competitive wages and high staff vacancy rates. Seventy-five percent of a nursing home's budget is used to fund employee wages and benefits. And, with MassHealth funding the care of over two-thirds of nursing home residents, a nursing home's ability to invest in staff is largely dependent upon state funding. As a result, many nursing home workers, particularly certified nurse aides (CNAs) and dietary, housekeeping and laundry aides, cannot afford to do the work they love because of persistent low wages. This often forces staff to seek employment elsewhere and leads to disruptions in resident care. It is critically important to ensure that staff instability does not negatively impact quality of care for residents and their families.

Forty thousand full-time and part-time entry level positions in nursing homes offer a critical employment gateway for immigrants, women previously out of the labor market, young adults and others seeking a healthcare career. The majority of entry level staff work as CNAs, providing direct care and companionship to residents while assisting with activities of daily living such as eating, walking and bathing. Equally important to the lives of residents is ancillary staff indirectly associated with patient care such as dietary, housekeeping and laundry aides.

The entry level nursing home workforce is predominantly women between the ages of 18-44 and highly diverse with 48% of CNAs self-identifying as Latino or nonwhite (American Community Survey, 2010). Many are single parents with young children. Frequently a first job in a nursing home is a career starting point and can provide a pathway to advanced education and a family sustaining wage.

Yet, in today's environment these entry level nursing home workers do not have a clear pathway to a living wage - the most essential element of a quality job. Skilled nursing facilities do offer many other elements of a quality job, including benefits, job security, fair work scheduling and career advancement. However, a sustained approach to high quality jobs for high quality care requires investing in wages, workers and the work environment.

Current Entry Level Staff Wages

Although their services are vital to maintaining the health, dignity and quality of life for nursing home residents, the 2015 statewide median CNA wage is only \$13.36 per hour or \$2,316 per month if working full-time. Median ancillary staff wages are even lower ranging from \$10.33 to \$11.10 per hour. Across the state, regional wage variation exists as well (See Appendix for a breakdown of wages by county). These low wages dramatically impact the quality of jobs and the lives of nursing home workers and their families.

CNA wages have remained stagnant, growing only 4% cumulatively from 2008-2015 (Chart 1). If adjusted for inflation, CNA real wages have actually fallen by 6% through 2015. As seen in Chart 2, this represents a \$.77/hour decline in real cost of living value over this seven year period. By contrast, the cost of living in the Metro Boston Area increased by 11% for this period. And, with the fair market rent of a two-bedroom apartment totaling \$1,494 per month in Metro Boston, a CNA would have to spend about 60% of her annual wages on housing (National Low Income Housing Report, 2013). Across the state, the cost of living for CNAs has significantly outpaced wage increases (MSCA, 2015).

Table 1: 2015 Entry Level Staff Wages

Entry Level Positions	Number of Employees	2015 Median Wage	2015 Starting Wage	Regional Median Wage
Certified Nurse Aide (CNA)	28,731	\$13.36	\$11.00	\$11.71 - \$14.45
Dietary Aide	7,855	\$10.33	\$9.00	\$9.52 - \$12.48
Housekeeping Aide	2,410	\$11.10	\$9.20	\$10.00 - \$12.19
Laundry Aide	1,135	\$11.07	\$9.18	\$9.97 - \$12.20

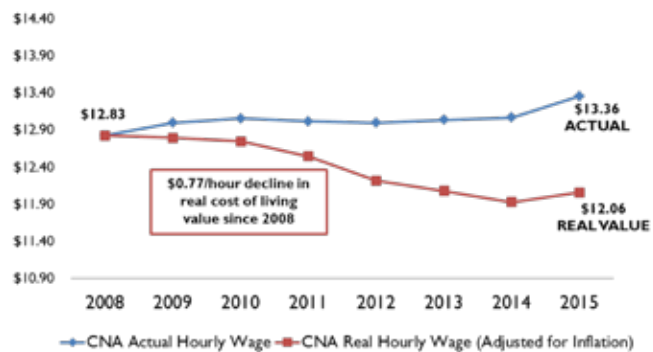
Sources: Mass Senior Care Association Annual Employment Survey, 2015 and CHIA Nursing Home Annual Cost Report

Chart 1: Median CNA Hourly Wage (2008-2015)



Source: Mass Senior Care Association Annual Employment Surveys

Chart 2: Real vs Actual CNA Wages (2008-2015)



Sources: Massachusetts Senior Care Annual Employment Surveys and CPI – Bureau of Labor Statistics

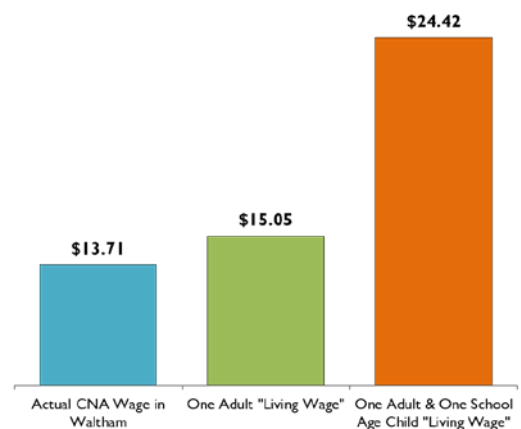
What is a Living Wage?

A living wage provides a wage and benefits package that takes into account the area-specific cost of living, as well as the basic expenses involved in supporting a family. By working a single full-time job, an individual should be able to rent an apartment and pay for other monthly expenses like food and transportation. In the calculation of a living wage, the Crittenton Women’s Union Economic Independence Calculator takes into consideration monthly expenses, cost of child care and health care, regional cost of living and taxes. Using their calculator, a nursing home CNA making the state’s 2015 median base hourly wage will not meet the living wage requirements for a single parent with one child living in Massachusetts. For example, in 2013 the living wage in Waltham exceeds \$24 per hour for one adult with a school aged child. For one adult living in Waltham, the living wage was \$15.05/hour.

Across the state, the CNA base hourly wage meets less than 70% of the standard living wage for a family of one adult and one child. This is particularly alarming because many low wage workers are single parents and Massachusetts ranks among the least affordable states for center-based preschool care (Child Care Aware, 2014).

Table 2: “Living Wage” vs. Actual CNA Wage in Waltham

Monthly Expenses	WALTHAM	
	One Adult	One Adult & One School Age Child
Living Expenses (Housing, Utilities, Food, Transportation, Personal & Household Needs, Taxes, and Tax Credits)	\$2,426	\$3,189
Child Care	\$0	\$700
Health Care	\$192	\$360
Total Monthly Expense	\$2,618	\$4,249
Economic Independence Wage Needed to Cover Expenses		
“Living Wage” Hourly Rate (2013)	\$15.05	\$24.42
“Living Wage” Annual Expenses (2013)	\$31,416	\$50,988



Source: *Economic Independence Calculator, Crittenton Women’s Union, 2013; Mass Senior Care Association Annual Employment Survey (Actual CNA Wage, 2015)*

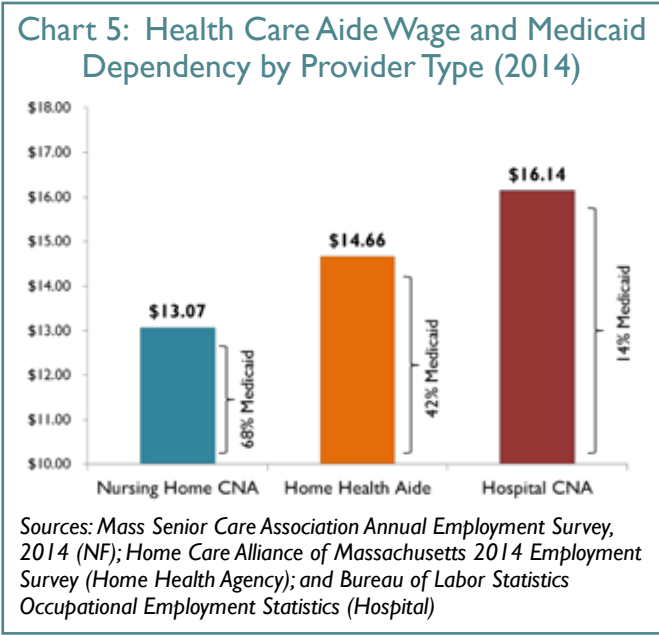
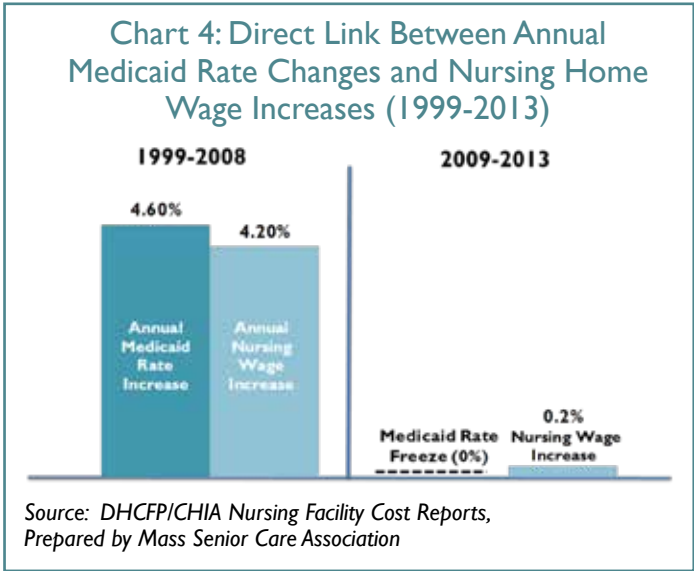
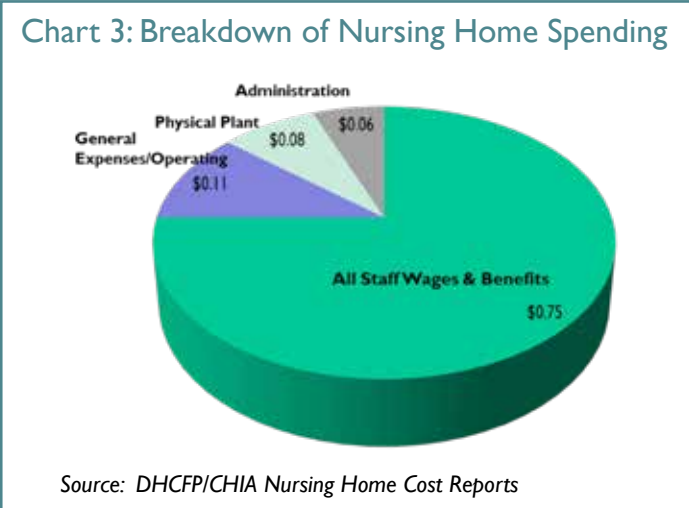
To make ends meet, many CNAs and ancillary staff hold more than one job and rely on public benefits. Anecdotal evidence and CNA interviews suggest the majority of low wage staff juggle multiple jobs and sometimes work 75-80 hours per week. The Paraprofessional Healthcare Institute (PHI) reports that over 54% of CNAs and home health aides in Massachusetts receive some form of public assistance such as MassHealth or Food and Nutrition and 42% live in households earning incomes below 200% of the federal poverty level (PHI, 2012 and 2015).

Why Nursing Homes Cannot Pay Their Employees A Living Wage

Nursing homes are a major economic contributor both statewide and in local communities across the Commonwealth. In many rural communities, nursing homes are the largest healthcare employer in the region. Every year the sector generates \$4.3 billion in economic activity with \$3 billion in labor spending. As seen in Chart 3, \$.75 of every nursing facility “dollar” funds employee wages and benefits which means a nursing home’s ability to invest in staff is dependent upon state funding.

In comparison to other healthcare employers such as hospitals and home health agencies, state funding is a much more critical determinant of nursing home wages. With the care of over two-thirds of nursing home residents paid for by MassHealth, Massachusetts nursing facilities are uniquely dependent upon state funding to ensure quality resident care and quality jobs. Years of MassHealth underfunding for nursing home care has caused a \$37 per day gap between the cost of providing resident care and MassHealth payment. This funding crisis has made it virtually impossible for nursing home providers to fill staff vacancies and make meaningful investments in their workforce.

It is important to highlight this direct relationship between adequate Medicaid funding for nursing home care and increases in wages for nursing home employees. From 1999-2008, MassHealth made significant investments in nursing home care and nursing homes passed along these Medicaid rate increases to their staff through annual wage hikes. Since the start of the “Great Recession” in 2008, there has been little growth in MassHealth funding for nursing home care (See Chart 4). As a result, CNA wages stagnated for the period 2008-2015, growing only 4% over the entire seven year period from \$12.83 per hour to \$13.36 per hour (see Chart 1). The inability of nursing homes to provide wage increases has understandably resulted in valuable staff leaving for higher paying jobs in other parts of the healthcare system including hospitals, where CNAs can earn over 20% more (See Chart 5).



Critical Demand for Services

Even as consumers receive more care and services in their homes, the demand for long term care services over the next 15 years is expected to rise dramatically to keep pace with the growth of the over 65 population. From 2015 through 2030, the 75-84 age cohort will increase by close to 70%. “Younger” seniors age 65-74 will grow by over 40%. Both cohorts will increase demand for short stay post-acute and rehabilitative care in skilled nursing facilities. The 85+ age cohort, the group most likely to need long term care services, will grow substantially (over 21%) but at a slower pace than the 65 through 84 population over the next 15 years (UMass Donahue Institute 2015 Population Projections, March 2015). While many older adults will seek to engage services enabling them to age at home or in their communities, nursing home care will be critical for those who can no longer safely age in place or need assistance during short term recovery.

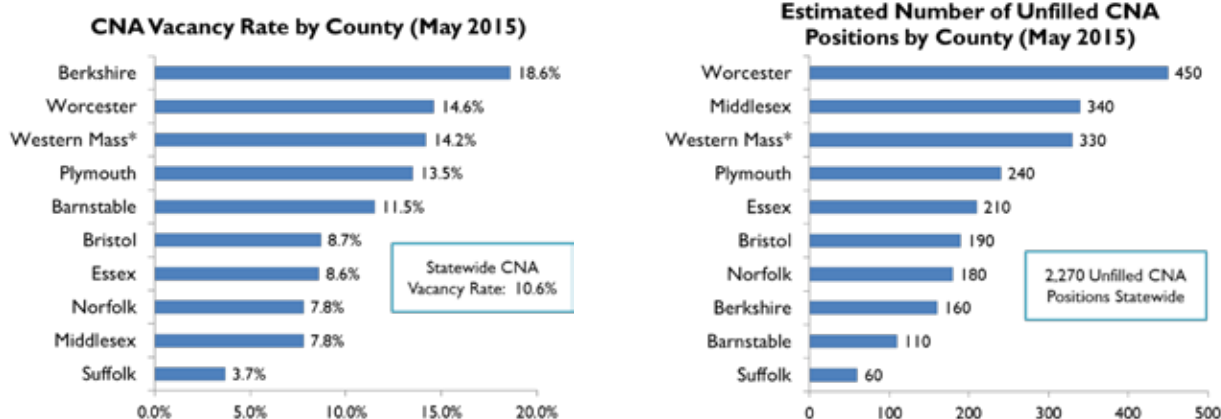
With the state’s successful “Community First” policy and increased investments in community-based services, many individuals who need residential long term care services are accessing nursing home care later in their illness. Their acuity level increases the demands on frontline staff, requiring additional training to keep pace with delivering quality care in a more complex environment. All of these factors reinforce the critical importance of stabilizing the nursing home workforce now and ensuring access to quality jobs.

Staff Vacancies Expected to Increase

The nursing home provider community has a history of workforce shortages that ebb and flow with the economy. In September 2015, Massachusetts posted a 4.5% unemployment rate compared to 5.1% at the national level. As the state moves to a full employment economy, competition for low wage workers is expected to increase across all industries. In previous periods of full employment, PHI notes that “prevailing wage rates have made it difficult for many long term care providers to compete for workers with employers offering less physically and emotionally demanding low wage jobs” (PHI, 2003).

In five years, the CNA vacancy rate has nearly doubled to 10.6%. As illustrated in Chart 6, one in ten unfilled CNA positions across the state equates to approximately 2,270 open and unfilled positions (MSCA, 2015). Vacancy rates and the number of open positions vary across the state, with Middlesex, Worcester and three Western Massachusetts counties (Franklin, Hampshire and Hampden) accounting for almost half of all vacant CNA positions. These counties have the highest concentration of nursing homes in the state.

Chart 6: CNA Vacancy Rates and Estimated Unfilled Positions (2015)



*Western Mass = Franklin, Hampshire and Hampden Counties
 Source: Mass Senior Care Association Annual Employment Survey, 2015

As vacancy rates increase so does job stress for incumbent CNAs who often are left to work short staffed and additional hours. In 2015, an estimated \$40 million was paid to nursing facility staff for overtime as well as additional expenditures for contracting with temporary nursing agencies.

Despite the high number of nurse aide training programs, competition for qualified CNA staff is increasing. Originally only employed by nursing homes, CNAs now find work in hospitals, assisted living, residential mental health facilities, and home care agencies. In fact, the nurse aide has become the “universal worker” for employers in many care settings. Employers value the basic skills development provided by the training, as well as the competency assessment required by the state certification process and the certified nurse aide registry maintained by the Massachusetts Department of Public Health (DPH). Competition is exacerbated by a 5% drop in the number of new nurse aides added to the nursing aide registry from state fiscal year 2014 to state fiscal year 2015 (Massachusetts Department of Public Health, 2015).

Current demographic projections suggest that the primary labor force, comprised of women age 25 to 54, is expected to shrink over the next 10 years. This will likely further decrease the number of caregivers available for the growing number of people who will require long term care services.

Staff Stability Impacts Quality of Care

Skilled nursing facilities in Massachusetts boast a higher than average staff retention rate when compared to national statistics. The 2015 Massachusetts Senior Care Association wage and salary survey data indicates that 70% of CNAs have worked in the same facility for one year or more. Many facilities have a strong core of long term, dedicated employees. However, a smaller percentage of employees turn over more frequently. This staff turnover impacts the continuity of resident care and costs the provider community an estimated \$35 million every year (MSCA, 2015).

In addition to disrupting continuity of care, high turnover rates and job dissatisfaction result in deteriorating performance on quality indicators such as use of physical restraints, catheter use and pressure ulcers. Conversely, when staff satisfaction is high nursing homes report fewer resident falls, fewer pressure ulcers, and decreased use of catheters. Improved staff satisfaction also translates into reduced staff turnover and absenteeism (Castle, 2007).

Studies have identified a number of factors that are associated with CNA job satisfaction, including higher pay, assistance in alleviating job stress, and supervisors who show care and concern for their well-being. The Institute of Medicine found that positive supervision can greatly increase direct care workers’ sense of value, job satisfaction and intent to stay (Institute of Medicine, 2008). Supervisors and managers who are trained to support staff and engage them in decision making demonstrate a higher level of care and concern resulting in higher retention rates (Commonwealth Corporation, 2007).

Registered nurses and licensed practical nurses manage and supervise CNAs, yet few nurses have been afforded adequate management skills training in their nursing education or have any experience supervising staff before taking on the responsibility in a nursing home. Training for supervisors supports the pivotal role that managers play in creating a culture of retention.

Defining Job Quality Beyond Wages

While wages play an important role in defining quality jobs, other indicators contribute to the definition as well, including: benefits such as paid time off, health insurance, job security, fair work schedule, and a supportive work environment. PHI maintains that the essential elements of a high quality job are fair compensation, opportunities for professional growth and adequate support. Using these standards, Massachusetts nursing homes offer higher quality entry level positions than many other industries. Some examples include the following:

Benefits: All nursing home staff have access to paid time off with an average of 27 days including vacation and sick leave. A majority of facilities offer short and long term disability to full-time staff. While retirement benefits and health and dental insurance are also available, entry level staff are often unable to afford participation in these programs. Many low wage staff rely on MassHealth for individual and family health insurance.

Work Schedule and Job Security: Nursing homes offer year round stable jobs with consistent hours. A variety of 24/7 work options are available to workers including full-time, part-time and per diem shifts. There is no mandated overtime. Advance scheduling is the norm offering staff one or two week notice of the upcoming schedule.

Career Advancement Opportunity: Nursing homes offer a career pathway for CNAs to become a licensed practical nurse (LPN) or a registered nurse (RN), both positions that pay a family-sustaining wage. In some facilities, interim pathway steps also include becoming a senior CNA. For those who need basic skills development in order to advance, almost every community college across the state is working with local nursing homes to provide easy access to college prep courses and adult basic education. Over 70% of employers offer tuition assistance to employees to support additional education. There is also a 30 year history within the provider community of supporting advancement opportunities by contributing to the Massachusetts Senior Care Foundation Scholarship program which, over that time, has distributed some \$2.7 million in scholarships to 1,500 employees. However, the educational pathway to a family-sustaining income for many is long and has opportunity costs, especially when juggling more than one job and a family.

Supportive Organizational Culture: Many Massachusetts nursing homes have created an organizational culture modeled on principles of resident-centered care that promote choice, purpose and meaning in daily life for frail elders and persons with disabilities. In a resident-centered care organization, staff form stronger relationships with residents and their families because they consistently take care of the same individuals enabling them to know a person's preferences and better anticipate their needs. Staff is highly valued in these types of organizations and it results in increased retention rates and improved quality outcomes.

Participating in Decision Making and Engaging in Continuous Quality Improvement: Enabling CNAs and others to participate in decision making including care planning is an important aspect of organizational culture and job satisfaction. Promoting continuous quality improvement in a manner that integrates CNAs in the care planning process and provides specific tools for improving communications and interactions with residents is equally important. Massachusetts nursing homes are leaders in quality improvement initiatives, such as OASIS, a unique non-pharmacological approach to reducing the use of antipsychotic medications in nursing home residents. Through a grant made possible by the Massachusetts Department of Public Health, Bureau of Health Care Quality and Safety, staff from nearly 75% of Massachusetts nursing homes have participated in OASIS training, gaining the knowledge and tools

that enable them to provide more individualized care to a broad range of residents, including those with dementia. The active participation, engagement and leadership of CNAs, built on the strong relationships they have with their residents, have contributed to OASIS' success in improving dementia care and a 29% reduction in antipsychotic drug use for long-stay residents in Massachusetts nursing homes (CMS Quality Measures, 2011-2015).

While skilled nursing facilities meet many of the quality jobs criteria, it is just a foundation and there is a critical need for improvement. Multiple strategies are needed to create quality jobs that provide higher wages and an improved working environment to increase retention of existing staff and create a welcoming environment to new employees.

State Investment in Workers Pays Off

History of Investment in Quality Jobs

The late 1990s was a period of economic distress for the nursing home provider community, creating instability that threatened quality and access to care, evidenced in high turnover and vacancies among direct care workers. In response, the Massachusetts Legislature enacted and funded the *Nursing Home Quality Initiative* first in 2000. Additional significant investments in the nursing home workforce were also made in subsequent years. The initial \$42 million initiative focused on increasing high quality nursing home care for residents and families by providing good jobs and opportunities for frontline caregivers (Eaton, 2001). The core components of the initiative included: 1) a wage pass-through for direct care workers; 2) an education and training program for workers and supervisors entitled the Extended Care Career Ladder Initiative (ECCLI); 3) a direct care worker scholarship program; and 4) a statewide nursing home resident family consumer satisfaction survey.

Improving Job Quality by Increasing Wages and Training

The *Nursing Home Quality Initiative* had a dramatic impact on Massachusetts' nursing homes and their workers. The wage pass-through allocated funds provided through Medicaid reimbursement for the express purpose of increasing compensation for direct care workers. This resulted in a 15% increase in CNAs median hourly wage from \$10.22 in 2000 to \$11.73 in 2003.

ECCLI was a career pathway program for CNAs and home health aides with the primary goal of enhancing the quality and outcomes of resident/client care while simultaneously addressing the dual problems of recruiting and retaining a skilled direct care workforce. From 2000-2010, 9,000 frontline staff and managers from over 175 facilities participated in ECCLI training activities. Evaluation of the program demonstrated that opportunities for education and career advancement improved frontline workers' sense of self-confidence and respect which led to improvements in the quality of resident/client care. For example, results showed that the rate of worsening behavioral symptoms were significantly reduced among resident in nursing home that participated in ECCLI, compared to those that did not participate (Commonwealth Corporation, 2007). Supervisory training fostered an environment of trust and respect which significantly impacted staff satisfaction. Providing English as a Second Language (ESL), adult basic education (ABE) and career readiness courses enabled more staff to develop the needed basic skills to pursue post-secondary education. In many cases, staff advanced from CNA to a LPN or RN thereby securing a family-sustaining wage. Finally, offering career ladders and training opportunities made organizations more attractive to potential new employees thereby improving staff recruitment efforts.

Increasing Supply of CNAs

The Direct Care Scholarship Program was designed to increase the supply of direct care workers. From 2001-2008, the program provided free training and state certification to 3,800 people enabling them to work as CNAs and home health aides in nursing homes and community settings across the state. Program outreach and free training removed barriers for those who could not otherwise afford the cost of training. It also provided people with the credentials needed to access a stable career with opportunities for professional growth.

Increased Satisfaction with Nursing Homes

As part of the Legislature's investment in the *Nursing Home Quality Initiative*, the Massachusetts Department of Public Health measured consumer satisfaction of family members with relatives in the Commonwealth's nursing homes. In 2004, after four years of investment, the statewide survey found an exceptionally high degree of satisfaction with the care their loved ones received. By 2007, nine out of ten surveyed said they would recommend their loved one's nursing home to a friend or family member (Massachusetts Department of Public Health, 2007).

Ultimately, the *Nursing Home Quality Initiative* demonstrated that adequate and sustained state investment in nursing homes and their staff resulted in higher quality nursing home care for residents and families as well as higher quality jobs and increased opportunities for frontline caregivers. From 2000-2005, CNA vacancy rates dropped 40% from 15% to 9% and the use of temporary agency staff dropped by 78%. At the same time, CNA retention rates improved by 16% which resulted in 78% of full-time CNAs maintaining employment at the same nursing home for 12 months or more (MSCA, 2000-2005). ECCLI has since gone on to become a national model for workforce development, promoting public-private partnerships to strengthen the long term care workforce and improve the quality of long term care services.

Recommendations

It is imperative that the state increase its investment in nursing homes across the Commonwealth. The quality of resident care and the quality of jobs depends on it. Massachusetts Senior Care Association offers the following recommendations.

Create a Pathway to a Living Wage

CNAs and ancillary staff earn some of the lowest wages in the state, and even with Massachusetts' universal health care law, many struggle to afford adequate health coverage for themselves and their families. Creating a pathway to a living wage for these workers will ensure a decent wage that supports their families and helps stabilize the workforce caring for frail elders and people with disabilities in nursing homes across the Commonwealth. Similar to Governor Charlie Baker's commitment to providing a \$15 per hour starting wage for Personal Care Attendants (PCAs) in 2018, MassHealth should establish a pathway to a living wage for nursing home CNAs and ancillary staff.

The state should develop a multi-year strategy that utilizes an annual wage pass-through that both incrementally raises wages in a significant manner and takes into consideration the regional wage variation that exist in the state. To ensure continued progress, it should create a mechanism to enable the state to fund yearly wage updates consistent with the Consumer Price Index (CPI).

Support a Culture of Retention

In January 2015, the Health Workforce Research Center on Long-Term Care at the University of California San Francisco recommended increasing national and state investments in education and training as a means to improve direct care worker recruitment and retention. Both the Institute of Medicine (2004) and Massachusetts ECCLI findings indicate supervisory training positively impacts job satisfaction, feelings of respect and value and overall retention rates for all direct care workers. Training nurse managers to become better supervisors and leaders is necessary to create an organizational culture of retention for all staff.

The state should support the rollout and implementation of comprehensive evidence-based supervisory training for the express purpose of retaining staff and reducing turnover. Using a train-the-trainer model, employers will increase the knowledge, skills and attitudes managers need to support staff stability and reduce turnover, foundationally supporting this key component of quality jobs.

Establish a CNA Scholarship Program

Throughout the state, a significant number of individuals, including nursing home ancillary staff (dietary, laundry and housekeeping), aspire to become CNAs but do not have the language or literacy skills necessary to enter into a training program. Many work multiple jobs while attending ABE or ESL programs to improve their English and numeracy skills. Their progress is typically measured in years. To increase the supply of CNAs, it is recommended the state fund a CNA Scholarship Program that supports more adults in their quest for post-secondary credentials by providing integrated ABE/ESL with CNA training. The Integrated Basic Education and Skills Training (I-BEST) is a national model developed in Washington state that accelerates the pathway to higher level employment by bridging technical skills and language literacy teaching. Scholarship funds should be used to offset the cost of training as well as provide stipends to adult learners so they can reduce the number of work hours to concentrate on completing the I-BEST program in an expedited amount of time.

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Appendix

2015 Median Hourly Wages by County

County	CNA Median Wage	CNA Entry Wage	Dietary Median Wage	Dietary Entry Wage	Housekeeping Median Wage	Housekeeping Entry Wage	Laundry Aide Median Wage	Laundry Aide Entry Wage
Barnstable	\$14.00	\$11.25	\$11.70	\$10.00	\$11.42	\$10.27	\$12.20	\$9.72
Berkshire	\$11.71	\$9.51	\$9.75	\$9.00	\$11.03	\$9.00	\$10.69	\$9.00
Bristol	\$12.69	\$10.86	\$9.52	\$9.00	\$10.00	\$9.00	\$9.97	\$9.00
Essex	\$14.06	\$11.53	\$9.89	\$9.50	\$11.50	\$9.75	\$11.08	\$9.75
Franklin, Hampden, Hampshire	\$12.68	\$10.00	\$10.00	\$9.00	\$10.56	\$9.00	\$11.41	\$9.00
Middlesex	\$13.71	\$11.10	\$10.85	\$9.00	\$11.25	\$10.00	\$11.40	\$10.00
Norfolk	\$13.40	\$11.00	\$10.32	\$9.00	\$11.50	\$10.00	\$11.35	\$9.50
Plymouth	\$13.30	\$11.25	\$10.67	\$9.10	\$11.70	\$10.50	\$11.44	\$11.00
Suffolk	\$14.45	\$12.20	\$12.48	\$10.00	\$12.19	\$10.15	\$11.38	\$10.02
Worcester	\$13.12	\$10.75	\$9.74	\$9.00	\$10.58	\$9.00	\$10.16	\$9.00
Massachusetts	\$13.36	\$11.00	\$10.33	\$9.00	\$11.10	\$9.20	\$11.07	\$9.18

Source: Mass Senior Care Association Annual Employment Survey, 2015



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