

## ADVANCING MISSISSIPPI'S HEALTHCARE WORKFORCE

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### **INTRODUCTION: THE HEALTHCARE INDUSTRY & MISSISSIPPI DELTA'S WORKFORCE**

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In Mississippi, the condition of the state's healthcare industry shapes the medical care available to residents and employment opportunities for thousands of members of the state's workforce. While other sectors have seen substantial job loss in the wake of the 2007 recession, the healthcare sector has seen its workforce grow. The healthcare industry has also expanded in Mississippi's Delta region. While 14.5% of Delta residents were unemployed in 2011 and more than 1 in 3 residents lived in poverty, employment in the healthcare sector remained robust and provided quality jobs to thousands of residents. From 2001 to 2011, the Delta region saw a 15% drop in overall employment while the healthcare sector expanded its number of jobs by 19%.<sup>i</sup>

In 2011 there were 122,000 workers in the labor force across the 14 counties that make up Mississippi's Delta Workforce Investment area.<sup>ii</sup> The healthcare industry employed 11% of the region's workers. Healthcare is the third largest industry in the region behind the retail and food service & accommodations industries.

Nationwide and in the Mississippi Delta region, we all need qualified, professional healthcare workers who look over our medical care. Whether in a nursing home, hospital, or at home, patients need high quality care and service. To ensure quality care and experienced staff, healthcare employers are seeking ways to better train workers, reduce staff turnover, and move experienced staff into higher level positions.

Several upcoming changes are making the need for qualified, professional staff at all skill levels of the healthcare workforce even more urgent for employers. In hospitals, patient reviews will become a regular part of assessing each provider's care adding pressure that all hospital staff, regardless of position, provide a high level of patient service. Additionally, the extension of health insurance to more individuals as a result of healthcare reform means many healthcare providers will see an increase in need for their services. This increase in need will drive demand more trained, prepared healthcare workers and will boost the demand for healthcare training in the region. Finally, changing requirements for training among individuals who provide sitter care will also create a need for additional training among many front-line healthcare workers.

The persistent need for quality healthcare and the recent evolutions in the healthcare industry are converging to create an environment where healthcare employers increasingly need an effective and efficient system of preparing healthcare workers from doctors to nurses to nursing aids. Importantly, the changing environment also creates an opportunity for more low-income adults in the region to find employment in the healthcare industry.

The brief presents specific reforms healthcare employers and their workers need to lift up the number of well-prepared workers in the industry across Mississippi. The piece also presents recommendations for meeting the needs of employers while also transitioning more low-income adults and front-line healthcare workers into positions with higher skill levels and quality wages.

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## MEETING THE DEMANDS OF MISSISSIPPI'S HEALTHCARE INDUSTRY THROUGH WORKFORCE FUNDING COLLABORATIVES

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One approach to regional workforce development –*sector initiatives*– aims to effectively meet the demands of healthcare employers across a region by pooling their requests for skill development. The framework better formally connects training providers, employers, workers, and support service providers to more holistically meet the needs of an industry. Sector initiatives have two basic goals. The first is to help ensure that a regional group of employers in an industry has the skilled workers they need to be competitive and thrive. The second is to improve access to quality, high-wage jobs for low-skilled or unemployed workers.

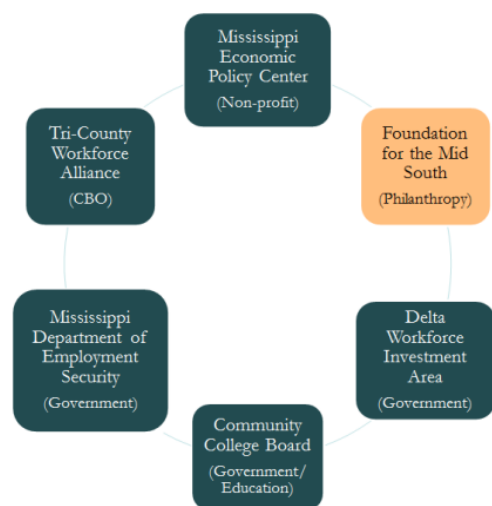
In early 2011, the National Fund for Workforce Solutions established six regional funding collaboratives across the United States to focus specifically on braiding funding from the public, non-profit and philanthropic arenas to invest in regional sector initiatives. Mississippi is home to one of these collaboratives, the Delta Workforce Funding Collaborative (DWFC).

The Delta Workforce Funding Collaborative brings together key philanthropic, public sector, private sector and community leaders in Mississippi (see Figure 1). Each of these partners commits their expertise and funding to the common efforts of the Collaborative. Through this leadership and funding, the Collaborative seeks to invest in innovative models in workforce training that advance low-income individuals in the Delta region along a career path to higher skills and higher wages. Since the DWFC uses a sector initiative approach, it focuses its attention on particular industries in the region that have job openings and a need for workforce training.

With DWFC's initial round of investments, a healthcare partnership was established to strengthen the Delta region's healthcare industry through better connecting workers with the skills demanded and supports that increase their success on the job. A critical focus of the training is that low-income adults leave training and are connected to jobs that are readily available in their community. The DWFC also works to bring together educators and healthcare employers in the region to insure that the training is part of a series of steps that can lead the individual to advancements in wages and in job responsibilities over time.

The DWFC healthcare partnership is led by the Office of Nursing Workforce and brings together 10 employers representing hospitals, community health centers, and nursing homes across the Mississippi Delta. Since the establishment of the partnership, a total of 159 individuals have received training and additional supports to advance in the healthcare sector as nursing assistants, licensed practical nurses, or nurses through models funded by the DWFC.

**FIGURE 1. PARTNERS IN THE DELTA WORKFORCE FUNDING COLLABORATIVE**



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## LESSONS LEARNED: THE NEEDS OF HEALTHCARE WORKERS AND EMPLOYERS

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Interviews with healthcare employers and workforce professionals in the Delta region inform the DWFC of obstacles they face with their current workforce and gaps in the delivery of training. Obstacles identified by the DWFC in regular conversations with employers included:

- High turnover among nursing assistants and a struggle to retain entry-level workers;
- Poor patient interaction and social skills with patient's among nursing assistants;
- Deficiencies in employability skills and basic skills among nursing assistants;
- A lack of management and communication skills among nursing teams;
- A loss of nursing students from local colleges to other hospitals in urban areas;
- Low wages and a lack of advancement opportunities for entry-level nursing assistants;
- A need for students to understand the demands of different levels of healthcare employment before and during training rather than after employment.

The concerns span different types of healthcare providers and a range of nursing positions. In particular, the DWFC discovered a need to connect the training between different levels of healthcare careers from nursing aid to more advanced positions and to integrate employability skills into training. Additionally, the DWFC found a need to redesign training and job opportunities, so entry-level workers in nursing aid positions can move up in their careers to higher wages.

*Table 1* reveals the wage rates and education requirements for a series of healthcare opportunities in the Mississippi Delta. The table shows there is a substantial opportunity for wage gains as an individual moves from a certified nursing aid (CNA) to a Licensed Practical Nurse (LPN) to a Registered Nurse (RN). However, there are also substantial differences in the education requirements for each position and the responsibilities for patient care.

**TABLE 1. BACKGROUND ON HEALTHCARE OCCUPATIONS IN THE MISSISSIPPI DELTA REGION**

	DELTA EMPLOYMENT	ENTRY WAGE		EDUCATION
		Hourly	Annually	
<b>Nursing Aids (CNA)</b>	1,650	\$8.08	\$16,803	75 hours of coursework and 100 hours of clinical experience
<b>Home Health Aids</b>	740	\$8.19	\$17,025	75 hours of coursework and 100 hours of clinical experience
<b>Licensed Practical Nurse (LPN)</b>	1,170	\$14.84	\$30,861	1-year certificate from a community college
<b>Registered Nurse (RN)</b>	1,970	\$21.13	\$43,954	2-year associate's degree or 4-year bachelor's degree

### *THE IMPORTANCE OF CREATING ADVANCEMENT PATHWAYS FOR NURSING AIDS*

Nursing Aids (CNA) and home health aids are both vulnerable to earning less than what a family needs to cover their basic needs like rent, food, childcare, health insurance and transportation without outside assistance. In 2011, the entry annual wage for a CNA in the Delta region was \$16,803. In contrast, a family with one adult with a preschooler needs \$24,660 per year to cover their basic expenses without outside help.<sup>iii</sup> This two-person

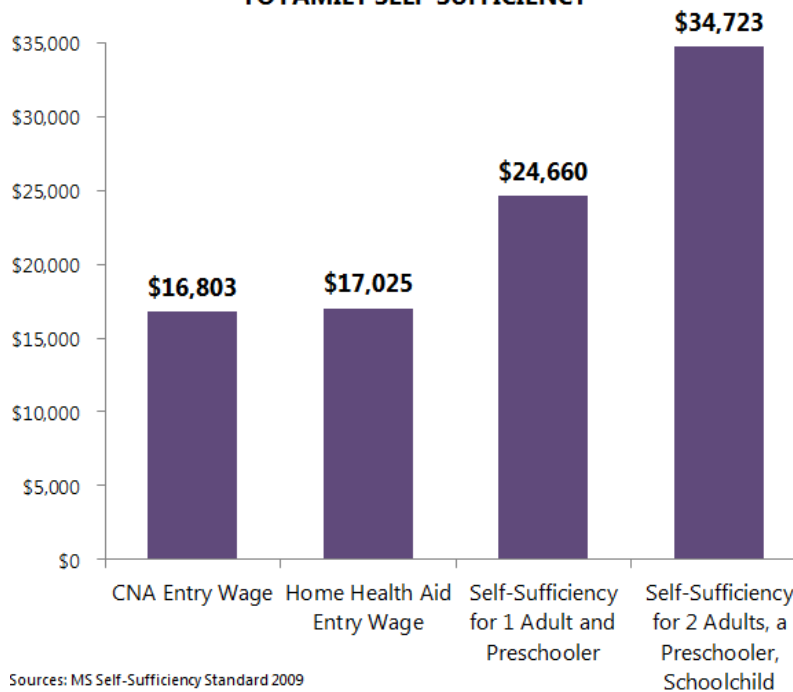
family would have \$7,800 worth of unmet basic needs with the adult in the role of a CNA. A family with two adults, a preschooler and a schoolchild needs even more per year at \$34,723.<sup>iv</sup> Figure 2 compares the amount these two family types need with the entry wages of a CNA and home health aid.

Nursing aids provide an opportunity for employment with a relatively short-term training requirement. However, the gap between the occupation's wage rate and what families need often leads workers in the position to face challenges in meeting a household needs. In the longer-term, having accessible pathways to advance in wages is important for many workers that start as CNAs. The wage structure of CNAs can also affect employers as turnover in the position is high and employees are impacted by the stress of financial insecurity.

In Mississippi CNAs are required to have a high school diploma; however, there is no college credit requirement for the position. The certification requires non-credit coursework and clinical experience (see

Table 1). The next official step in the nursing pathway is a Licensed Practical Nurse, a position requiring 1 year of college courses and a certificate from any Mississippi community college. For those adults that balance work, school and family and persist through healthcare training, the rewards in job responsibility and wages can result in more stable employment and greater financial security. However for a working adult without college experience, the space between a CNA certification and LPN is relatively large in time and skill. Many current CNAs lack basic skills, need remediation and assistance in the form of support services like tutoring and college counseling to start the path to a year or more of college courses.

**FIGURE 2. COMPARING HEALTHCARE WAGES TO FAMILY SELF-SUFFICIENCY**



Sources: MS Self-Sufficiency Standard 2009  
MDES, Occupational Wage Data, Delta WIA, 2011.

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## **ADVANCING MISSISSIPPI'S FRONTLINE HEALTHCARE WORKERS**

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Employers and low-income healthcare workers in the Delta region both stand to gain from implementing policies and strategies that transition more entry-level workers onto higher wages and higher skills. Several efforts are underway to make advancement in healthcare employment more accessible for frontline workers. One approach being piloted in Mississippi and nationwide is to place intermediate training benchmarks along the path between CNA certification and LPN certification. Schools are also working to link additional certifications with the CNA training, so that CNAs have more diverse skills that can result in wage increases.

Making systemic changes that encourage the development of these training models can help employers reduce turnover, improve the quality of medical care, and create openings in entry-level positions for additional workers.<sup>v</sup> Employees also experience the rewards of increased job responsibilities, self-esteem, and preparation for more advanced education.<sup>vi</sup>

- *Case 1: Office of Nursing Workforce and Greenwood Leflore Hospital, Greenwood, Mississippi*

Acutely ill patients and an environment of high technology mandates student nurses receive quality education and extended clinical experiences under the leadership of experienced nurses. Education providers and hospitals in the Mississippi Delta saw an emerging need for mentor nurses to teach and lead nursing students, so they could better succeed in increasingly complex healthcare careers. To remedy the need for a more supportive and proficient management structure, the hospital provided resources for its existing staff to go through training to be mentors and manage other nurses and nursing aids. Nurses that go through the training are rewarded with an increase in wages. The model facilitates professional development of students, hospital nurses, and allied health instructors, and project directors hope the training structure retains staff through supporting their development and a model for recruiting new staff with an environment of learning and advancement for nursing team members. The model also helps retain CNAs and other nursing staff at the hospital by placing them in a better managed and supported environment.

- *Case 2: Hinds Community College, Jackson, Mississippi*

At Hinds Community College, the Allied Health Program is taking steps to combine training for several entry-level healthcare opportunities. The program is working to link the training for CNA certification and phlebotomy and considering adding new training requirements for in-home sitters. Instructors at Hinds believe the linking will provide workers with greater job flexibility, more extensive knowledge and additional skills that can be linked to higher wages. The program is also in the process of designing the training, so students are awarded college credit as they pursue certification, an important evolution for easing the transition into college-level courses required for higher level nursing positions. Receiving the CNA and phlebotomy training also moves students applying to the LPN and RN program up in the admissions rankings and increases the likelihood they will be admitted to both programs.<sup>vii</sup>

- *Case 3: Capital Workforce Partners Workforce Investment Board, Connecticut*

By evaluating the needs of CNAs in several long-term care facilities, Capital Workforce Partners (CWP) determined advancing frontline workers would require focusing on four areas: job readiness skills, clinical skills, literacy skills and awareness of opportunities for career advancement. To work on basic skills, CWP worked with college to develop remedial courses blended with healthcare related content that workers could then apply on the job. Partner employers also came together and developed new positions of nursing assistants –CNA I and CNA II- based on a worker's advancement through academic skills and demonstrated clinical skills on the job. CNAs could also receive a certification in gerontology and receive college credit for their training making it easier to transition into longer college programs to be an LPN or RN. Finally, as the workers advance from CNA I to CNA II, they are given additional job responsibilities and salary increases.<sup>1</sup> A critical aspect of the CWP model is it helps workers transition within an occupation while also building college credit that can be applied to additional job advancement.

Generating a more seamless pathway to advancement for Mississippi's healthcare workers it critical to their economic well-being and meeting the needs for the state's employers. Promising strategies have emerged from the evolving efforts to support and advance workers on the lower rungs of healthcare workforce. Developing new positions with additional responsibility and skill requirements, linking training for several certifications

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<sup>1</sup> Zacker, Heather. *Creating Career Pathways for Frontline Health Care Workers*. 2011. Jobs for the Future.

together, paid release time for studying and classes, pre-paid tuition assistance, and healthcare mentor training are all being used advance the skills and opportunities of existing workers in the healthcare field.

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## RECOMMENDATIONS

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Much still needs to be done to facilitate training of the state's existing healthcare workforce and strengthen training for those that pursue the career path in the future. The perspectives provided by healthcare employers, educators and leaders in the Delta region have presented clear needs among the existing training infrastructure for healthcare workers that exist in the region but also throughout Mississippi. Implementing the following recommendations statewide can better fulfill employer's needs for prepared workers and move more adults to higher skills and greater economic security.

1. Design curriculums and job positions, so the CNAs build additional skills and certifications, college credit, and can eventually transition to higher wages and more advanced health care careers.
2. Incorporate employability skills and soft skills into training curriculums for allied health careers.
3. Combine CNA certification with training for phlebotomy, home health and sitter care to increase care quality and increase job opportunities and flexibility for workers.
4. Reform workplace policies, so on-the-job learning becomes easier and creates a culture of continual learning and advancement for healthcare workers. Changes to workplace policy can include: paid leave for study and class time, conducting classes and learning at the job site, creating a pre-paid tuition plan for frontline works.
5. Focus training dollars on innovative strategies that advance the 4 recommendations above and that bolster support (career counseling, financial aid, management and employability skills) for adults in the healthcare field that are pursuing training.

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<sup>i</sup> Mississippi Department of Employment Security. *Annual Labor Force Report*. 2001 and 2011. Accessible: <http://mdes.ms.gov/Home/LMI/LMIPublications/alf.html>

<sup>ii</sup> Ibid

<sup>iii</sup> Pearce, Diana. *The Self-Sufficiency Standard for Mississippi, 2009*. University of Washington School of Social Work. Prepared for the MEPC.

<sup>iv</sup> Ibid.

<sup>v</sup> Zacker, Heather. *Creating Career Pathways for Frontline Health Care Workers*. 2011. Jobs for the Future.

<sup>vi</sup> Ibid.

<sup>vii</sup> Interview with Dr. Libby Mahaffey, Dean of Allied at Hinds Community College. 10/25/2012