

## Expanding CNA Career Pathways

Despite their critical role, certified nursing assistants (CNAs) are often underappreciated and undercompensated, while facing limited opportunities for career advancement.

To help provide CNAs vital growth pathways, the Coalition will work with stakeholders to develop and pilot a standardized CNA career pathway model under the Registered Apprenticeship program framework.

### Guiding Recommendation from NASEM's The National Imperative to Improve Nursing Home Quality

“Federal and state governments, together with nursing homes, should ensure competitive wages and benefits (including health insurance, child care, and sick pay) to recruit and retain all types of full- and part-time nursing home staff.” (Recommendation 2A, p. 509)

“To advance the role of and empower the certified nursing assistant (CNA): Nursing homes should provide career advancement opportunities and peer mentoring [....]” (Recommendation 2E, p. 513)

*The Coalition thanks the  
Workforce Committee  
for writing this Action Plan.*

## Purpose

Certified Nursing Assistants (CNAs) are the core of the nursing home workforce, providing increasingly complex care to a population with increasingly acute care needs. Despite their critical role, CNAs are too often underappreciated and undercompensated; they also face limited opportunities for career advancement. CNAs may experience significant stress and burnout in their work if they have not received sufficient training to deliver care to a population with complex medical, social and functional needs. These factors contribute to high turnover and chronic staff shortages that negatively impact quality in nursing homes.

A key component of improving quality in nursing homes is ensuring that staff are well-prepared, empowered, and appropriately compensated. Current career pathway and apprenticeship models for CNAs are variable and the evidence base supporting their effectiveness is limited. As a result, these initiatives can be difficult to replicate and sustain, and training benefits may not move with CNAs to new employers. Such initiatives also require significant time and resources on the part of employers to design and implement.

In recent years, the federal government has invested in Registered Apprenticeship programs through the Department of Labor, often contracting with industry intermediaries that can manage many of the technical and administrative aspects for employers. As such, the Registered Apprenticeship framework, which awards a nationally recognized credential, provides an opportunity to add structure, standardization, and credentialing to a CNA career pathway model, all of which are important for replicability and sustainability. The Coalition will convene employers, apprenticeship experts, educators, and others already working in this space to create a standardized CNA career pathway model and develop a robust evaluation plan to generate evidence for replicability and sustainability beyond the initial pilot. The pathway model will incorporate state-specific guidance for incremental wage increases with each pathway stage. The national footprint of the initiative will also enable a collaborative approach to raising awareness and dissemination.

For CNAs, benefits will include: an opportunity to ‘earn and learn’, professional development, higher wages, improved job satisfaction, and reduced burnout or desire to leave. To be sure, the Coalition recognizes that complementary efforts must also be taken to improve wages and job quality for all CNAs, not just those who seek such career advancement opportunities. For employers, benefits will include improved staff skills and competencies, elevated staff leadership, improved staff retention, reduced turnover costs, improved organizational culture, and higher quality care.

**Goal:** Convene stakeholders to develop a standardized CNA career pathway model under the Registered Apprenticeship framework; pilot and evaluate in one state.

## Phases of Work

### Progress To Date

The Coalition has researched existing CNA Registered Apprenticeship and related programs across states. Challenges identified in previous programs include:

- Too much heterogeneity across programs, thus limiting replicability and portability. A more standardized model is needed that awards portable credentials.
- Financial burden associated with program administration and wage increases. (Currently there is a lack of evidence demonstrating how career pathway models for CNAs impact important employment outcomes such as retention and turnover which could help make the business case for employers.)
- Administrative and technical burden. Employers' capacity is limited, and apprenticeship requires organizational champions to oversee the initiative.
- Variation in funding opportunities available across states.
- Public perception of CNA jobs and a lack of understanding of why CNAs need opportunities for career advancement.
- Lack of familiarity with apprenticeship and pathway models among long-term care employers.
- With new training and skill competencies must come a wider scope of practice, which may lead to regulatory or oversight agency challenges.
- Interpersonal conflicts may increase as job duties, responsibilities, and pay change from one job category to another.

The Coalition has also engaged with organizations such as the National Governor's Association (NGA), Health Resources and Services Administration (HRSA), Centers for Medicare & Medicaid Services (CMS), and others.

### Proposed Timeline

The Coalition will:

1. Create a project management structure to coordinate project activities. This includes identifying project leads, determining the structure and organization for meetings, creating processes for managing timelines and tracking deliverables, and identifying a plan for additional funding that may be needed.
2. Identify and convene a working group of employer, educator, apprenticeship, and other partners and decide on a state for the pilot.
3. Conduct a review of existing apprenticeships and other career pathway initiatives to broaden and deepen understanding of program structure, processes and outcomes. Identify areas of alignment and differences, as well as barriers and opportunities.

4. Host working meetings with partners and an advisory panel to determine the scope of the model and to manage the implementation process.
5. Provide leadership and design support as partners plan for the pilot.
6. Plan for evaluation focused on feasibility, alignment and outcomes (e.g., retention, turnover, job satisfaction, CNA role change, wage trends, costs) – including identifying research partners needed for evaluation and additional funding sources.
7. Begin to implement the pilot program and evaluation plan.

Activity	Completion Date
Identify employer, educator, and apprenticeship partners, as well as other key stakeholders to serve on an advisory panel and working group.	November 2023
Conduct a review of existing apprenticeship and other career pathway initiatives.	December 2023
Lead working group in designing the pilot apprenticeship model.	March 2024
Establish a robust evaluation plan to assess pilot outcomes.	March 2024
Begin to implement a pilot CNA career pathway under the Registered Apprenticeship framework in one state.	June 2024

## Additional Details

### Partners and Stakeholders

**Apprenticeship Partner(s):** Engaging one (or more) of the federally contracted industry intermediaries is critical. Broadly, industry intermediaries manage most of the administrative and technical aspects of a Registered Apprenticeship program supported by funding through the Department of Labor.<sup>1</sup>

**Employer Partner(s):** Employers who choose to participate in the pilot program will, in collaboration with the industry intermediaries, need to (1) sign on to Registered Apprenticeship standards including wage guidelines related to incremental wage increases aligned with pathway stages; (2) identify and recruit appropriate candidates among new or existing employees; (3) promote the pathway model within their organization, highlighting and providing opportunities for employees as they advance; (4) adhere to reporting requirements; (5) participate in workgroup meetings with key partners to support the development of the pathway model; and (6) participate in the evaluation process to provide feedback on feasibility and return on investment and participate in future replication of the program as a ‘mentor organization.’<sup>2</sup>

Participating nursing homes will contribute the input of administrative leadership, CNAs, other interdisciplinary staff, residents and care partners. The Coalition plans to host focus groups specifically designed to solicit input of these subgroups.

**Educator Partner(s):** Educator partners will be responsible for (1) developing or providing the educational component of the pathway model; (2) overseeing admissions, accreditation and related regulatory processes; (3) evaluating participants to assess achievement of

---

<sup>1</sup> Specifically, they: (1) manage outreach to employers, unions, educators & others; (2) provide expertise & technical assistance to launch and sustain Registered Apprenticeship programs; (3) develop standards, curriculum, related instruction outlines, and competency-based Registered Apprenticeship program models; (4) manage the state and/or federal Registered Apprenticeship program registration process; (5) offer expertise on apprentice recruitment strategies; (6) assist employers and partners to offset the costs of developing, launching, and sustaining Registered Apprenticeship programs; and (7) provide guidance on strategies and best practices for successful placement and retention in Registered Apprenticeship opportunities, particularly for underrepresented populations.

<sup>2</sup> The longer timeline for this project (beyond June 2024) will include a 15-month window for employers, in collaboration with the industry intermediary, to identify and apply for/acquire added personnel, resources, and/or funding as needed. Potential funding sources include the federal and state Departments of Labor, state workforce centers, and private foundations.

competencies; (4) adhering to reporting and tracking requirements; and (5) collaborating with the industry intermediary, employer, as indicated.<sup>3</sup>

Examples: National Association of Health Care Assistants/The CNA Association (NAHCA) (see pilot example in Appendix), the Geriatrics Workforce Enhancement Program (GWEP), educational institutions, community colleges, long-term care online training providers.

**Examples of Other Partner Organizations:** LeadingAge (national & state affiliates), American Health Care Association (AHCA) (national & state affiliates), nursing home organizations engaged with the GWEP, and nursing home organizations actively engaged in workforce development opportunities.

**Advisory Panel:** The primary role of the advisory panel will be to actively engage in workgroup meetings and activities to provide expertise on the scope of the pathway model, implementation facilitators and barriers, and the evaluation plan. These partners will serve in as volunteers, although the Coalition will explore funding opportunities to provide modest compensation for their time and contributions.

Examples: NAHCA, labor organizations, State Nursing Workforce Centers, other relevant state officials (e.g. Departments of Health, Labor, or Education), Indiana University Bowen Center for Health Workforce Research & Policy, Center for Caregiver Advancement, other relevant professional associations such as American Medical Director's Association/Society for Post-Acute and Long-Term Care Medicine (AMDA), National Association of Directors of Nursing Administration in Long-Term Care (NADONA), Gerontological Advanced Practice Nurses Association (GAPNA), and other relevant experts to ensure the pathway is a way out of poverty and support is included to uplift the apprentices.

## Equity

The Coalition acknowledges that CNAs are often members of marginalized populations. In addition, just over a third (34 percent) of CNAs are on some form of public assistance.<sup>4</sup> Each new or expanded CNA career pathway program must evaluate the potential impact on minoritized or vulnerable individuals, promote equal access to program eligibility across nursing homes and track outcomes that includes data on race, ethnicity, gender, and income level as is feasible.

---

<sup>3</sup> Within the timeline, the Coalition has built in a 15-month window for educators, in collaboration with the industry intermediary, to identify and apply for/acquire added personnel, resources, and/or funding as needed. If the Coalition engages GWEP awardees, they will have access to their HRSA funding which can help support this effort. Other funding sources include the federal and state Departments of Labor, state workforce centers, and private foundations.

<sup>4</sup> PHI. 2022. [Direct Care Workers in the United States: Key Facts](#). PHI.

## Sustainability and Financing

The need for nursing home workers (CNAs, nurses, and others) is expected to continue for several decades, therefore this action plan may be supported by states and state Medicaid programs. Increasing the pipeline of qualified candidates who would like to become CNAs through professional development and leadership roles is likely to mitigate the CNA shortage. The Coalition will further detail program costs and funding options in early Year 2.

To boost sustainability and replicability, the Coalition will seek to:

1. House the pathway model under the Registered Apprenticeship framework which provides structure and a nationally recognized, portable credential;
2. Engage an industry intermediary that can contribute to standardization;
3. Work with partners who have a national footprint and/or access to a national professional network that offers potential implementation sites beyond the pilot;
4. Develop a robust evaluation plan to demonstrate effectiveness.

## Select References and Materials

RTI International Institute. 2011. [Evaluation Design Options for the Long-Term Care Registered Apprenticeship Program](#). For U.S. Department of Health & Human Services, Assistant Secretary for Planning and Evaluation, Office of Disability, Aging and Long-Term Care Policy.

RTI International Institute. 2011. [Characteristics of Long-term Care Registered Apprenticeship Programs: Implications for Evaluation Design](#). For U.S. Department of Health & Human Services, Assistant Secretary for Planning and Evaluation, Office of Disability, Aging and Long-Term Care Policy.

NAHCA. [Educational Resources](#).

Healthcare Career Advancement Program. [Registered Apprenticeships](#).

Health Resources and Services Administration. Geriatrics Workforce Enhancement Program.

Equus Workforce Solutions. [Home Page](#).

Apprenticeship USA. [Registered Apprenticeship Program](#). U.S. Department of Labor Office of Apprenticeship.

## Appendix

# Potential Implementation Approaches

Below are two examples of what implementation may look like.

**Example 1.** NAHCA has partnered with the California Association of Health Facilities (CAHF) and their associated educational foundation, Quality Care Health Foundation (QCHF), to develop a 5-tier CNA career pathway model outside of the scope of the Registered Apprenticeship framework. The pathway provides, at 6-month intervals, opportunities for CNAs to progress to the next tier upon completion of specified educational modules, all but one of which are hosted by NAHCA. These modules, in order, are: Certified Preceptor; Restorative Nurse Aide; Specialty training in behavioral health, dementia care, or hospice (CNA chooses); and Geriatric Specialist. A potential future tier may provide an optional pathway to licensed practical nurse or registered nurse for those interested. Participating employers agree to incremental percent wage increases with each tier, based on regional market conditions. NAHCA, CAHF and QCHF are currently planning a five-county pilot in California for their pathway model starting in Spring 2023. An opportunity for replication could be either in other counties within California or in another state.

**Example 2.** Awardees under the GWEP include nursing home CNA training as a requirement for HRSA funding – providing educational infrastructure and established relationships with nursing home employers. The Coalition could leverage these relationships to pilot a formalized Registered Apprenticeship career pathway through their sites.

In either case, the Coalition envisions engaging one or more of the federal industry intermediaries (e.g., Equus Workforce Solutions, the Healthcare Career Advancement Program (H-CAP)) to support the formalization of the career pathway and manage the technical and administrative aspects of transforming the pathway model into a Registered Apprenticeship program. The intermediaries have also developed state-specific wage guidelines they provide to participating employers. Equus currently has a partnership with AHCA, while H-CAP is a longstanding partner of the Service Employees International Union (SEIU).



## Acknowledgements

The Coalition thanks the Workforce Committee.

### Committee Co-Chairs

Kezia Scales  
Senior Director of Policy Research, PHI

Jasmine Travers  
Assistant Professor, New York University  
Rory Meyers College of Nursing

### Committee Members

Marissa Bergh  
Graduate Student, NYU Meyers College of  
Nursing

Sam Brooks  
Director, Public Policy, The National  
Consumer Voice for Quality Long-Term  
Care

Matthew Cantrell  
Chief Operating Officer, National  
Association of Health Care Assistants

Michelle Dionne-Vahalik  
Associate Commissioner for Long Term  
Care Regulation, Texas Health and Human  
Services

Deanna Duffey  
Director of Nursing Assistants, Redstone  
Highlands

Corinne Eldridge  
President & CEO, Center for Caregiver  
Advancement

Margarite Grootjes  
Nursing Home Resident, Ohio

Nicole Howell  
Health and Aging Policy Fellows

Hannah Maxey  
Associate Professor and Director, Indiana  
University Bowen Center for Health  
Workforce Research and Policy

Susan Mullaney  
Vice President, Center for Clinician  
Advancement, United Health Group

Dennis Short  
Senior Policy Analyst, 1199SEIU United  
Healthcare Workers East

Jennifer L. Smeltzer  
Nursing Home Administrator, Marquis Mill  
Park

Joan Weiss

Deputy Director, Division of Medicine and  
Dentistry, Health Resources and Services  
Administration

Elizabeth White

Assistant Professor of Health Services,  
Policy, and Practice, Brown University  
School of Public Health

Faith Wiggins

Director – Long Term Care, Community  
Based Organizations and Pharmacy Sectors,  
1199SEIU Training and Employment Funds