

# Integrating State Efforts to Advance CNA Career Pathway Programs

## Introduction

Certified nursing assistants (CNAs) are key members of the inter-professional team in nursing homes. They spend the greatest number of hours each day with residents and are typically the first to recognize and report changes in residents' condition. Adequately trained, well-supported CNAs are critical to delivering person-centered care in nursing homes, as CNAs generally work closest with residents and learn their goals and preferences.

Workforce development initiatives that support the recruitment and retention of CNA's help alleviate turnover, burnout, and dissatisfaction among this group and are critical for improving nursing home resident quality of life. Many CNAs are overworked, undervalued, and/or insufficiently trained to care for the increasingly complex health and social needs of nursing home residents. Despite their challenging job, CNAs earn persistently low wages with thirteen percent living below the federal poverty line and more than one-third relying on some form of public assistance.

Career lattices and ladders that offer pathways for advancement, enhanced education, mentorship, and improved wages are critical for stabilizing and strengthening the CNA nursing home workforce. Lattices offer advancement *within* the CNA role, whereas ladders offer advancement from CNA to *another role* such as LPN or nursing home administrator. In this brief, we refer to lattices and ladders collectively as 'career pathways' but focus particularly on advancement *within* the CNA role. This focus aligns with Recommendation 2E in the National Academies of Sciences, Engineering, and Medicine's 2022 report on nursing home quality and calls from expert stakeholders to empower and advance the role of CNAs.

## Challenges with CNA Workforce Development

The existing landscape of CNA workforce development is fragmented, highly variable across states, and inconsistently funded. A few key factors contributing to this fragmentation include:

- **Differences in CNA training requirements and competencies among states.** While the federal minimum training requirement for CNAs is 75 hours, over half of states require additional training hours for initial certification. Furthermore, states vary with regard to specific certifications and competencies available to CNAs such as medication aide, restorative nurse aide, or dementia training. By contrast, RN and LPN education programs are accredited by national accreditation bodies, and RNs and LPNs both sit for national licensure exams, making their training far more standardized.
- **Differences in regulatory oversight of CNAs across states.** The regulatory bodies and regulations that govern CNAs vary across states. While RNs and LPNs fall under the purview of the state boards of nursing and state nurse practice acts, CNA oversight may be the responsibility of a state board of nursing, department of health, or other entity depending on the state. There may also be split or shared oversight within states – for example, North Carolina

has a tiered Nurse Aide certification, with the state's Division of Health Service Regulation overseeing the first tier (Nurse Aide I) and the Board of Nursing overseeing the second tier (Nurse Aide II).

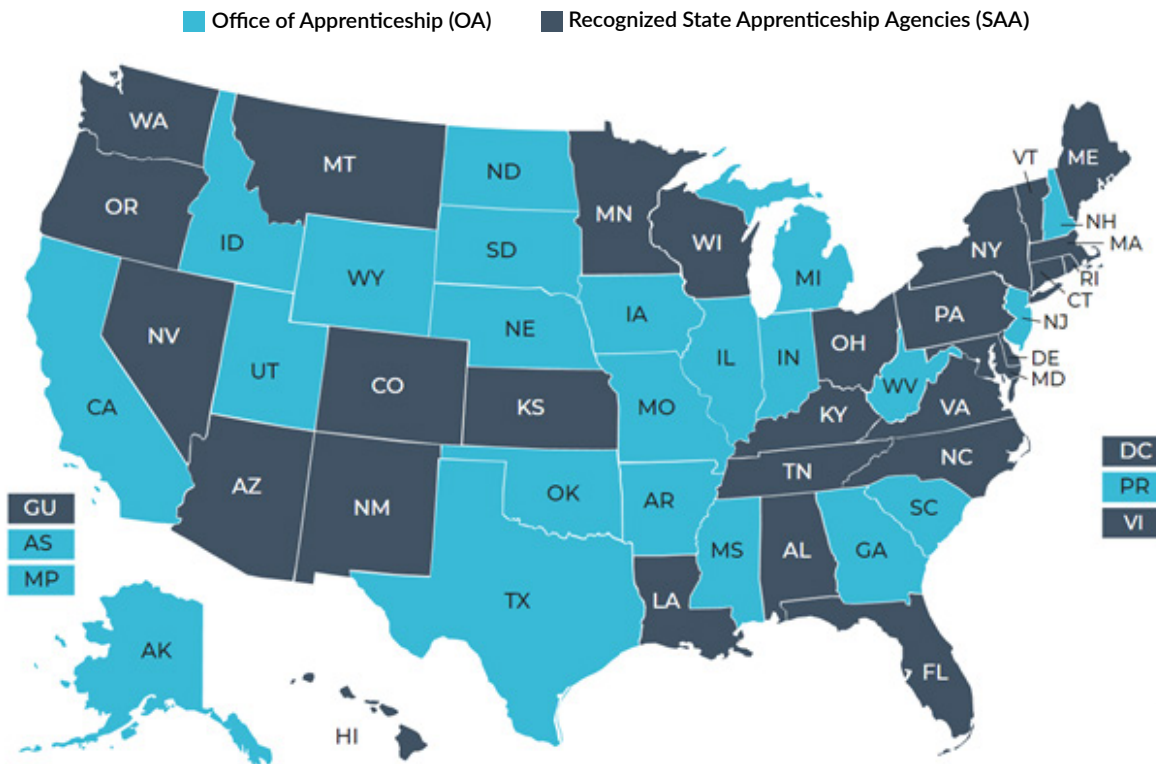
- **Traditional federal health workforce development opportunities generally do not apply to CNAs.** For example, HRSA Health Professional Shortage Area (HPSA) designation programs such as Nurse Corps and National Health Service Corps do not offer tuition support or loan repayment for CNA education. Additionally, [nursing homes do not qualify for HPSA designation](#) except under Nurse Corps, so even qualifying professions like social workers and physicians are not eligible for these programs if they work in nursing homes.
- **CNA workforce development initiatives tend to be state, regionally, or employer-based, and are largely dependent on grants which are usually time and scope-limited.** Programs are dependent on a wide range of funding sources such as state or federal Department of Labor grants, grants to support registered apprenticeship through the [U.S. Office of Apprenticeship](#) or state apprenticeship agencies, Civil Monetary Penalty (CMP) funds, and other sources. Grant applications and management require considerable administrative time and resources for employers or other organizations, limiting who can receive them. Grants are also time- and scope-limited which can hamper sustainability of programs that often take enormous effort just to get off the ground. In an initial scoping review of existing CNA pathway models, the Moving Forward Coalition Workforce Committee found that most programs struggled with growth and failed to move beyond the pilot stage.
- **Many stakeholders with poorly coordinated efforts.** Because CNA workforce development is so state- and regionally-based, there are many stakeholders to consider including: healthcare employers, labor organizations or unions, professional associations representing employers and employees, state agencies (labor, health, and education departments); apprenticeship agencies, boards of nursing, state workforce centers, community colleges and other educators, and other parties. Coordinating communication, funding, and program efforts across these varied stakeholders can be exceedingly challenging.

## Existing Career Pathway Models

In an initial scoping review of existing models, the Moving Forward Coalition Workforce Committee identified three categories of CNA career pathway models. Two of these categories involve **Registered Apprenticeships** which have long been around in other industries to support on-the-job mentored learning combined with didactic education and are more recently gaining ground in healthcare. Registered Apprenticeship offers structure with registered program standards, tracking and reporting requirements, and a nationally-recognized portable credential, all of which are important for replication and standardization. A [2011 RTI/Urban Institute Report](#) summarized facilitators and barriers of

Fig 1

## Map of OA and SAA States



Credits: ApprenticeshipUSA (<https://www.apprenticeship.gov/about-us/apprenticeship-system>)

apprenticeship models in long-term care. Thirty-two states and territories have their own [state apprenticeship agencies](#) to register and oversee apprenticeship programs, while the remaining ones rely on the federal Office of Apprenticeship to serve these functions (Fig 1).

The three categories of CNA career pathway models identified are:

- **Entry-to-practice CNA registered apprenticeship models.** The most common type of CNA apprenticeship models are those supporting initial CNA certification. Typically, they provide added mentorship and wraparound services beyond standard CNA training. SEIU runs a number of these apprenticeships through their Training and Employment Funds, including models in [Connecticut](#), [California](#), and [Oregon](#).
- **Career pathway models for existing CNAs with apprenticeship.** These are similar to the second option above but with the added structure that comes with Registered Apprenticeship. [LeadingAge Minnesota](#) implemented a Health Support Specialist (i.e. advanced CNA) apprenticeship that trained CNAs in leadership across different areas of nursing home operations. [Forest Hills of DC](#), a large long-term care employer in Washington, D.C. more recently implemented a competency-based pathway model that includes tiers in dementia and behavioral health, end-of-life care, and leadership. And as of July 2024, all HRSA-funded [Geriatric Workforce Enhancement Programs \(GWEPs\)](#) will be required to develop registered apprenticeships to support direct care professional advancement. There are currently [48 GWEP grantees across 35 states, Guam, and Puerto Rico](#).

- **Career pathway models for existing CNAs without apprenticeship.** These are models that allow existing CNAs to progress through different educational tiers and receive wage increases as they progress. One example is the [CNA Upskilling Program \(CUSP\)](#) in California developed by the [Quality Care Health Foundation](#), an educational foundation affiliated with the California Association of Health Facilities, and [NAHCA: The CNA Association](#). This model incorporates four tiers that rely on NAHCA's and other partners' educational modules for peer preceptorship, restorative nursing, dementia care, behavioral health, and geriatric care specialist. Another example is the [WIN A STEP UP model](#) in North Carolina which, though no longer active, contributed to North Carolina's [tiered training](#) for direct care workers (not just CNAs). In Tennessee, there is a statewide direct care career advancement program under the [TennCare QuILTSS Institute](#) which awards competency-based micro-credentials that contribute to job promotion. And finally, LeadingAge Virginia used Civil Monetary Penalty funds to develop an [advanced CNA curriculum](#) in conjunction with the Virginia Board of Nursing.

## Improving CNA Workforce Development Within States

While a number of CNA workforce development initiatives may exist in one state, they often are not integrated with one another. For example, registered apprenticeship programs may overlap with existing initiatives under the state health department; employers may not know how to access available programs; and funding or administrative processes may not be well aligned across agencies. The following are actions that could be taken now to improve integration within states:

- **Partner with key non-governmental and governmental stakeholders in the state.**
  - **Table 1** provides a list of potential stakeholders within states who may already be involved with or have interest in CNA workforce development initiatives. The table is meant to be a tool for any individuals or groups working within a state to map out potential stakeholders and identify opportunities for collaboration to avoid duplication or gaps. Creating a more integrated network among key stakeholders can increase awareness of available programs and improve efficiency in developing new initiatives.
- **Improve coordination across state agencies.**
  - Identify which agencies have regulatory authority over CNA certification, educational programs, and apprenticeships within the state.
  - Map out core processes of those agencies to identify where there are inefficiencies, redundancies, or misalignments.
  - Establish formal mechanisms for improving inter-agency communication and collaboration around regulatory processes, program administration, and funding.
- **Develop sustainable funding models that reduce dependence on time-limited, scope-limited grants.**
  - Explore alternative non-grant funding mechanisms through state labor, education, or

health departments.

- Post requests for grant applications well in advance in a centralized location, allow rolling applications, and post funding opportunities throughout the year.
  - Reduce administrative burden on grants by shortening applications and hosting submission platforms that are user-friendly and efficient.
- **Emphasize *retention* in state workforce development plans.**
    - Policies and programs to support CNA retention are as important as those intended to bring new people into the profession.
    - CNAs hired into high stress jobs who feel unprepared and underappreciated will quickly leave. As such, expending resources to support career advancement, wage escalation, and safe work environments are critical for building and sustaining the CNA long-term care workforce.

## Guide for States

We have provided a brief guide below that frames steps for leaders within a state to consider to improve integration of CNA workforce development efforts in their state. We are also available to speak with state leaders to walk through this process if helpful.

1. Determine whether or not your agency or organization would like to serve as the leader or champion for state workforce efforts to advance CNA career pathways. This may include a focus on individuals who would like to become a CNA, and/or people who are already CNAs and would like to advance in their careers as a CNA, either through registered apprenticeships or other types of programs.
2. Identify the individual within your organization who will lead this effort and the amount of time per week or per month that they have available.
3. Identify how your organization will be responsible for reaching out to stakeholders, such as those included in **Table 1** below. For example, decide who will take the lead on outreach to each entity to identify a contact person who is willing/available to participate. Leverage any existing relationships.
4. Decide if there is a need to form a statewide group or task force focused specifically on CNA career advancement throughout the state. If there is an existing group, find out from their leaders if joining that group to dedicate certain members to just CNA career advancement is possible and advisable. Consider building on existing resources and structures.
5. At the first meeting of the new or expanding group (ideally in-person but might need to be virtual or hybrid), begin discussions on group structure, governance, meeting frequency, goals, leaders for each topic area, outcomes or deliverables, timelines, and needed resources. Determine who will be responsible for project management tasks (e.g. scheduling, compiling resources, tracking) and who will assume overall responsibility for content (e.g. documents, communications) produced by the group.

6. If a new group or task force does not have support at this time, communicate with as many organizations as possible to brainstorm about other ways that the state can obtain information and integrate various efforts related to CNA education, scholarships, loan repayment programs, and other approaches to recruitment and retention. Discuss ways to increase awareness about registered apprenticeships and other career pathway programs in the state.

For questions, please feel free to contact Alice Bonner at [abonner@ihi.org](mailto:abonner@ihi.org). Thank you.



**Table 1.** Potential stakeholders to engage within states in CNA workforce development initiatives

Stakeholder	Notes
<b>Employers</b>	
Individual long-term care employers	A first step in developing a state-wide workforce development plan is understanding what types of initiatives and strategies are already being used by employers, and where they are encountering barriers.
<a href="#"><u>LeadingAge</u></a>	LeadingAge is an organization representing nonprofit aging services providers including nursing homes and assisted living communities. They have a number of workforce development initiatives through both their national organization and their state affiliates.
<a href="#"><u>American Health Care Association / National Center for Assisted Living (AHCA/NCAL)</u></a>	AHCA/NCAL is an organization representing long-term care and post-acute providers including nursing homes and assisted living communities. They have a number of workforce development initiatives through both their national organization and their state affiliates.
<b>Employees</b>	
<a href="#"><u>NAHCA: The CNA Association</u></a>	NAHCA is a professional association representing certified nursing assistants. NAHCA works to elevate the professional standing of CNAs and other caregivers through education and advocacy. Through their <a href="#"><u>National Institute of CNA Excellence</u></a> , they have created a number of online training courses to support professional development for CNAs.
<a href="#"><u>The Service Employees International Union (SEIU)</u></a> or other labor organizations	SEIU is the largest union representing healthcare workers in long-term care. SEIU has many training and career development programs, including registered apprenticeships, that are organized through their local unions (e.g. <a href="#"><u>1199SEIU Training &amp; Employment Funds</u></a> ; <a href="#"><u>RISE Partnership / SEIU 503</u></a> ; <a href="#"><u>Center for Caregiver Advancement / SEIU 2015</u></a> )
<a href="#"><u>AMDA: The Society of Post-Acute and Long-term Care Medicine</u></a>	AMDA is a professional organization representing medical directors and other clinicians working in long-term care. There is a national organization as well as state chapters.
<a href="#"><u>National Association of Directors of Nursing Administration in Long-Term Care (NADONA)</u></a>	NADONA is a professional organization representing directors of nursing and other nurse leaders working in long-term care. There is a national organization as well as state chapters.
<a href="#"><u>American College of Health Care Administrators (ACHCA)</u></a>	ACHCA is a professional organization representing administrators working in long-term care. There is a national organization as well as state chapters.

Table 1 (continued)

Stakeholder	Notes
<b>Educators and related entities</b>	
Community colleges and/or universities	In addition to individual community colleges, some states have an association of all the community colleges in that state.
<u>Geriatric Workforce Enhancement Programs (GWEPs), HRSA-funded</u>	The GWEPs are funded under the U.S. Health Resources and Services Administration (HRSA) to educate and train healthcare workers who care for older adults. There are currently 48 GWEPs in 35 states, Puerto Rico, & Guam, most of which are universities. As of July 2024, all GWEP sites are required to develop registered apprenticeships to support CNA advancement.
<u>Area Health Education Centers (AHEC), HRSA-funded</u>	Area Health Education Centers (AHECs) have many state and smaller regional affiliates dedicated to training and expanding the healthcare workforce.
<b>State agencies &amp; related entities</b>	
State accreditation bodies	CNA training is regulated differently in each state. This workforce may be called nurse aide, nursing assistant, or another title, depending on the state. It is important when learning about workforce efforts in a particular state to find out the specific state agency/ies that oversee CNA certification and practice, as well as any related accreditation bodies.
State or Governor’s Task Force on Workforce, Aging, or other existing state-level group/s	Individual states may have a statewide task force or committee specifically focused on either aging or workforce issues across settings. Some states have a task force devoted to nursing home quality issues. It is important to find out whether there is such a statewide task force or other committee in each state and who is leading it.
Department of Health and Human Services	In some states, the Health and Human Services (HHS) Secretary or senior leaders make budget decisions, including those related to Medicaid, aging programs and services, and healthcare.
Department of Health/Public Health	A state health department is often a large agency with many inter-related programs that sits under Health and Human Services. It is important to understand how communication and collaboration occur between the department of health and other key agencies including the state’s division on aging, department of labor, department of education, etc.



Table 1 (continued)

Stakeholder	Notes
<b>State agencies &amp; related entities (continued)</b>	
Department of Labor	State labor departments oversee a variety of workforce programs. It is important to identify who in the department of labor oversees budget and resources related to the CNA workforce.
Department of Education	State education departments provide oversight of community colleges and universities, as well as technical high schools, all of which are important education providers to support CNA training and advancement.
<a href="#">State Apprenticeship Agency</a> (or U.S. Office of Apprenticeship depending on the state)	Apprenticeships are registered either through the U.S. Office of Apprenticeship or through State Apprenticeship Agencies (see map on p. 3)
State Board of Nursing (in states where CNAs fall under their oversight)	Each state has a Board of Nursing website. It is also important to find out whether or not CNA practice is addressed in that state's Nurse Practice Act.
<a href="#">Workforce Development Board</a>	Also known as workforce investment boards, these operate on the local level to identify employment needs, and connect employers and workers. In some states these boards already support CNA training and promote job opportunities; in other states, there may be opportunities to strengthen the role of these boards to support the CNA workforce.
State Medicaid Program	Medicaid is a large agency in each state with many different divisions. The largest segment of each state's Medicaid budget is usually long-term care. It is important to engage Medicaid leaders in statewide workforce efforts, particularly those involved with nursing home reimbursement, Medicaid Incentive Payment Programs, and wage pass-through policies.
State Division on Aging	Each state has their own organizational structure for their division on aging. In some states, the director reports to the governor. In other states, they may report to the Health and Human Services secretary or other state leaders. Most state divisions on aging have their own budget that covers many programs and services, including those that are community-based.
<a href="#">Quality Improvement Organization</a> (QIO) for that state	The CMS QIO program consists of regional groups of health quality experts, clinicians, and consumers that are contracted with CMS to oversee quality improvement initiatives in different settings. One QIO covers each state or region. QIOs are funded from a specific line item in the federal budget. Some QIOs do more work with nursing homes than others.

Table 1 (continued)

Stakeholder	Notes
<b>Administrative support for registered apprenticeship programs</b>	
Healthcare industry intermediaries contracted with the U.S. Dept of Labor ( <a href="#">Equus Workforce Solutions</a> , <a href="#">HCAP</a> , and <a href="#">Net.America</a> )	Equus, HCAP, and Net.America are under contract with the U.S Department of Labor to provide guidance and technical assistance to develop and support registered apprenticeships in the healthcare industry. Equus specializes in large employers, while HCAP specializes in unions and is the primary partner for SEIU apprenticeships.
Other apprenticeship companies	There are many other apprenticeship companies that can offer technical assistance but those require separate funding to pay for (typically a proportion of the grant that funds the apprenticeship start-up).
<b>Other resources</b>	
<a href="#">Council of State Governments</a>	The Council of State Governments houses national projects, publications, and special initiatives that foster collaboration and community between elected and appointed officials from across the country and the six U.S. territories. They can provide technical assistance to states that wish to create, develop, or build on existing long-term care workforce development efforts.
<a href="#">National Council on Aging</a>	The National Council on Aging primarily works with community-based programs and services, but they are open to partnering related to nursing home quality.
<a href="#">National Academy for State Health Policy</a>	The National Academy for State Health Policy is a nonpartisan nonprofit organization that supports executive and legislative branch state leaders by providing technical assistance, disseminating research, and sharing best practices and policy ideas.