



HEALTH SUPPORT SPECIALIST  
**EVALUATION  
REPORT**

ARC  
**Evaluation**  
at UW-Stout



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**“Something we learned through HSS was how important it is to talk to the resident through everything that is happening to them and around them. This is incredibly important, even when they aren’t responding. They can almost always still hear you.”**





### Awareness and Perceptions of the HSS Program

Although not particularly well known, the program was viewed positively in the community and by those implementing it:

**50%** of LeadingAge members were unfamiliar with the HSS program.

**However, 60% of marketplace participants agreed that it would be a benefit to their organization.**

**59%** of those currently implementing the program believed it is an effective training/learning method.

**"We go above and beyond - when other people see everything that we do they are amazed. We make connections with the families that last even once loved ones have passed."**

**78%**

of students that start the application process do not become HSS.

**30%**

do not make it through the application process.

**40%**

do not make it through the coursework.

**8%**

do not make it through the apprenticeship.



### Sustainability

40% of Low/None respondents thought the program could be sustained over time.

66% of the High/Moderate group were unsure and 26% thought it was sustainable over time.



### Education

#### Suggested Curriculum Changes

- Add a technology orientation
- Adjust discussions to apply to more settings
- Adjust topics and depth of topics
- Add a leadership module
- Incorporate TMA into the program curriculum
- Increase opportunities for continuing education, post-HSS program



## Executive Summary

### Implementation & Impact

The HSS program was primarily used by organizations to **create leaders** and increase **focus on residents**.



The only challenge to implementation that came up in all three categories (No Thanks, Low/None, Moderate/High) was the **undefined HSS role**.

### Knowledge & Perceptions



Respondents with limited HSS program involvement had some negative perceptions of the HSS program due to perceived **poor fit with organizational structure, uncertain quality, and poor value added**.



### Direct Caregiver Approach

HSS staff and administration agreed that the HSS program encouraged **person-oriented care** with **resident focus** and a **big picture understanding**.



50% indicated that the HSS program changed how they felt about being a direct caregiver.

### Organization Commitment



#### Recruitment

There was agreement that overall the recruitment process is good.

#### Support

The majority of responses indicated good support.

#### Utilization

Over half of respondents indicated that organizational **use of their training is satisfactory** because they were placed in a **leadership role** and are given additional responsibilities.

However, the majority of remaining respondents felt organizational **use of HSS training was unsatisfactory** because their organization **cannot prioritize HSS** and there is **no difference between HSS and NA roles**.

### Overarching Recommendation:

**Restructure the HSS program to make it more adaptable to different care environments that organizations and students work in.**

# Program Overview

The HSS (Health Support Specialist) program is an apprenticeship model of college-level training that enhances person-centered care in aging services settings. The HSS program combines online instruction with an apprenticeship model for on-the-job training. The online instruction includes seven college courses equal to nine credits in the following areas:

- Introduction to the Health Support Specialist (3 credits)
- Meaningful Activities (1 credit)
- Culinary Care (1 credit)
- Environmental Services (1 credit)
- Memory Care (1 credit)
- Psychosocial Care (1 credit)
- Physiological Care (1 credit)

The apprenticeship is 2500 hours of on-the-job training under the guidance of a supervisor and/or mentor. The apprenticeship hours provide training in the skills and competencies learned across the seven courses. Once the online instruction and apprenticeship are completed, HSS staff are innovative and creative champions for their residents. The organization determines the best way to utilize their HSS staff within their facility.

The goals of the HSS program are to elevate the profession, improve staff and resident satisfaction, and gain a return on investment (ROI).

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# Evaluation Overview

The Applied Research Center (ARC) at the University of Wisconsin-Stout was contracted by LeadingAge Minnesota Foundation (LAMF) to complete a comprehensive program evaluation of the five-year-old HSS program.

## Goals of the evaluation:

- Understand strengths, weaknesses, opportunities for growth, and threats for the HSS program.
- Understand how the HSS program needs to change to be able to grow.
- Document outcomes to explore ROI (retention, skill mastery, job satisfaction, wages over time, resident quality of life/satisfaction).
- Build an evaluation system to monitor outcomes and impacts that affect future funding opportunities.

## Evaluation questions for the HSS program:

- What is the impact of the HSS program on participants?
- What is the impact of the HSS program on the quality of life of the residents?
- What is the impact of the HSS program on the organization?
- What are the facilitators of growth?
- What are the barriers to growth?



LAMF requested that the evaluation be completed by January. This would allow time to complete a redesign of the HSS program prior to the start of the academic year. In response to LAMF's request, the ARC implemented an agile qualitative research approach. Agile qualitative research is an iterative and adaptive process that allows a project to be broken down into smaller sections and analyzed during the data collection process. Each site visit was immediately analyzed by a team of two researchers using a pre-determined framework. A synthesis of individual analyses was conducted by utilization groups (High/Moderate, Low/None, and No Thanks). This iterative process allows for both transparency and progress towards actionable recommendations.

A combination of data collection methods was used to reach all HSS Sites (High, Moderate, Low, None, No Thanks) in a shorter timeline. Three sites were selected for in-depth site visits, additional sites were selected for single-day site visits or conference calls, and the remaining sites were sent surveys. See the breakdown on page 7.

was completed in several ways: in-depth site visits, single-day site visits, conference calls, and surveys. In addition, outcomes data was collected on HSS students and staff tracking coursework and apprenticeship completion, as well as retention.

Data was collected using multiple techniques. First, an electronic survey was distributed via Qualtrics, an online survey tool. The survey data was cleaned and analyzed using SPSS and Excel. In addition to the survey, interviews were completed in-person and by conference call. Using NVivo, the responses to the open-ended questions and interviews were organized into themes. Themes are categories or concepts that emerged from the qualitative data. The themes (and the comments that fit within the themes) were identified and agreed upon by two researchers. **From these themes, the HSS experience can be better understood from both the HSS student and organization perspective.** Identifying information was removed to keep participants' comments confidential. Specific questions used in the marketplace survey and interviews can be found in Appendices A and B, respectively.

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## Methodology Overview

This evaluation provided rich, accurate, and actionable data for decision making that will guide LAMF. The ARC implemented a rigorous evaluation that included well-defined interview protocols, standardized question routes, and templates for outcome data.

The evaluation was broken up into two phases. The first phase focused on understanding the HSS program, creating an evaluation work plan, updating the literature review, developing interview protocols, and interviewing three pilot sites to help inform the evaluation plan and future site visits. A report has already been submitted to LAMF on the first phase.

The second phase included intensive data collection and analysis of the HSS program. Data collection



## Data Collection



### Quantitative

Quantitative data was collected on marketplace awareness and perceptions, HSS student coursework and apprenticeship completion, and HSS retention. The marketplace survey used five-point scales to understand general perceptions of the HSS program (1=Negative, 5=Positive), likelihood of implementing the HSS program (1=Disagree, 5=Agree), and if the organization would benefit from the HSS program (1=Disagree, 5=Agree).

HSS student and staff information was collected to organize a master file of coursework completion, apprenticeship completion, and employment status. Multiple files were provided by LAMF, one file from Ridgewater College, and two files from past LAMF employees. An additional file was requested from the Department of Labor to get official apprenticeship information; however, the file

**Our HSS work very hard and...they often do personal things for families of actively passing residents”**

was not received. In addition, HSS information was collected at each interview. HSS outcomes data was collected from 19 organizations and compiled into one master file.

HSS retention data was collected from each organization through email. Retention data was collected for those who had enrolled in or completed the HSS program as of 10/01/2016. Retention was calculated based on the number of HSS that were employed on 10/01/2016 and were still employed at the same organization on 09/30/2017. This information was used for comparison with Nursing Assistants (NAs), Licensed Practical Nurses (LPNs), and Registered Nurses (RNs). HSS retention data was collected from 15 organizations.

## Qualitative

Qualitative data was collected from the marketplace survey and through interviews. The survey was sent to 1094 key contacts to understand community awareness and perceptions of the HSS program and 196 responses were received.

In addition, interviews were completed with 19 organizations, survey responses were collected from two additional organizations, and there were five organizations that did not respond. The organizations were broken into groups based on utilization (i.e., how much organizations are engaging with the HSS program) to identify differences between groups. Originally, the organizations were broken into five utilization groups: High, Moderate, Low, None, and No Thanks. However, after additional feedback from LAMF leadership the groups were combined into the three categories defined below:

- High/Moderate - mostly implemented, several HSS students and staff.
- Low/None - relatively new, started implementation, just a few HSS students and staff.
- No Thanks - heard about the HSS program, did not implement.

Data collection focused on understanding differences among utilization groups. The table below displays the data collection details.

**Data Collection Activities**

<b>HSS Utilization</b>	<b># by Utilization</b>	<b>In-Depth Site Visit</b>	<b>Site Visits</b>	<b>Conference Calls</b>	<b>Surveys</b>
High/Moderate	13	3	7	1	1
Low/None	7	0	0	4	0
No Thanks	6	0	0	4	1
Marketplace	N/A	0	0	0	196
<b>Total</b>	<b>26</b>	<b>3</b>	<b>7</b>	<b>9</b>	<b>198</b>

In-depth site visits were completed at three High/Moderate utilization sites. In-depth site visits focused on gathering detailed information about the HSS program, how the HSS is being implemented at individual organizations, the culture change that has occurred or is needed, and plans for growth of the HSS program at individual organizations. The in-depth site visits lasted approximately 8-10 hours and were split over the course of one to two days. These visits included observations, individual interviews, and group interviews.

Site visits were completed at seven High/Moderate utilization sites. Site visits focused on getting an overview of the HSS program, understanding how the HSS program is being implemented, accomplishments, barriers, and goals for the HSS program over the next year. The site visits were approximate 2-4 hours and largely consisted of group interviews.

Conference calls were completed with nine additional sites with varied utilization. Conference calls were similar to the site visits but in a conference call format and were often shorter, approximately 2 hours. There were two sites that were unable to meet but agreed to complete an emailed list of survey questions. There were five sites that did not respond.

After each interview, a team of two researchers analyzed and themed each question using a pre-determined framework. Once analysis/theming was completed for each of the items, the identified themes were synthesized at each level of utilization (High/Moderate, Low/None, and No Thanks). Minor changes were made to the interview protocol early on as some items were not returning useful information. The unusable data collected has been omitted from this report.



# Program Outcomes



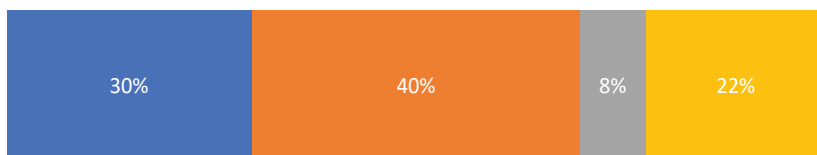
## 30%

of prospective HSS drop out during the application process.



## Percentage of HSS Dropping Out by Program Section

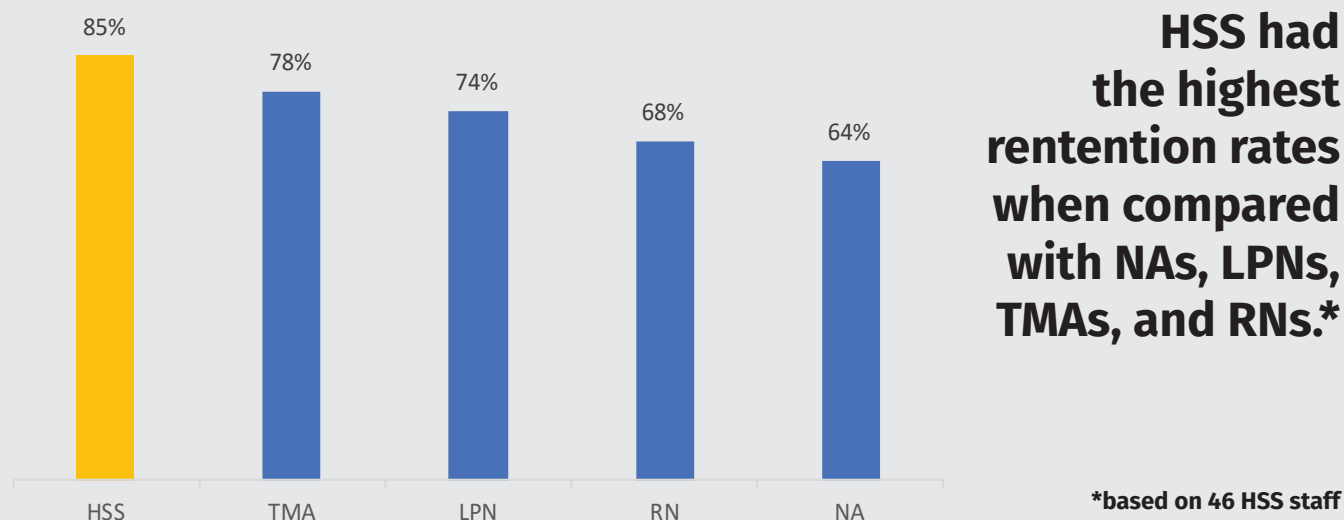
**70%** of HSS applicants drop out before their apprenticeship.



■ Application Process ■ Coursework ■ Apprenticeship ■ Completed Entire Program

Twenty-three organizations provided data documenting the number of students that applied, were accepted, and completed the coursework and apprenticeship. Fifteen organizations supplied HSS retention data to be used for retention analysis and comparison. Retention data for non-HSS professionals was provided by LAMF.

Data provided by the 23 organizations regarding students' application to the program, enrollment in classes, and apprenticeship completion were used to understand the program and identify areas needing improvement. The figure above demonstrates the percentage of HSS students that dropped out of the program at each point in the process. The percentages are calculated out of the total number of applications started (365). Most students (78%) that start the application process do not become an HSS. Most students drop out during the coursework or the application process. With 30% of prospective HSS not making it through the application process, there are front-end barriers (e.g., academic/financial holds, admission requirements, etc.) that must be addressed moving forward during the program modification phase.



A total of 46 HSS who had either already completed the HSS program or were currently enrolled in the program were tracked to see if they remained at the same organization from 10/1/2016 to 9/30/2017. Organizations similarly tracked non-HSS professionals over the same time period to look for differences. HSS had the highest retention rates when compared with NAs, LPNs, TMAs, and RNs. Caution is suggested when interpreting these findings (see limitations below).



**Now that I have taken the HSS training, I don't feel bad sitting and just holding someone's hand while looking out a window. It's helped me realize that I'm not always there to clean or do laundry. I am more in tune to the details and what really matters to the residents. I can notice and appreciate small successes such as smiles while listening to old Irish music, looking at family photos, having someone to fold laundry with me, and a sincere thank you from family members."**

## Limitations

There are limitations to the analysis presented that should be considered. HSS retention was calculated using data provided by 15 organizations, however, only 46 HSS met the qualifications to be included for this calculation. It can be argued that this number, although small, is still valid, considering the number of different organizations that provided data.

Data sources were the main limitation when it came to analyzing program timelines. Data was originally provided by LAMF and was also confirmed by almost every organization. Ideally, data would be gathered from the Department of Labor as they can provide legal confirmation of apprenticeship completion. However, the data provided was simply self-reported from each organization, and therefore subject to potential self-report error.

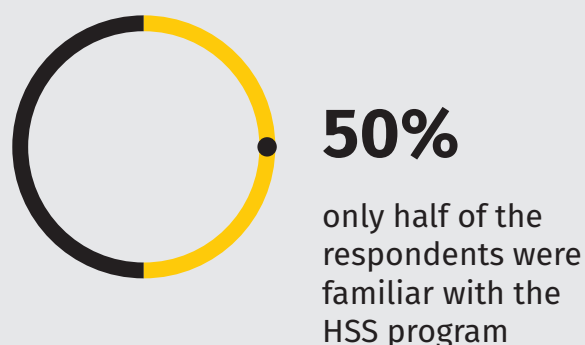
# Evaluation Findings

## Marketplace Survey

The survey was administered via convenience sampling using the LeadingAge Minnesota member distribution list. The survey included both qualitative and quantitative items designed to assess respondent awareness and perceptions of the HSS program. A total of 196 people responded to the survey, which meant there was a response rate of roughly 20%. Of those who responded, only half were familiar with the program. The majority of participants who were familiar with the program had either positive (59%) or neutral (35%) perceptions of the program. Although over half (60%) of participants said that the HSS program would benefit their organization, slightly less than half (41%) said that they were actually likely to consider implementing the program at their organization. Barriers to implementing the program included that there was not enough staff or finances at the organization.

Participants were asked a series of open-ended questions. When asked what they knew about the HSS program, the most common response was that the HSS program benefitted NAs by offering them a path to career advancement and increased skills/training. Most respondents also indicated that they were most interested in the HSS program teaching soft skills such as leadership and communication.

**“Because HSS have more knowledge about residents, they are more able to apply one-on-one activities...”**



## Most Common Themes Across Groups

Nineteen interviews with approximately 88 interviewees alongside a survey with 198 responses lead to over 150 pages of detailed information that has been organized into theme tables (see Appendix C). Clarification of each theme's meaning as well as examples of each theme can be found in these tables. Part of the analysis included looking at all themes identified across questions and identifying the most common themes that presented themselves across utilization groups. The diagram on page 11 groups together themes in a meaningful way, and only includes themes that were mentioned a minimum of four times. There were two themes that were identified by all four utilization groups (Marketplace, No Thanks, Low/None, and High/Moderate). The following two areas of concern were identified by all groups, regardless of the level of engagement with the HSS program.



### Clarify HSS Role

not understanding the value of HSS, not sure how to implement the HSS program, and the need for an HSS job description

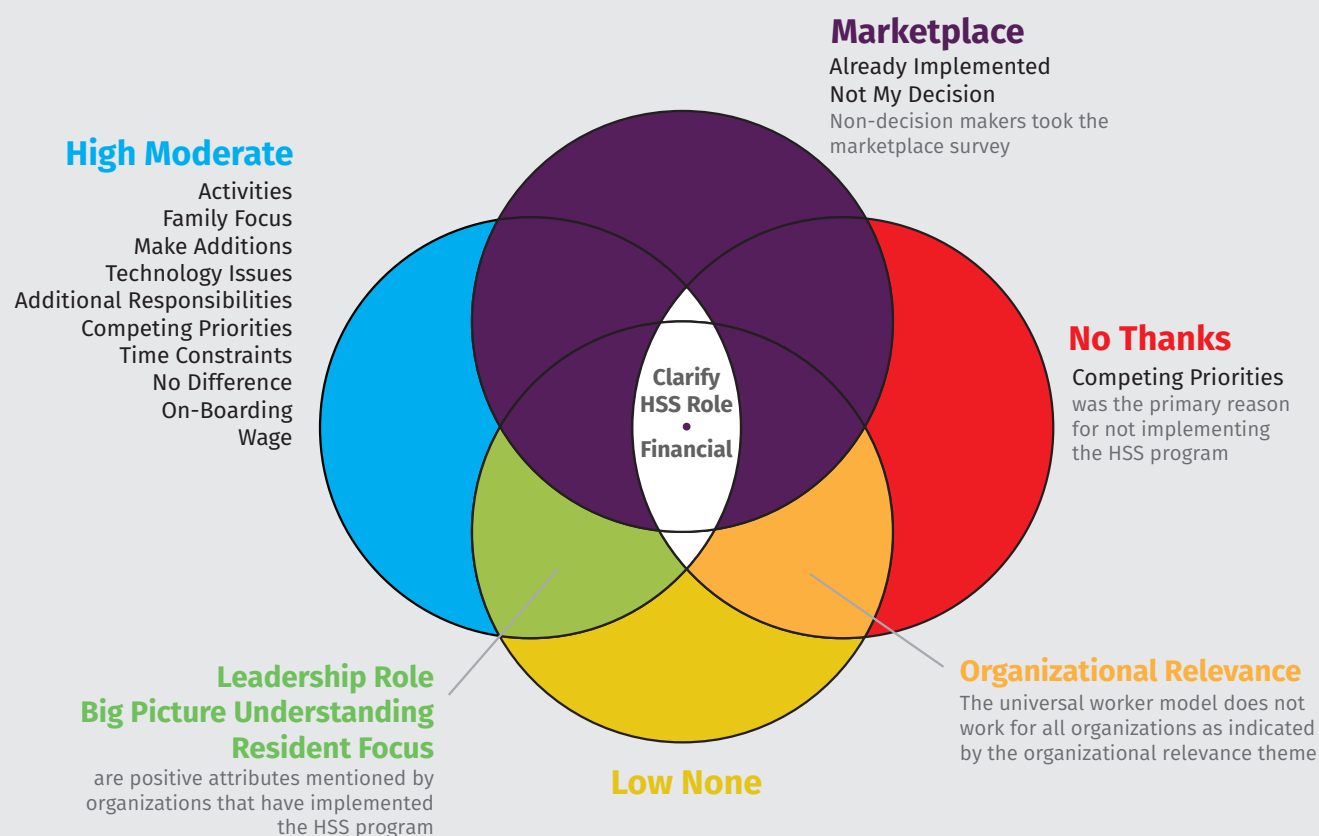


### Financial

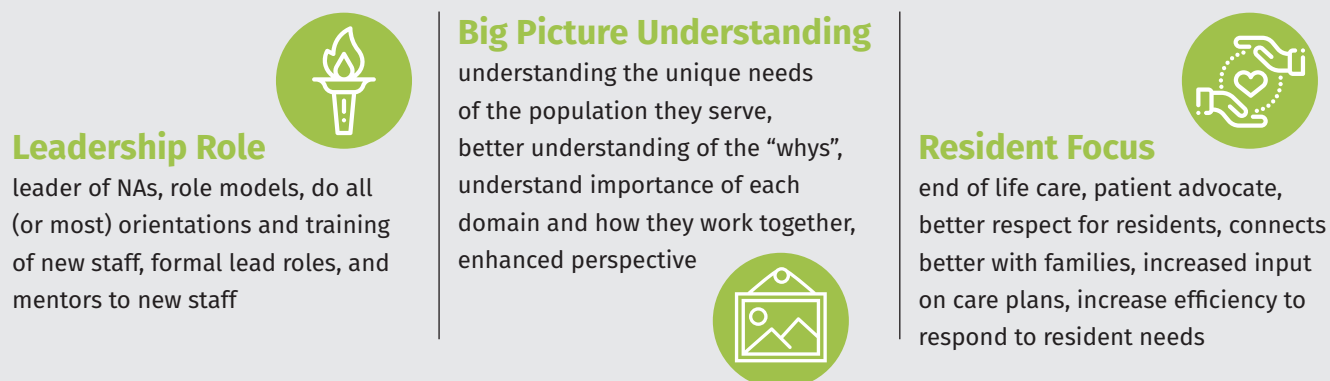
financial difficulty and financial constraints



In addition, there was overlap in the No Thanks interviews and the Low/None interviews related to Organizational Relevance. The organization relevance theme included: universal worker model did not fit with current staffing situation, connection not apparent between HSS training and organizational needs, and all employees are already universal workers.



When looking at the Low/None Interviews and the High/Moderate interviews, there was also intersection linked to:



Upon further inspection of the above diagram, a few noteworthy points emerged. To grow the HSS program, the themes that appear in the Marketplace group, No Thanks group, and Low/None group must be addressed to allow organizations to move into the High/Moderate group.

Additional analysis was done based on question categories. Questions were categorized into the following groups. To take a deeper dive into the data for one of the following categories, please click on the buttons below to be taken to the theme tables associated with the categories referenced.



Education



Implementation  
& Impact



Involvement



Direct  
Caregiver  
Approach



HSS & NA  
Differences



Sustainability



Knowledge &  
Perceptions



Organization  
Commitment



## Education

Several questions were asked to understand perceptions of the HSS curriculum and other aspects of the education received by students in the program. The first of these questions asked interviewees to share their general thoughts regarding the online curriculum/coursework and to provide any suggestions they might have for curriculum improvement. Much of the feedback was positive (e.g., course curriculum and layout are good quality), however, the noted curriculum shortcomings (e.g., technology issues) and suggested areas for improvement provide the clearest opportunity for program improvement. For example, both the High/Moderate and the Low/None respondents suggested adding **more face-to-face interactions** as part of the class. Other suggestions included **adding a technology orientation** and **adjusting content with more specialized modules** (e.g., dementia care).

## Suggested Curriculum Changes

- Add a technology orientation
- Adjust discussions to apply to more care settings
- Adjust topics and depth of topics
- Add a leadership module
- Incorporate TMA into the program curriculum
- Increase opportunities for continuing education

**“The HSS worked with a resident’s son to improve his understanding and thoughts about dementia and how the disease manifested itself in his father and his actions. This new empathy and understanding is steadily improving the relationship between the father and son.”**

**“Have an in-person training to learn how to use the computer”**



**“Add more soft skills to the curriculum: hospitality, leadership, and conflict management”**

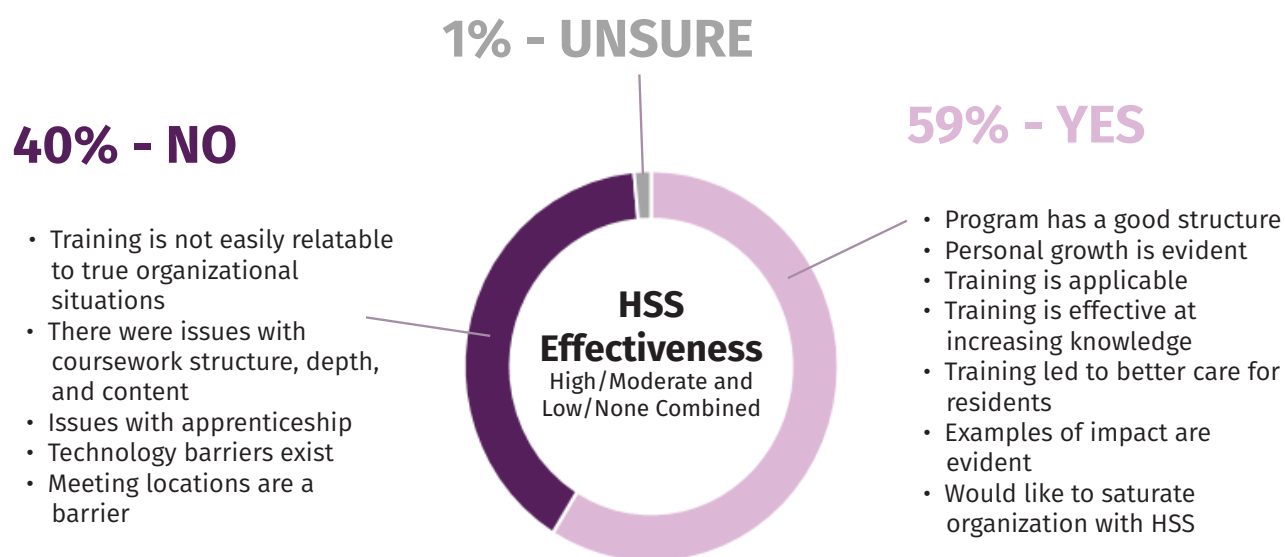


**“Incorporate empathy building activities (virtual dementia training)”**



Interviewees were also asked to provide feedback on the second major component of the HSS education—the apprenticeship. Respondents were solicited for thoughts on the apprenticeship model and any suggestions for improvement. Among the High/Moderate respondents, there was an equal split between those that thought the apprenticeship model was a pro versus a con. Examples of pros cited by interviewees included that **the apprenticeship was timed well with graduation and was beneficial**. Cons listed by respondents included things like **difficulties with tracking hours** and the **time commitment**. The Low/None group cited similar pros and cons, but also added that the number of hours required should be decreased. In terms of suggestions made by these two groups, the primary actionable recommendation is found when looking at the cons cited. Specifically, **both groups cited the number of hours required as being a con of the apprenticeship**.

When asked whether respondents thought the HSS program is an effective training/learning method, the majority indicated it is. Justifications for why respondents thought it was effective included: the program has a good structure and personal growth among HSS is evident. Of those that indicated they don't think the HSS is effective, their justifications included: training is not easily relatable to true organizational situations and there are issues with the structure, depth, and content of coursework. Refer to the figure below for a listing of all themes that emerged in each of the response categories.



The Low/None and No Thanks utilization groups were both asked to identify any obstacles that their employees are facing which are preventing the organization from moving forward with the HSS program. The Low/None group only identified two barriers: **student barriers** (i.e., study skills) and **technology barriers** (i.e., computer skills). The No Thanks group identified several barriers that were preventing their adoption of the program. They cited similar barriers to the Low/None group, but also added **admissions prerequisites, competing life priorities for employees, cultural fit, return on investment for employees, and a desire to pursue more advanced education than the HSS** as barriers for their employees.

The final facet of the education-oriented items dealt with the regional HUBs. Specifically, interviewees were asked to share their thoughts about the HUBs, Leadership Summit, and Learning Labs. Most respondents indicated that they found the events to be positive, citing the fact that these events are **valuable, provide networking opportunities, and are a place to share information and engage in ongoing learning**. Interviewees that had negative feedback regarding these events talked about things like **scheduling difficulties**,



**redundancy in topics covered, and expense associated with attending.** One area that emerged several times as a suggested format change was that the event planners/coordinators should make attendance easier for organizations by **allowing things like electronic/Skype attendance.** Several topics were suggested for future HUB meetings. The most popular suggestions were to include soft-skill topics, employee maintenance topics (e.g., avoiding caregiver burnout), and specialized care topics (e.g., hospice).



## HSS & NA Differences

Interviewees were asked to share what differentiated HSS from NAs at their organizations and the impact that HSS had on non-HSS staff. The vast majority of respondents indicated that there was a distinguishable difference between the two in terms of responsibilities, skill, level of organizational commitment and engagement. HSS were frequently placed in new job descriptions with different tasks (often these jobs and tasks were leadership based) and were used to share upper level responsibilities. **HSS also were noted as having increased confidence and resident focus.**

Although HSS were seen as having increased skills in all the aforementioned ways, not all respondents found the impact the HSS program had on other non-HSS workers to be positive. The most commonly cited negative way that HSS impacted non-HSS staff was through employee conflict. Conflict mainly consisted of non-HSS not understanding the role of the HSS. Often non-HSS felt it was unfair that the HSS should be given more money and preferable tasks and felt resistance towards HSS acting as leaders and initiating change. However, not all non-HSS were resistant to HSS assuming leadership roles. This is indicated by the top positive impact being that HSS were valued as resources and leaders among caregiving staff.



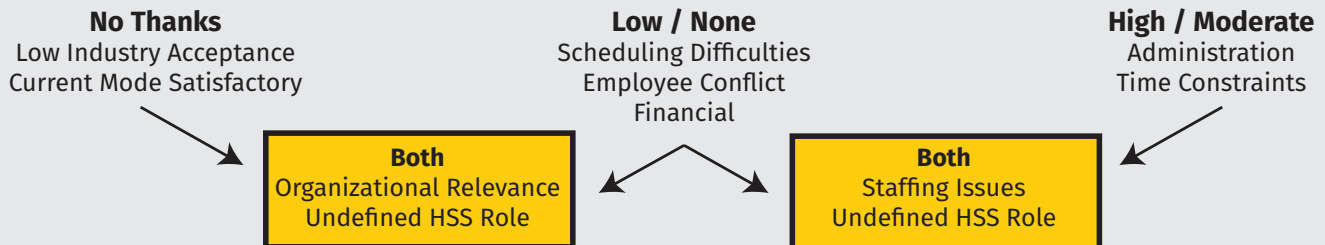
## Implementation & Impact

Interviewees were asked about the process of implementing the HSS program/training into an organization as well as about the impacts of the program. To understand the effectiveness of HSS program implementation and impact across organizations, respondents were asked to explain their own experiences with program implementation. Several probing questions helped illustrate not only the facilitators of successful implementation, but also the challenges and barriers encountered by organizational leadership across the state. The information gained from these probing questions not only helped describe the experience of HSS implementation across different organization types in the state, but it also helped inform an initial understanding of the impact of the program. To further understand the impact of the program, questions were also asked about future goals with the HSS program and what types of measures were in place to keep track of progress.

**Organizations mainly implemented the HSS program to create leaders.** HSS staff were often in charge of training new employees, running orientations, and being a general go to person for knowledge for non-HSS staff. The HSS training was also implemented to increase focus on residents and **make process improvement changes through “I Can” projects** and other additional responsibilities.

Barriers were also cited as keeping respondents from growing or implementing the program. Respondents in the No Thanks category provided reasons they could not implement the program, while Low/None and High/Moderate respondents identified the barriers to growth towards reaching their goals as well as challenges with implementation. **The only challenge to growth that came up in all three categories was the undefined HSS role.**

## The undefined HSS role was the only challenge to growth that came up in all categories.



“All of the HSS have a unique quality about them after their training. They are hardcore about making things happen for the residents; it’s just how they handle themselves on a day to day basis. The residents know and trust these people and know that HSS will almost bend over backwards to get them what they want/need.”



### HSS Benefits

**Added Value**  
 Benefitted Families of Residents  
 Big Picture Understanding  
 Collaboration & Communication  
 Confidence  
 Culture Change  
 Elevated Caregiving  
 Heightened Respect  
 Increased Leadership Role  
 Increased NA Retention  
 Increased Skill  
 Mentorship  
 Resident Focus



“Our organization had worked with family that was dissatisfied with the care we provided. Our HSS was able to mend this relationship.”

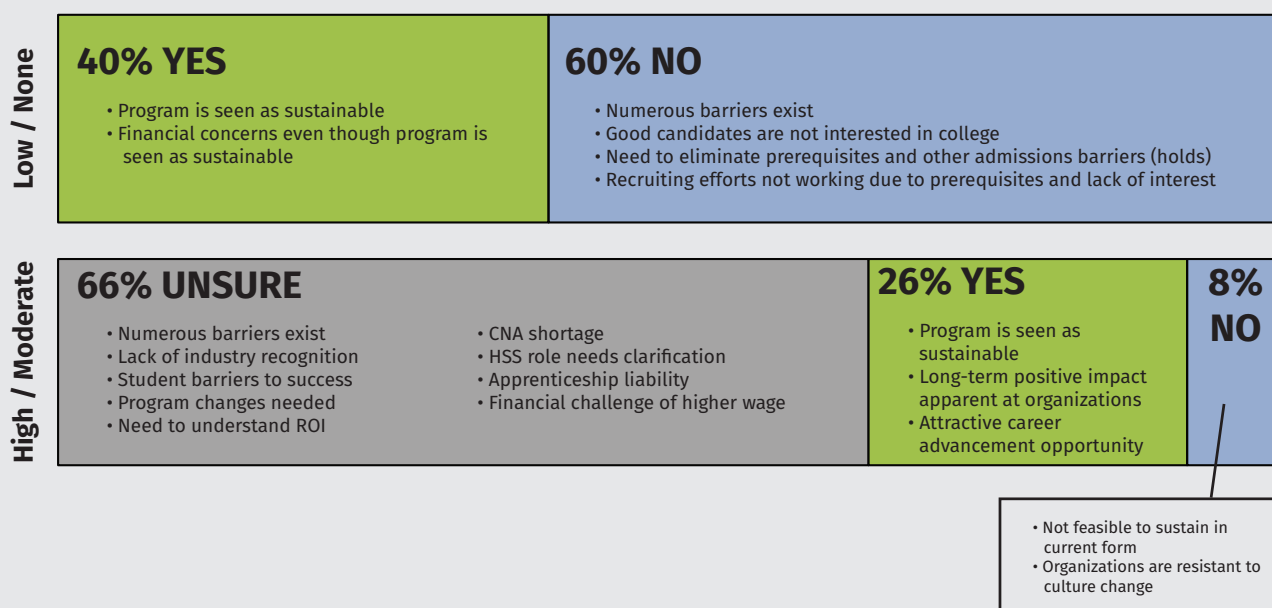
The figure to the left displays the different challenges and least beneficial aspects of the HSS program. It highlights challenges of High/Moderate utilization group compared to Low/None group. Themes identified in the High/Moderate Challenges could be potential issues/areas to address for organizations in the Low/None category that are hoping to increase their level of engagement with the HSS program.

Goals for the future included **defining the HSS role, increasing program enrollment, and increasing mentorship/leadership responsibilities and status of HSS**. The progress of the HSS program is not tracked by any of the interviewees, however many indicated they could possibly track resident satisfaction, retention of HSS, and clinical quality improvements. Outcomes cannot be tied to the HSS program because there are likely other factors affecting things like retention and resident satisfaction other than the HSS program. In addition, a lack of uniform data tracking makes comparisons between organizations untenable, and the number of HSS staff is not large enough for comparisons between groups (i.e., HSS vs non-HSS).



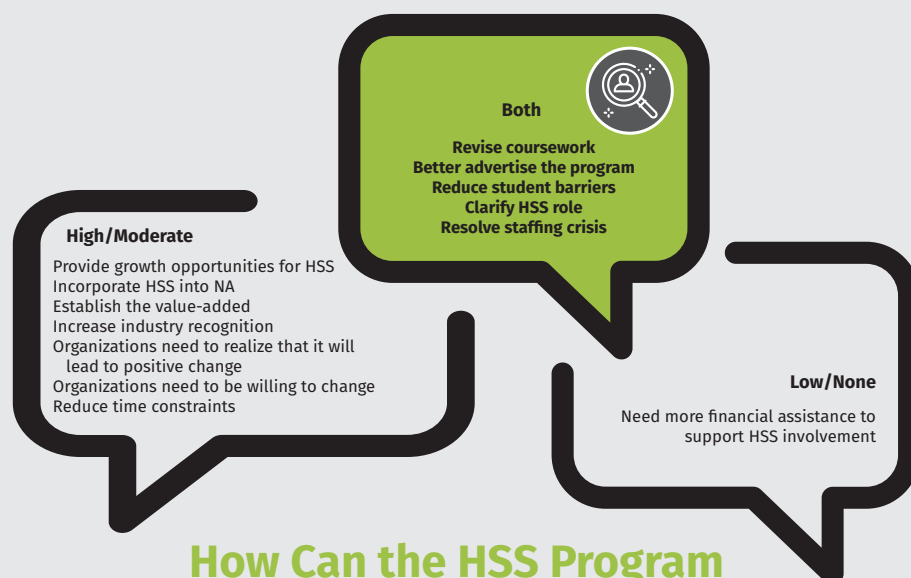
## Sustainability

Participants in both the Low/None and High/Moderate utilization groups responded to items about the sustainability of the HSS program. When asked whether the HSS program was maintainable over time, there were sharp divergences in responses. As is illustrated in the figure below, one of the major differences between the two groups was that the majority of respondents in the High/Moderate category cited being unsure about the viability of the program to be sustained while no one in the Low/None category cited being unsure. Being that most Low/None respondents are presuming the HSS program to be unsustainable means there are likely actionable steps that can be taken to educate those organizations and eliminate some of the barriers to implementing the program (e.g., prerequisites, generating interest among candidates).



Another sustainability question was asked about changes to promote HSS program growth. The High/Moderate utilization group had the most feedback on this item, including, to provide more professional growth opportunities for HSS, incorporate the HSS program into the NA program, and work to establish the value-added piece of the HSS. The major theme that emerged from Low/None respondents was that organizations need more financial assistance to support their involvement in the program. The most important themes that emerged from this question, were those that were shared by both groups, including, to revise the coursework, to execute better marketing techniques, to reduce student barriers, to clarify the HSS Role, and to tackle the NA staffing crisis. For a visual representation of respondent themes, please refer to the figure on page 17.



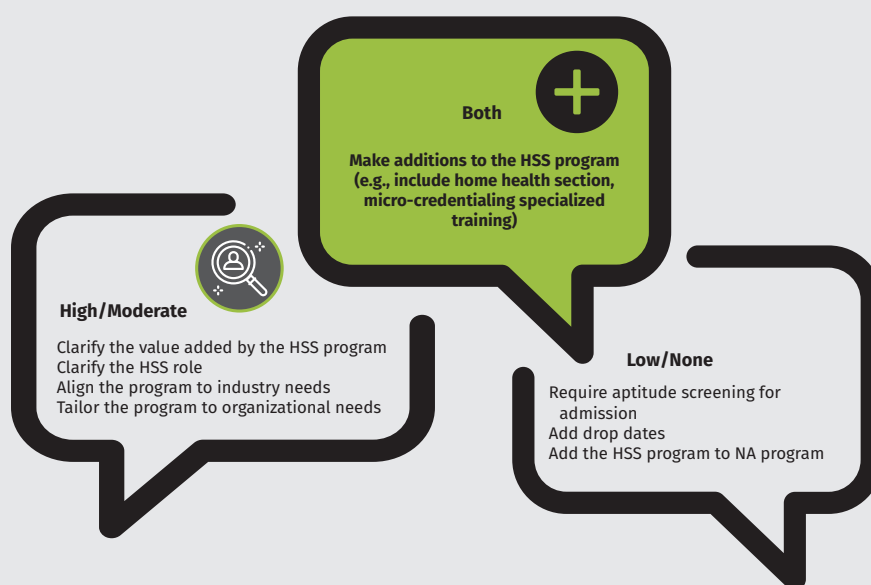


## How Can the HSS Program Continue to Grow?

**“When it comes to working with Memory Care Tenants, I learned how to approach them in a new way to reduce negative behaviors.”**

The final sustainability question asked what changes respondents would make to the program to eliminate barriers, if they were in charge. The High/Moderate utilization group emphasized that they **would like the HSS value-added to be clarified**. The Low/None group indicated that they would like **changes made to the application and admissions process** (e.g., aptitude testing, drop dates). These two groups only converged on one theme: **both would like to see additions made to the HSS program curriculum and format** (e.g., micro-credentialing). Refer to the figure at the right for a complete breakdown of themes that emerged on this item.

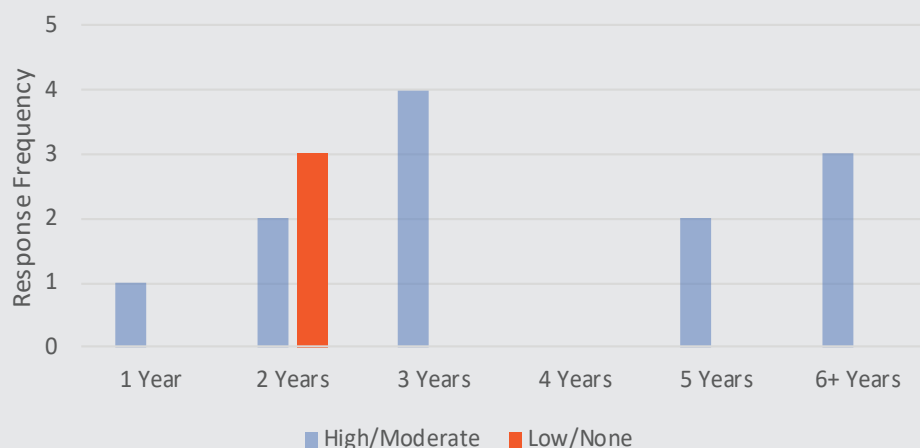
## If You Were in Charge of the HSS Program, What Changes Would You Make to Eliminate Barriers or Obstacles?



### Involvement

Interviewees in both the Low/None and High/Moderate utilization groups responded to items related to their involvement in the HSS program. Most High/Moderate organizations have been involved in the HSS program for three or more years with answers varying from two years to more than six years. The Low/None organizations all indicated that they have been involved in the HSS program for approximately two years.

## Years Involved in HSS



**The HSS do things that are personal to their residents. One HSS obtained a resident's lemon meringue pie recipe and they made it together one day."**

Specific information regarding number of employees involved in the HSS program at each organization was collected during the site visits, conference calls, and emails from 19 organizations. The number of employees that have participated in the HSS training at each organization ranged from one to 25 with the average being seven. However, the number decreased when looking at the number who completed the HSS program (coursework and apprenticeship) and are currently working at the organization. Those numbers ranged from one to nine with the average being three.



### Knowledge & Perceptions

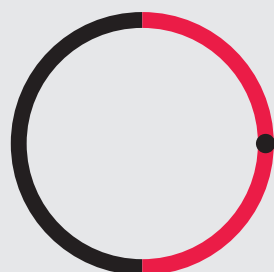
Participants in the marketplace survey, the No Thanks utilization group, and the Low/None group were asked about their knowledge and perceptions of the HSS program. The No Thanks group was also asked why they were initially interested in the HSS program. Participants with limited involvement in the HSS program understood that the HSS program is a career pathway for NAs. Some also acknowledged that it is a training program that includes both college coursework and an apprenticeship. In addition, participants were most interested in learning about the HSS program to understand the benefits to the organization and NAs.

When asked about general perceptions of the HSS program, respondents with limited utilization had more negative perceptions of the HSS program than organizations with high levels of utilization. Specifically, **poor fit with organizational structure, uncertain quality, and poor value-added** shaped their **negative perceptions** of the HSS program. In addition, respondents mentioned student barriers and technology barriers. Meanwhile, other respondents commented that **the career pathway, caregiver satisfaction, and innovative nature of the program** allowed them to have a **positive perception** of the HSS program.



### Direct Caregiver Approach

Interviewees were asked how their direct caregiver approach has changed as a result of the HSS program. They were also asked their reasons for participating in the program and what skills they gained through HSS program participation. **Fifty percent of respondents indicated that the HSS program changed how they felt about being a direct caregiver.** Respondents reported that the HSS program has helped increase the following: job commitment, interpersonal awareness, job understanding, confidence, and resident focus. **HSS staff and administration agreed that the HSS program encouraged person-oriented care with a resident focus and a big picture understanding.**



# 50%

**of respondents indicated that the HSS program changed how they felt about being a direct caregiver.**

The most commonly cited reason for participating in the HSS program was a general **desire to learn**. Other reasons included improving resident care and professional advancement. The largest subset of respondents indicated they gained both general and specific knowledge throughout the program, including skill development in technology proficiency, communication, and time management.



## Organization Commitment

The Organization Commitment section includes three areas: recruitment, support, and utilization. Interviewees were asked to describe their organization's recruitment process and identify opportunities for improvement. In addition, interviewees were asked about general organizational support and support provided throughout the HSS training. Finally, interviewees were asked how their organization utilizes their HSS training.

### Recruitment

Respondents agreed that **overall the recruitment process was good** and commented that personal invitations were helpful. There were some recruitment barriers including: difficult to get people to apply and lack of recognition of the HSS title hinders recruitment. The most common suggestion was to **increase marketing**. Another noteworthy comment was that it is difficult to focus on recruiting for HSS when there is a NA workforce crisis.

### Support

The majority of responses indicated that **support was good**, including support from teachers, peer HSS students, HSS graduates, and administration. Some respondents indicated that support was poor specifically on night shift and because of site coordinator turnover. Two suggestions included **checking in with HSS students regularly** (weekly at the beginning and then monthly meetings) and **clarifying the HSS role** from the beginning.

### Utilization

Slightly more than half of respondents indicated that the way their organization utilizes their training is satisfactory because they were placed in a **leadership role** (e.g., on-boarding, mentoring, culture change) and are given **additional responsibilities** (input on care plans, administrative tasks, activity coordination). Many other respondents felt that their HSS training utilization was **unsatisfactory** because their organization **cannot prioritize HSS** and there is **no difference between HSS and NA roles**. Some improvement opportunities suggested include: clarify the HSS role by defining specific tasks for an HSS to do and resolve the NA staffing shortage to allow for an HSS leader on each shift on every floor.



# Recommendations

After developing an in-depth understanding of the HSS program from the different utilization groups, recommendations were made for the future direction of the HSS program.

## Restructure the HSS program to make it more adaptable to different care environments that organizations and students work in.

Beyond this general recommendation, specific recommendations were broken down into the following categories: Education, Marketing, General, and Organization.

### Education Recommendations

**Reasoning:**  
Some of the most frequently cited barriers to the HSS program included: technology, prerequisites, apprenticeship length, and organizational relevance. These barriers could potentially contribute to the low retention rate of students from beginning an application to finishing the HSS program (only 22%). Addressing these barriers could result in higher retention of students. On another note, many respondents indicated that they desired more specialization options from the HSS program. Because of this, the recommendations below include potential changes to the curriculum format.

- 1. Address student barriers.
  - a. Address the front-end barriers to student enrollment in the HSS program (academic/financial holds, admission prerequisites, etc.).
    - i. Clarify ROI for students to illustrate the benefits of completing the HSS program.
  - b. Add **face-to-face** technology orientation and check-in points to the training.
  - c. Allow individuals to enroll in the HSS program without being sponsored by an organization.
- 2. Adjust topics and the depth of topics to be more applicable to a variety of care settings.
- 3. Restructure the way students receive HSS training.
  - a. Offer a flexible program for HSS to allow the organization and student more options.
    - i. Example: Students would be required to take 3 core courses and select 4 courses from the a la carte course options (see chart below).

Core Courses	Intro to HSS	Psychosocial Care	Physiological Care
A la carte Course Options	Meaningful Activities	Environmental Services	Memory Care
	Culinary Care	Leadership/Mentoring (lead by example)	Communication/Soft Skills (conflict management, hospitality)
	Family Interaction	Hospice/End of Life	Dementia Care (include empathy building activities)
	Home Health Care	Care Plan	TMA

- b. Increase opportunities for continuing education for NAs to get specialized training (micro-credentials) and consider adding CEU credit requirements for NAs.
    - c. Add incremental pay increases for NAs as they finish courses or micro-credentials.
- 4. Implement electronic/Skype attendance opportunities for HUBs and Learning Labs.
- 5. Re-evaluate apprenticeship requirements or make it more flexible to fit the HSS work setting.



## Marketing Recommendations

### Reasoning:

Only 50% of marketplace survey respondents were familiar with the HSS program. Many respondents stated that they were not implementing the HSS program because it was not their decision to make or they were not sure it would meet their specific needs. However, 60% of marketplace respondents felt the program would be beneficial to their organization. Increasing marketing to decision-makers and demonstrating the added value of the HSS program in a variety of care settings could increase the number of organizations that decide to implement the HSS program.

1. Increase marketing.
  - a. Continue to promote the leadership role, big picture understanding, and resident focus that comes from the HSS program.
  - b. Highlight “I Can” projects.
2. Market the HSS program to the organization’s decision-makers.
  - a. Address the competing priority concerns of those not implementing the HSS program.
  - b. Explain how HSS benefits multiple delivery models not just the universal worker model.
3. Use information sharing between organizations for advertising.
  - a. Have current HSS organizations that are doing well complete realistic video testimonials.
  - b. Hire HSS ambassadors to work with organizations.
  - c. Implement a plan to share best practices and challenges (ex: newsletter).

## General Recommendations

### Reasoning:

The most commonly cited challenges of the HSS program were the lack of industry awareness/ acceptance and the unclear ROI for both organizations and students. Many interviewees mentioned that NAs prefer more advanced education (e.g., TMA, RN) over the HSS program because it is not licensed/accredited. Additionally, interviewees from all utilization levels mentioned that the unclear HSS role is a challenge to implementation/growth. Increasing the industry acceptance and defining the HSS role could improve the ROI for both organizations and students by clarifying the added value of HSS.

1. Develop a plan for industry acceptance and improved credibility of the HSS program.
  - a. Work with the Board of Nursing to look at licensure/accreditation for industry acceptance.
  - b. Explore whether HSS could be combined with NA and/or TMA.
2. Define the ROI that is expected from the HSS program.
  - a. Implement a data collection plan to measure impacts of the HSS program.
    - i. Educate all organizations on the data collection plan for uniformed data tracking.
    - ii. Make HSS a separate category from NA to allow separate tracking for specific measurements (job satisfaction, retention, clinical quality improvement, etc.)
    - iii. Track costs associated with HSS maintenance and growth so organizational comparisons can be made in terms of investment and value-added.
3. Clarify the HSS role, tasks, and responsibilities.
  - a. Focus on HSS as a leadership role in multiple settings.
  - b. Clearly define the value-added outcomes of the HSS program.
  - c. Define how the HSS program can benefit multiple delivery models not just the universal worker model.
  - d. Help organizations apply the HSS program to each individual organization’s care model.
4. Address the budget concerns of individual organizations with implementing the HSS program.
5. Continue the “I Can” Projects as part of the HSS program.

## Organization Recommendations

### Reasoning:

When asked how HSS and non-HSS staff interact many interviewees mentioned employee conflict. Additionally, employee conflict was also cited as one of the main challenges that respondents faced with the program. Interviewees also mentioned issues identifying candidates that will be successful in the HSS program. Increasing communication among staff and being selective with recruitment could increase the caliber of and respect for HSS staff as well as create a more cohesive team.


1. Provide more channels for HSS and management to share information (ex: monthly meetings).
2. While it is critical to remove student barriers to make the program more inclusive for all students, it is also important for organizations to be more selective when recruiting for HSS to ensure the employee is a good fit for the program and has the tools they need to be successful.
  - a. Train staff recruiting for HSS on who would make a good candidate.
  - b. Hold structured interviews to select the best HSS candidates.
3. Implement a strategic plan to help current employees embrace HSS staff as change agents and leaders.
4. Continue to explore the need for the HSS program to be a college-credit program vs. a professional development program.



**“I have a man in my household that wasn’t doing anything at all. I went in to visit with him, and finally found out that he likes to garden. He is now our gardening man, and he is just so excited. Our garden looks great, and we have all kinds of produce because he is committed to it. Even during the winter, he is inside the center taking care of the plants. He said he never thought he would be able to do it there and thought he had lost that ability. We took him to the greenhouse and let him pick out stuff and we helped him plant.”**







**Thank you for including  
us in your program  
improvement activities.  
We know that your  
initiatives will continue  
to do great things in  
Minnesota and beyond!**

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## Marketplace Questions

The Applied Research Center (ARC) at the University of Wisconsin-Stout was contracted by Leading Age Minnesota Foundation (LAMF) to complete a comprehensive program evaluation of the Health Support Specialist (HSS) program. This survey is being conducted as part of the evaluation of the HSS program. The purpose of the interview is to help the evaluation team understand community awareness and perceptions of the HSS program.

This research has been approved by the UW-Stout IRB as required by the Code of Federal regulations Title 45 Part 46.

If you would like to participate in this survey please continue on to the next page.

Are you familiar with the Health Support Specialist (HSS) Program?

- ☐ Yes
- ☐ No

The Health Support Specialist (HSS) Registered Apprenticeship program is a new career in the aging services field. Combining on-the-job training with online instruction, the HSS program trains apprentices in all areas of caring for older adults, including memory care, culinary, environmental services, meaningful activities, physiological and psychosocial care.

Through an enhanced on-site training model and relevant online curriculum, HSS trains students to be innovative and creative champions in their communities that enhance the experience of aging.

- HSS organizations invest in their team members while providing the highest quality of care for people in their communities.
- HSS apprentices learn how to best serve residents while building confidence in themselves and advancing their career in caregiving.

HSS empowers direct care team members to take on more responsibility, become leaders in their organizations and take pride in their work.

Tell us what you know about the HSS program.

What are your general perceptions about the HSS program?

Negative	Somewhat Negative	Neutral	Somewhat Positive	Positive
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rate your agreement with the following statements.

	Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Agree
My organization is likely to consider implementing the HSS program.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The HSS program would benefit my organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Tell us what would need to change for you to consider implementing the HSS Program at your organization.

Tell us what could be done to make it easier to implement the HSS Program at your organization.

If you chose to send your Nursing Assistants through an advanced course, what courses would you like to see them complete or what competencies would you like them to learn?

## **Appendix B: Interview Protocol**

### **General Questions:**

- How long have you been involved in the HSS program?
- How is the HSS program being implemented at your organization?
- Which parts of the HSS program went well?
- Which parts of the HSS program were challenging?
- Which parts of the HSS program are the most beneficial?
- Which parts are the least beneficial?
- How does your organization support the HSS program? Is this support satisfactory? If no, how can support be improved? Explain.
- Do you think the HSS program can be maintained over time? Explain why or why not.
- How can the HSS program continue to grow?
- Tell us what impact the HSS program has had on other non-HSS workers (day-to-day leadership, behaviors of team members).
- Tell us what impact the HSS program has had on your organization (retention rates, changes in number of resident applicants, employee satisfaction, etc).
- Can you share one organization success story?
- Can you share one resident success story?

### **Administrators/Director of Nursing/Site Coordinators Questions:**

- How many employees have participated in the HSS Training from your organization?
- What are the names of the HSS staff / students?
- How are the duties of the HSS different than what is done by the NAs, LPNs, RNs? What are the value-added duties of the HSS staff?
- Tell us about the recruitment of NAs to do the HSS program. How do you select who is able to participate?
- Is the HSS program an effective training/learning method? Explain why or why not.
- Were you involved in the HSS program when they had the customized implementation plans? Tell us your thoughts on the effectiveness of the customized implementation plans?
- Were you able to meet your goals listed in the customized implementation plan? Explain why or why not.
- Tell us your thoughts about the HUBs, Leadership Summit, and Learning Labs.
- Are there specific topics or questions that you would like to have addressed at future HUBs, Leadership Summit, or Learning Labs?
- How has this program encouraged a shift from a task-oriented approach to a person-oriented approach?
- What barriers have you encountered when implementing the HSS program?
- Tell us about your goals for the next year for the HSS program. What are your challenges to accomplishing this?
- If you were in charge of the HSS program, what changes would you make to the HSS Program to help eliminate these barriers or obstacles?
- Do you notice any difference between program participants (HSS) and Nursing Assistants that are not part of the program?



- What type of measurements do you have in place to track the impact of the HSS program?
  - Retention (HSS compared to NAs)
  - Wage increases
  - Job satisfaction
  - Resident/Member/Tenant Satisfaction
  - Career Ladder
  - Clinical quality improvement (Fall%, reduced incontinence, decreased weight loss, decreased depression)

### **HSS Questions**

- Why did you choose to participate in the HSS program?
- What skills have you gained through the HSS program (technical/person-centered)?
- How does your organization utilize your HSS training? Is this utilization satisfactory? If no, how can utilization be improved? Explain.
- How do you implement your HSS training at your organization?
- At your organization, how is the HSS position different from a Nursing Assistant?
- Tells us your thoughts about the HSS online curriculum (seven courses/145 hours of classroom learning). How do you feel about the quality of the online training? Do you have any suggestions for improvement?
- Tell us your thoughts about the HSS apprenticeship (2500-hour apprenticeship). Do you have any suggestions for improvement?
- Tell us your thoughts about the role of site coordinators, and mentors. How did they help you during your HSS training? Do you have any suggestions for improvement?
- Tell us your thoughts about your organization's recruitment resources/process. Do you have any suggestions for improvement?
- Has the HSS program changed how you feel about being a direct caregiver? Explain why or why not.
- Can you share one resident success story?