The University of Kansas
School of Social Welfare
Office of Aging and Long-Term Care

The Impact of the
Workforce Enhancement Grants
on Nursing Home Quality of Care,
Quality of Life, Culture Change,
and Staff Retention

Executive Summary

August 2008

Rosemary Kennedy Chapin, Ph.D.
Mary Zimmerman, Ph.D.
Beth Anne Baca, LMSW
Skye N. Leedahl, MA
Roxanne Rachlin, MHSA
Rebecca J. Holmes, BSW
Julia L. Lloyd, MSW
Shelly O’Connor, BS
Amy K. Bertrand, BA, J.D.
Devyni Chandran, MSW

This research was supported in part
through a contract with the
Kansas Department on Aging
and the Kansas Health Policy Authority
Topeka, Kansas

The entire report can be found online at: http://www.oaltc.ku.edu/.
Executive Summary

The purpose of this study was to investigate the impact of educational programs provided to unlicensed nursing home staff through the Workforce Enhancement Grant (WEG) project. Specifically, the Kansas Department on Aging (KDOA) requested that the Office of Aging and Long Term Care (OALTC) investigate the impact of these educational programs on the outcomes of quality of care, quality of life, resident-centered care/culture change, and staff retention. In addition, this study explored the sustainability of free- or low-cost education provided by the educational entities that were awarded the grants. Since approximately 53% of Kansas nursing home residents receive Medicaid, the WEG trainings would have a direct impact on Medicaid residents in nursing homes. Thus, understanding effective strategies for educating direct care staff will improve resident-centered and quality care provided to older adults, including those who are low income.

This section presents each of the five objectives of the study with the accompanying research questions and answers relevant to the objectives. We provide this overview to demonstrate how each research question fits within the goals of the project and to provide context for the recommendations for changes in the request for proposals (RFP). Connections between the different components of the study are explored, where appropriate, to aid in understanding how the information can be utilized by KDOA to demonstrate the impact of the WEG trainings.

Objective 1

To profile the facilities and types of staff (in aggregate) who participated in the educational trainings and, if possible, to investigate whether the trainings impacted the facility outcomes of quality of care, quality of life, resident-centered care, and staff retention.

Profile of Participants & Nursing Homes that Attended WEG Trainings

In order to fully complete the profile, it was first important to understand the types and amount of education provided through WEG funds. A wide breadth of training programs were offered by the educational entities that received grant funds. Seeing the breadth of WEG training programs offered aids in understanding the participation of staff and facilities in the training. Many of the training participants were nurse aides or medication aides (47.9%) or dietary personnel (19.0%). Over the three funding cycles (2005, 2006, and 2007), 81.5% of nursing homes currently licensed in Kansas had staff members who received WEG training.
What were the types and amount of education provided by the WEGs?

- 14 different educational entities received Workforce Enhancement Grant(s).
- 71 types of training programs were offered.
- 67,066 hours of training were provided.

Summary Table 1: Education Information by Funding Year.

<table>
<thead>
<tr>
<th>Year</th>
<th>Educational Entities</th>
<th>Training Programs</th>
<th>Hours of Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>8</td>
<td>23</td>
<td>22,338</td>
</tr>
<tr>
<td>2006</td>
<td>10</td>
<td>29</td>
<td>20,725</td>
</tr>
<tr>
<td>2005</td>
<td>7</td>
<td>19</td>
<td>24,003</td>
</tr>
</tbody>
</table>

How many people were trained through the Workforce Enhancement Grant trainings?

- 8,213 attendees were reimbursed for training attendance, with some attendees participating in two or more trainings during the year or across years.

Summary Table 2: Number of Reimbursed Participants by Funding Year.

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Reimbursed Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>3,013</td>
</tr>
<tr>
<td>2006</td>
<td>3,064</td>
</tr>
<tr>
<td>2005</td>
<td>2,136</td>
</tr>
</tbody>
</table>

How many NF/LTCU staff participated in the trainings provided through the Workforce Enhancement Grants, and what were their occupations?

- 6,896 unduplicated staff members participated in trainings over the three funding cycles.
  - Many (47.9%) were nurse aides or medication aides.
  - 19.0% worked in dietary as assistants, cooks, or managers.
  - The remaining worked in a variety of other positions, such as housekeeping/laundry, maintenance, business office, or activities.
Summary Table 3: Percentage of Training Participants by Position for each Funding Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Nurse Aide or Medication Aide</th>
<th>Dietary</th>
<th>Other</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>49.5%</td>
<td>18.4%</td>
<td>31.8%</td>
<td>0.3%</td>
</tr>
<tr>
<td>2006</td>
<td>48.6%</td>
<td>31.3%</td>
<td>19.9%</td>
<td>0.2%</td>
</tr>
<tr>
<td>2005</td>
<td>45.7%</td>
<td>3.0%</td>
<td>41.6%</td>
<td>9.7%</td>
</tr>
</tbody>
</table>

What percent of NF staff (unlicensed and licensed) in Kansas attended WEG trainings in 2007?

- 11.3% of staff in NFs participated in WEG trainings in 2007.
  - 11.8% of unlicensed staff (i.e., nurse aides, medication aides, activity staff, social service staff, paid nutrition assistants).
  - 10.0% of licensed staff (i.e., registered nurses, licensed practical nurses, and licensed social workers).

It is interesting that similar percentages of unlicensed staff (1,327 out of 11,231 staff members) and licensed staff (442 out of 4,430 staff members) participated in WEG trainings in 2007, considering the vast difference in total numbers. Information gathered through interviews of training participants indicate that having licensed staff involved in WEG trainings was advantageous for a number of reasons including 1) Licensed staff receive an increased awareness of the role of unlicensed staff, 2) Learning the same information promotes sharing between licensed and unlicensed staff and allows licensed staff to provide additional insight on the content, 3) Licensed staff help to support changes learned at the training within the nursing home, and 4) Training facilitates teamwork and communication between licensed and unlicensed staff. The current ratio of permitting one licensed staff for at least every two unlicensed staff at each facility was seen as valuable to interview participants and educational entity representatives. However, it was difficult to obtain in some situations, especially for smaller facilities. Considering some of the barriers and making exceptions for small facilities would assist in ensuring participation by these facilities.
How many nursing homes had staff who participated in WEG trainings, and to what extent?

- 287 NF/LTCUs (81.5%) had staff who participated in WEG trainings over the three funding cycles.
- Summary Table 4: NF/LTCU Participation by Funding Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of NF/LTCUs</th>
<th>Avg. Number of Participants</th>
<th>Avg. Training Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>195</td>
<td>14</td>
<td>113.5</td>
</tr>
<tr>
<td>2006</td>
<td>200</td>
<td>13</td>
<td>100.6</td>
</tr>
<tr>
<td>2005</td>
<td>125</td>
<td>12</td>
<td>150.4</td>
</tr>
</tbody>
</table>

- Nursing homes throughout the state took part in WEG trainings, as shown in the figure below. (Darker colors indicate higher levels of participation).
- Summary Figure 1: WEG Participant\(^1\) to Bed\(^2\) Ratio by County

\(^1\) WEG Participants includes the number of staff that attended WEG trainings.
\(^2\) Beds includes the number of licensed beds.

WEG Participant to Bed Ratio

- 0.00 - 0.09
- 0.10 - 0.17
- 0.16 - 0.32
- 0.33 - 1.75
WEG training is reaching a large number of facilities throughout the state, which is an important component in working to improve quality of care and quality of life for all nursing home residents in Kansas.

Of WEG-participating facilities, what percent of their staff participated in 2006?

- Facilities that participated in 2006 WEG trainings had an average of 14.5% of staff in attendance.
  - More than half of facilities (58.7%) had 10% or less staff participation.
  - 15 facilities had 50% or more staff participation.

As many training participants mentioned during the interviews, having more people from a facility attend trainings is helpful for providing similar understanding of a topic, for being able to share information with other staff members, and for building teamwork.

Of WEG-participating facilities, what percent of their licensed beds are certified for Medicaid, and what percent of residents in the facility have Medicaid as their primary source of payment?

- 95.5% of WEG-participating facilities had at least some of their licensed beds certified for Medicaid residents.
- 49.1% of WEG-participating facilities had higher than average percents (above 53.7%) of residents who have Medicaid as their primary source of payment for services.
- Summary Table 5: Medicaid Information for WEG-Participating Facilities by Funding Year

<table>
<thead>
<tr>
<th>Year</th>
<th>% with Medicaid Certified Beds</th>
<th>% with Above Average Percents of Residents with Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>96.6%</td>
<td>42.8%</td>
</tr>
<tr>
<td>2006</td>
<td>94.5%</td>
<td>49.1%</td>
</tr>
<tr>
<td>2005</td>
<td>94.4%</td>
<td>41.3%</td>
</tr>
</tbody>
</table>

Most facilities that participated in WEG trainings over the three funding cycles of the grant had at least some of their licensed beds certified for Medicaid residents as well as had high percentages of residents using Medicaid as their primary source of payment. Through our deficiency analyses and as documented in the literature, the number of Medicaid residents
within a facility is positively associated with a higher number of deficiencies. Therefore, quality of care in these facilities is a primary concern. For this reason, it is important for facilities with high numbers of Medicaid residents to continue to be trained and possibly targeted for future WEG trainings.

How many NF/LTCUs with staff who participated in WEG trainings received PEAK awards, exemplary awards, or were deficiency-free facilities?

- 52 NF/LTCUs (18.1%) that attended WEG trainings were recognized (some with more than one award) from 2005 to 2008.
  - 27 won the PEAK award.
  - 13 won the exemplary award.
  - 25 were noted as deficiency-free.
- A number of nursing homes \( (n = 29) \) received awards following their participation in WEG trainings.

A considerable number (18.1%) of WEG-participating facilities have been recognized for either the PEAK award, the exemplary award, or as being deficiency-free. In addition, a number of facilities received recognition from KDOA following participation in WEG trainings, and participation in WEG may have contributed to their success. As mentioned by interview participants, it was helpful to have staff members from progressive facilities included in trainings to serve as examples and answer questions about how facilities can improve care and use new care practices effectively.

How many NF/LTCUs with staff who participated in WEG trainings were facilities with large numbers of deficiencies (above average, three-year trend of above average, and G-level or higher deficiencies)?

- 123 facilities (42.9%) that participated in the WEG trainings had above average numbers of deficiencies during their most recent survey.
- 55 facilities (19.2%) that participated in the WEG trainings had a three-year trend of above average numbers of deficiencies.
- 209 facilities (72.8%) that participated in the WEG trainings had received a G-level or higher deficiency in the last three years.
- 101 facilities (53.2%) that participated in WEG trainings received fewer deficiency citations following their participation.
These findings indicate that, as a whole, WEG trainings did reach facilities with higher numbers of deficiencies. For improving the overall quality of care and quality of life for residents in nursing homes, providing trainings to staff members from these facilities is important and should be continued.

**Outcome Analysis**

This analysis was done to examine the impact of the trainings on quality of care and quality of life as measured by number of deficiencies.

**Did NF/LTCUs whose staff attended WEG training in 2006 receive fewer total and quality of care/quality of life deficiencies following their participation in training compared to facilities that did not participate?**

- WEG-participating facilities had an average of 2.24 fewer total deficiencies following their participation in WEG whereas non-WEG facilities had an average of 0.14 fewer total deficiencies.
- WEG-participating facilities had an average of 0.22 fewer QOC/QOL deficiencies following participation in WEG trainings in comparison to non-WEG facilities that had 0.53 fewer QOC/QOL deficiencies.

Findings show that WEG-participating facilities did have a higher decrease in the total number of deficiencies between 2006 and 2007 than non-participating facilities. However, differences for QOC/QOL deficiencies showed slightly higher decreases for non-participating facilities than WEG-participating facilities, though these differences were not enough to make generalizations about the results. Further statistical analysis was conducted to try to isolate influential factors, but it did not produce noteworthy results in relation to training participation. Interviews with training participants were completed to understand individual perceptions of the impact of trainings on quality of care and quality of life for residents. Seventy percent of interview participants reported that the training resulted in changes in the quality of care provided to residents. Participants also explained that the WEG training helped them change their behavior as well as facility practices, which improved the residents’ quality of life.

Since we were not able to determine that WEG trainings had a statistically significant impact on the number of deficiencies following training, and if it is indeed a goal of WEGs to reduce numbers of deficiencies, tracking 2007 to 2008 differences may be helpful since
administrative changes were made in allowing licensed staff to participate in trainings as well as unlicensed staff.

**Staff Retention**

This analysis was done to determine the retention rate for staff members who attended WEG trainings from 2005 to 2007.

What percent of staff who attended the trainings are still employed in the same facility?

- Overall, facilities reported that 47.4% of employees who attended WEG trainings from 2005 to 2007 were still employed in the same NF/LTCU as of June 2008. The status of 5.2% of employees was unknown, leaving the remaining employees as no longer employed at the same facility.
- Summary Table 6: Employment Status by Funding Year

<table>
<thead>
<tr>
<th>Year</th>
<th>% Still Employed in 2008</th>
<th>% No longer Employed in 2008</th>
<th>% Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>59.7%</td>
<td>38.7%</td>
<td>1.6%</td>
</tr>
<tr>
<td>2006</td>
<td>48.4%</td>
<td>45.6%</td>
<td>6.0%</td>
</tr>
<tr>
<td>2005</td>
<td>31.3%</td>
<td>60.0%</td>
<td>8.8%</td>
</tr>
</tbody>
</table>

As would be expected, 2007 WEG participants had the largest percentage of staff who were still employed in the same facility. Because the 2007 rate of 59.7% is a yearly rate, it can be compared to the resident day-weighted median retention rate of 64% (from 2003 Medicaid Cost Report data), showing a slightly lower retention rate for the 2007 WEG participants than overall. After three years, less than one-third of training participants were still employed in the same NF/LTCU. Yet, interview participants indicated that the WEG trainings did impact a number of factors that have been shown to influence staff retention in nursing homes, most notably job satisfaction, work responsibility, and improved decision making.
Objective 2
To examine the impact of the educational programs on quality of care, quality of life, resident-centered care, and staff retention from the perspective of unlicensed staff who attended the trainings.

Interviews with Training Participants

In order to capture the perspectives of training participants, we conducted interviews with unlicensed staff who attended a WEG training during 2007. These interviews provide an in-depth understanding of the unlicensed staffs’ perceptions of the changes in care provided to residents after the training and subsequent changes in residents’ quality of life.

What, if any, impact did the training have on staffs’ perceptions of their provision of quality care to residents and improvement of residents’ quality of life?

- Seventy percent of participants reported behavioral changes in the care provided to residents that resulted from information learned at the training. These changes include individual- and facility-level changes as well as improved teamwork and communication among staff.
- Many participants reported that they helped make changes in resident dining following the training including choice menus and open hours.
- Interview participants perceived the training as having a large impact on residents’ quality of life. Specifically, changes in care that resulted from the training helped improve resident’s ability to provide self care because staff found themselves being more patient, enhanced resident’s interactions with others, and improved resident’s cognitive functioning. In addition, some staff perceived themselves as more aware of resident’s pain and discomfort.

What, if any, resident-centered/culture change programs or care elements have been developed as a result of educational training attendance?

- Many participants reported implementing culture change initiatives following their training attendance. These changes include greater staff involvement in care planning, greater resident control, and greater community involvement.
What, if any, perceived impact did the training have on unlicensed staffs’ retention within the nursing home?

- WEG trainings had a positive impact on factors that prior research indicates are related to improved staff retention, specifically job satisfaction, improved decision making, and more job responsibility.
- Training was seen by some as an “added benefit” for employees and showed that the administration cared about them as staff.
- Interview participants showed enthusiasm for implementing the changes initiated by the trainings and a commitment to seeing those changes take place.
- Expanded knowledge and skills helped some interview participants gain confidence and improve their job performance.
- Communication with other staff was enhanced through the trainings, which made work relationships more enjoyable.

What were the perceived benefits of having a licensed staff member attend the training with unlicensed staff?

- Unlicensed staff reported that there were a number of benefits to having a licensed staff member attend training with the unlicensed staff.
  - Licensed staff received an increased awareness of the role of unlicensed staff.
  - Learning the same information promoted sharing between licensed and unlicensed staff and allowed licensed staff to provide additional insight on the content.
  - Licensed staff helped to support changes learned at the training within the nursing home.
  - Training facilitated teamwork and communication between licensed and unlicensed staff.
**Objective 3**

*To examine the continued education provided by the educational entities or staff attending the trainings.*

**Interviews with Educational Entities**

Educational entities were asked to describe the ways in which the Workforce Enhancement Grant enabled them to continue providing free- or low-cost education for unlicensed staff of nursing homes. This question was asked in order to understand whether the educational entities had used the Workforce Enhancement Grant as “seed money,” which was one of the desired outcomes for administering the grants.

**How did the funding provided by the Workforce Enhancement Grant lead to additional free- or low-cost education for unlicensed staff?**

- Each of the educational entities that received a WEG in 2007 continues to provide free- or low-cost education for unlicensed staff in 2008. However, most educational entities (63%) continue to provide this education through the receipt of another WEG in 2008.
- Those entities that did not receive a WEG in 2008 (n = 3) continue to provide low-cost education for unlicensed staff through alternative funds including grants, scholarships, course reimbursement fees, and the organization’s operating costs.
- Some educational entities prepared and encouraged participants to share information with others at their facilities through formal and informal avenues.
- Sustainability of the training programs presents challenges for some educational entities because of difficulties involved in obtaining alternative funds to cover the costs of the trainings.

Based on the analysis of these interviews, it is unclear whether the educational entities have utilized the Workforce Enhancement Grant as “seed money” in a manner consistent with KDOA’s desired outcome. In order to ensure that educational entities are developing ongoing statewide educational programs, further clarification is needed.
Interviews with Training Participants

Interview participants described in detail the training information that was shared with their coworkers, with most stating that they discussed training information with others in their NF/LTCU both informally in conversations and formally during in-services or meetings.

What, if any, information obtained at the training was shared with peers in their NF/LTCU?

- Most interview participants shared information from the WEG trainings (e.g., new techniques, demonstrations, printed materials) with their coworkers including peers and supervisors.
- Those interviewed shared information formally and informally with supervisors and peers, both in groups and in one-on-one situations.
- Approximately one-third of participants reported that their NF/LTCU held an in-service or group meeting to share training information.
- Lack of time was the primary barrier to sharing information.

These findings are similar to those of the educational entities that described the approach of trainings as providing the knowledge and encouragement for participants to return to their nursing home and share information with their peers.
Objective 4
To collect information necessary to suggest potential changes to the RFP.

Interviews with Educational Entities
Educational entities were asked to provide their suggestions for improving the process of providing education through the WEGs and for changing the RFP. A summary of their recommendations are reported here.

Based on their experiences with offering free education, what, if any suggestions do the educational entities have for the effective provision of education to unlicensed staff?

- The best educational programs can be proposed and implemented when expectations are communicated clearly throughout the grant process, especially when applications are being prepared and submitted.
- The amount of time educational entities have to apply for the grant should be increased and the application process and materials should be available online.
- KDOA could be utilized as a valuable resource for advertising the training session topics that are going to be offered and for encouraging nursing home administration to support their staffs’ involvement.
- Reimbursement for “attendance only” can be difficult if individuals do not show up for the training because some costs are incurred regardless of participation. Thus, a small portion of WEG funding should be assigned specifically for administrative costs.
- The ratio of at least two unlicensed staff for every one licensed staff is important, but the current methodology can be limiting for implementing changes in some nursing homes.

RFP Recommendations
Based on findings from all sections of the report, we generated a list of recommendations for potential changes to the RFP related to various aspects of the grant process. Areas addressed include: how KDOA’s role in the grant process could be enhanced, suggestions related to training for educational entities applying for grants, suggestions for making funding decisions, and what should be included on the RFP for future evaluation purposes. The following is a list of the recommendations.
KDOA’s Role in the Grant Process

- Provide more time for educational entities to complete applications after receiving the request for proposals and provide application materials online
- Improve communication with educational entity grantees and make sure expectations and standards are clear and applied systematically
- Utilize KDOA resources, such as newsletters, to advertise and promote WEG trainings to help recruit participants

Training Considerations for Educational Entities Applying for Grants

- Promote training for staff members in the areas of Alzheimer’s/dementia, culture change, teamwork, communication, and trainings that improve the work environment
- The location of the training should reflect the goals of the training program and the needs of staff members attending the training
- Support educational programs that encourage participants to share the training information with others in their nursing home and encourage educational entities to provide time for participants to strategize about behavioral change based on what is learned at the training with others from their facility

Suggestions Related to Funding Decisions

- Continue to fund training for licensed staff as well as unlicensed staff in nursing homes due to the benefits of their attendance, but take into consideration concerns of smaller facilities regarding the unlicensed to licensed staff attendance ratios
- Continue to fund trainings that reach all parts of Kansas and all professions
- Prioritize funding for trainings that target deficient facilities and/or facilities with high numbers of Medicaid residents, while also continuing to include award-winning facilities in the trainings
- Clarify the expectation regarding the use of the grants for “seed money” to aid in the “development of ongoing statewide educational programs” and make part of the funding contingent on demonstrating this outcome or reconsider the expectation
Future evaluation

- Ensure that funded training sessions have intended, measurable outcomes
- Conduct different types of outcome analysis (e.g., tracking deficiencies, interviews with training participants) depending on the type of training provided
- Further standardize sign-in sheets to ensure consistency across trainings and to meet evaluation needs
Objective 5
To identify a strategy (including a form and data collection procedures) for evaluation of the WEGs offered in future years.

Data collection procedures completed for the first three funding cycles of the grant included:

- Data entry and analysis of information from participant sign-in sheets and grant proposals;
- Use of existing data sources, such as Medicaid Cost Reports, the Adult Care Home Survey, and Kansas Department on Aging and Kansas Department of Health and Environment directories for nursing homes and long-term care units of hospitals;
- Analysis of deficiency data;
- Data collection and analysis of staff retention information from a sample of participating facilities;
- Interviews with a sample of training participants from the most recent year of training;
- Interviews with a representative from educational entities awarded Workforce Enhancement Grants.

Detailed explanations of the methodological considerations are included in each section of the entire report. Excel and SPSS databases used can be provided for future evaluation purposes, and interview guides used in the collection of data from training participants and educational entities are available in Appendices G and H of the entire report, which can be found at http://www.oaltc.ku.edu/.
Synthesis of Findings

In summary, this report provides a comprehensive profile of the efforts of the WEG program to improve QOC, QOL, resident-centered care, and staff retention within Kansas nursing homes. It is clear from the data that the training programs funded by these grants have provided valuable information to nursing home staff (primarily unlicensed) across the state on a variety of topics. From 2005 through 2007 there were 6,896 unduplicated staff members who participated in the trainings (the majority were nurse aides and/or medication aides). In fact, over 80% of all of nursing homes currently licensed in Kansas had staff members who received WEG training. A total of 71 types of training programs were offered, providing 67,066 hours of training. Since the provision of quality care for Medicaid nursing home residents is of primary concern, it is important to point out that approximately 95% of the WEG-participating facilities had licensed beds certified for Medicaid residents.

Overall findings showed that WEG-participating facilities had a higher decrease in the total number of deficiencies between 2006 and 2007 than non-participating facilities. However, differences for QOC/QOL deficiencies showed slightly higher decreases for non-participating facilities than WEG-participating facilities, though these differences were not enough to make generalizations about the results. While demonstrating a direct cause and effect relationship between the WEG trainings and the desired outcomes of QOC, QOL, resident-centered care, and staff retention is difficult due to the wide range of training topics, depth of training, and differences in staff who attended the trainings, the data point to the positive impact that the WEG program has had. One example of this is that a considerable number (18.1%) of WEG-participating facilities have been recognized for either the PEAK award, the exemplary award, or as being deficiency-free. Thus, a number of facilities received recognition from KDOA following the participation in trainings, of which WEG participation may have contributed to their success.

The interviews conducted with training participants also speak to the positive impact of the WEG program. The training participants reported that the WEG trainings had a direct effect on their practices, increased their job satisfaction, reduced turnover, and improved the quality of care they provided. In turn, they felt this had a direct effect on resident quality of life. The majority of training participants also reported they made an effort to share the information learned at the trainings with their peers and other staff at the nursing home to help spread the knowledge/skills gained. Based on our data analysis of interviews with training participants and the educational entities, there were a number of suggestions that could be used to refine the WEG RFP that could result in additional positive outcomes.