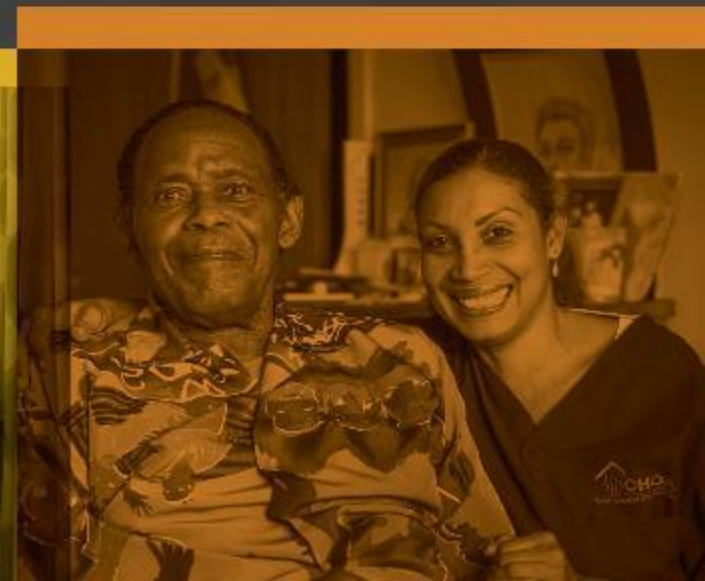


The Case for A Dependent Health Insurance Benefit for Home Care Workers in Washington State

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Presentation Overview

- I. The Urgent Need to Recruit and Retain Home Care Workers in Washington State
- II. The Case for a Dependent Health Insurance Benefit for Home Care Workers in Washington State

The Urgent Need to Recruit and Retain Home Care Workers in Washington State

Current Workforce Supply

Having added more than 29,000 jobs during the preceding decade, home health and personal care aides comprised Washington's **seventh largest occupational group** as of 2020.

Largest Occupations in Washington, 2020

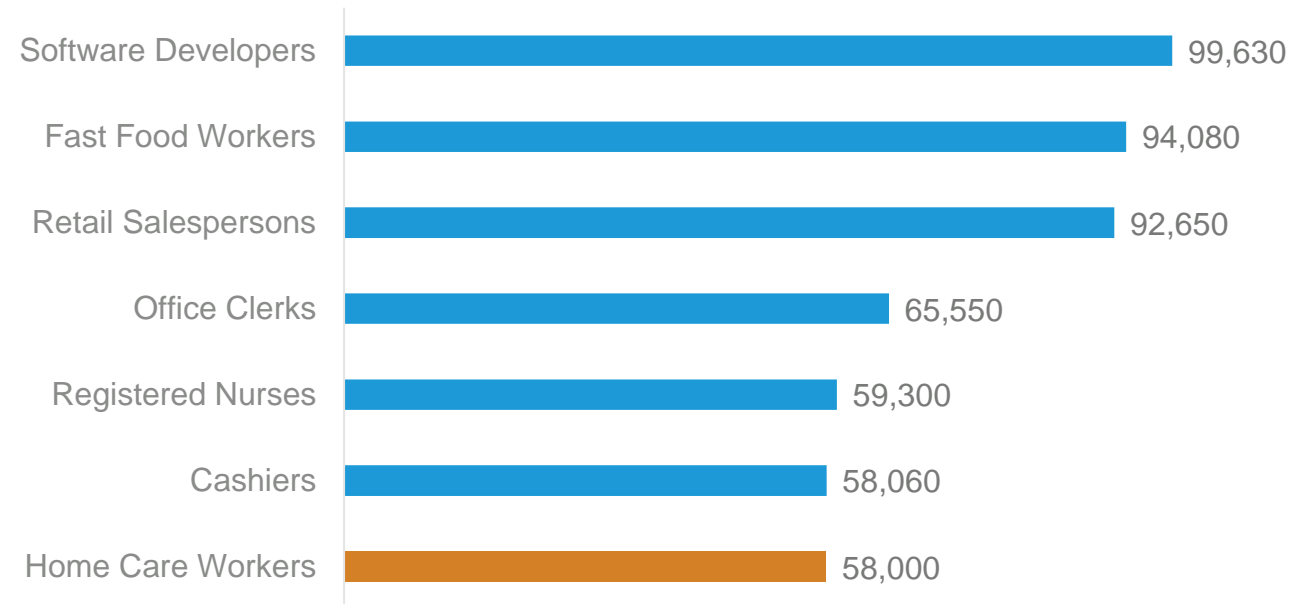


Chart Source: U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment Statistics (OEWS). 2021. *May 2020 State Occupational Employment and Wage Estimates*. <https://www.bls.gov/oes/current/oesrcst.htm>; analysis by PHI (March 2022).

Growing Workforce Demand

Looking ahead, Washington is projected to add more than 13,000 new home health and personal care aide jobs from 2018 to 2028—the **second largest number of new jobs** added by any occupation in the state.

Occupations with the Most Projected Job Growth in Washington, 2018 to 2028

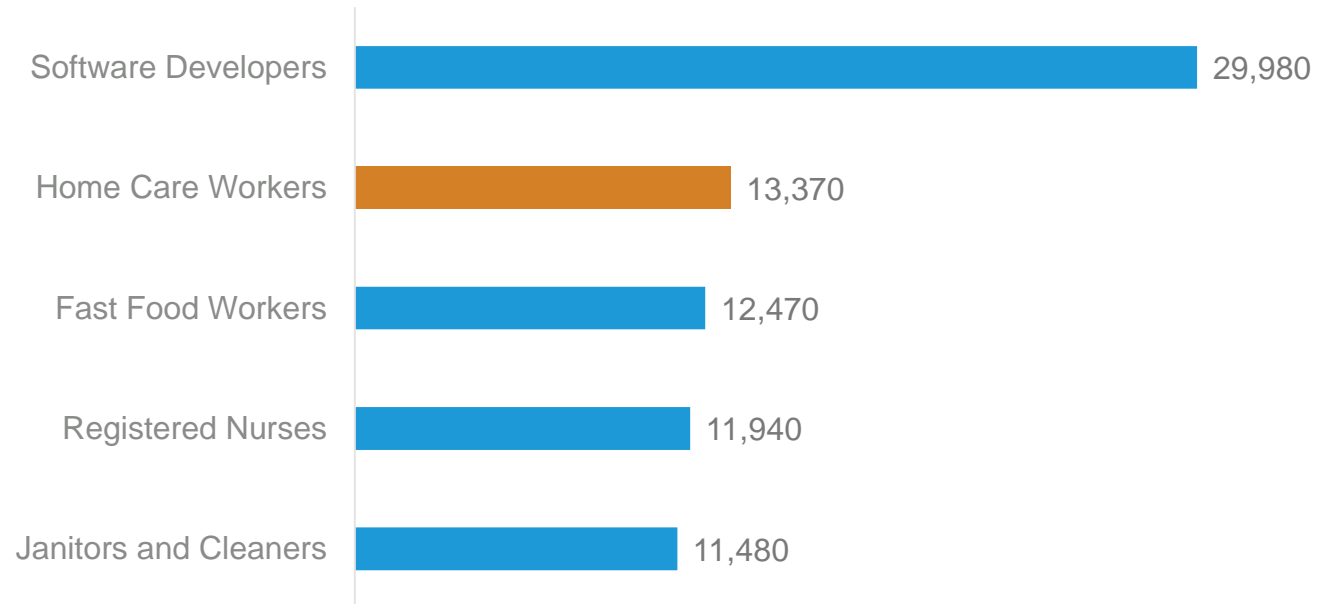


Chart Source: Projections Central. 2020. *Long Term Occupational Projections (2018-2028)*.
<https://www.projectionscentral.com/Projections/LongTerm>; analysis by PHI (March 2022).

Drivers of Home Care Workforce Demand



**The population of
older adults is
growing rapidly.**

A Growing Population of Older Adults

From 2020 to 2050,
Washington's population of
adults aged 65 and above is
projected to grow by **76
percent**, and the population
of adults aged 85 and above
will **nearly quadruple**.

Population Projections by Age Group
in Washington, 2020 to 2050

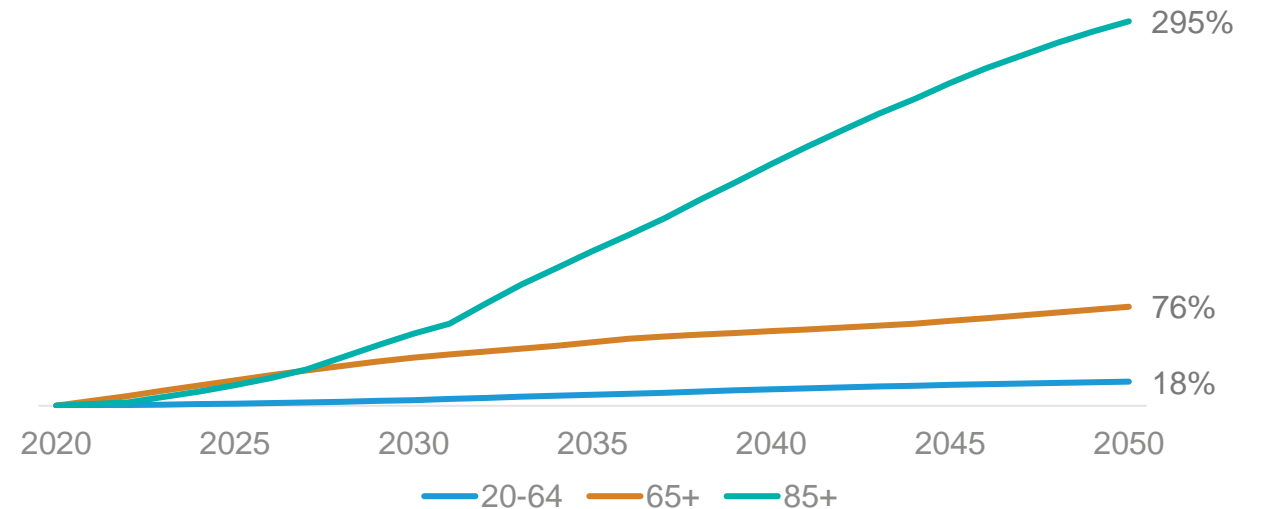


Chart Source: Washington State Office of Financial Management. 2021. *State Population Forecast*. <https://ofm.wa.gov/washington-data-research/population-demographics/population-forecasts-and-projections/state-population-forecast>; analysis by PHI (March 2022).

Drivers of Home Care Workforce Demand



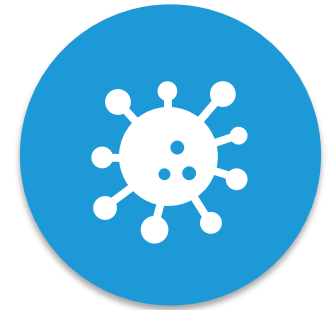
**The population of
older adults is
growing rapidly.**



**Consumers prefer
to receive services
at home.¹**



**Policy and program
changes have
expanded access.²**



**These trends have
been reinforced by the
COVID-19 pandemic.³**

Total Future Home Care Job Openings

When accounting for new jobs, occupational transfers *and* labor force exits, there will be **more than 100,000 home care job openings** in Washington from 2018 to 2028.

Occupations with the Most Projected Job Openings in Washington, 2018 to 2028

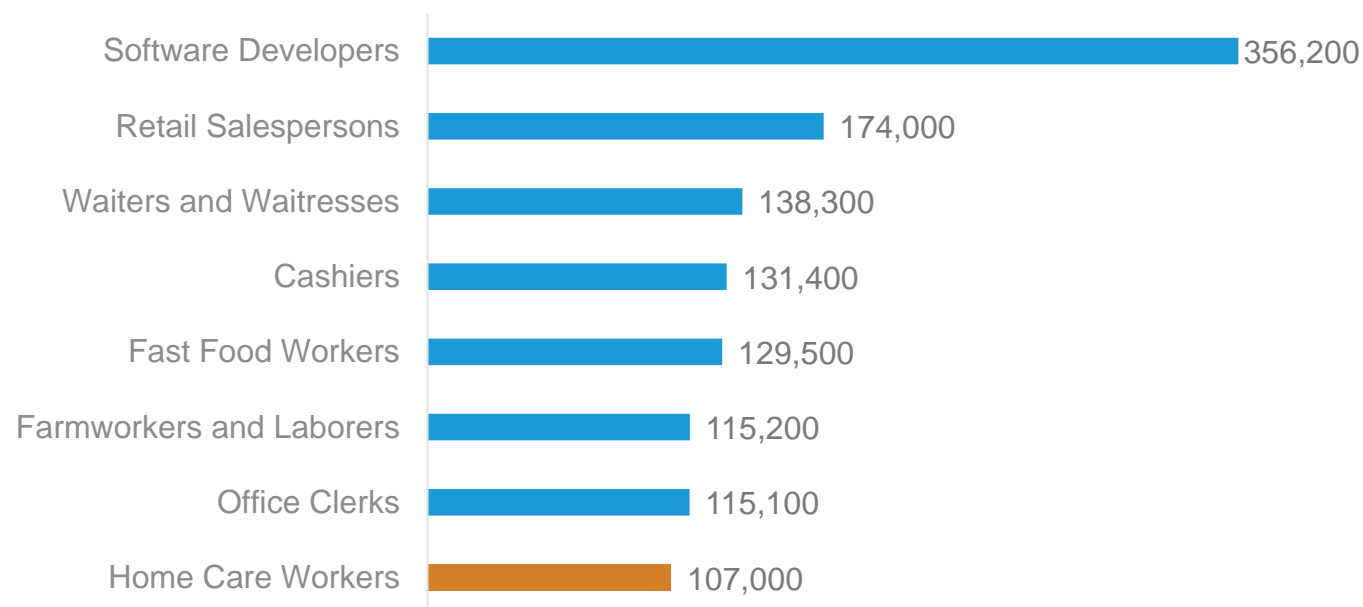


Chart Source: Projections Central. 2020. *Long Term Occupational Projections (2018-2028)*.
<https://www.projectionscentral.com/Projections/LongTerm>; analysis by PHI (March 2022).

The Case for a Dependent Health Insurance Benefit for Home Care Workers in Washington State

The Challenge

In Washington State, home care workers employed through Medicaid home and community-based (HCBS) programs are eligible for individual health insurance, but there is no subsidized dependent health insurance option for their children.

The Opportunity

Offer affordable dependent health insurance coverage to home care workers in Washington State to improve job quality and enhance equity.

5 REASONS TO OFFER A DEPENDENT HEALTH INSURANCE BENEFIT TO HOME CARE WORKERS

- 1 Ensure health care coverage for children and young people
- 2 Improve the competitiveness of home care jobs
- 3 Enhance equity for home care workers and their children
- 4 Support consistent family health insurance coverage
- 5 Support financial independence for home care workers

Methodology Notes

- The primary data source for the descriptive statistical analyses in this research was the U.S. Census Bureau’s American Community Survey (ACS) 5-Year Sample from 2014 to 2019.⁴
 - For some analyses, the sample sizes were small, which produced higher error margins.
- In the analyses, we define “dependent” as any child who is under the age of 26 who lives with their parent.
 - Like other U.S. Census surveys, the ACS is a household survey, which means that dependents who do not live in the same household as their parents are not included in the sample.
 - Because we had to exclude dependents who live in other households, our estimates may undercount how many dependents will be positively impacted by a new dependent insurance benefit.

1

**Ensure health care coverage for
children and young people.**

Background Context

- Uninsured children are significantly more likely than insured children to have: suboptimal health; no regular physician or usual place of care; delayed immunizations; unmet needs; inadequate access to preventive and specialty care; higher odds of emergency department visits and avoidable hospitalizations; and more.⁵
- Dependent health insurance coverage for young adults (aged 19 to 25) is also associated with a range of benefits, including better self-reported health, health outcomes, and access to care; reduced unmet needs; and improved prenatal care and outcomes.⁶
- Health insurance coverage among children can lead to improved health outcomes in adolescence and adulthood, such as lower likelihood of high blood pressure, heart disease, Type II diabetes, and obesity.⁷
- Moreover, better health insurance coverage for children has also been shown to save significant funds overall; one study estimated that providing health insurance to Medicaid/CHIP-eligible uninsured children saves nearly \$3000/child/year.⁸

Background Context, cont'd.

- Apple Health is already an important source of health care coverage for children and young adults from low-income families in Washington State, but it has three key limitations:⁹
 - Access to providers can be challenging, with some clinics/providers capping their Medicaid client numbers (or opting out altogether).
 - Children may experience gaps in coverage as their eligibility for Apple Health fluctuates, which can have detrimental impacts on their health; research shows that “for children, gaps in coverage are associated with health access and use that resemble those of chronically uninsured children.”
 - Young people aged 19 through 25 are less likely to qualify for this coverage due to lower eligibility thresholds for Apple Health (up to 138% of the federal poverty level) versus Apple Health for Kids (up to 215% of FPL or up to 317% with a monthly premium).

”

Continuous health coverage is essential for children. We must continue to expand—not limit—children’s access to coverage and care. No family should face bankruptcy when a child breaks a bone, gets sick or faces a serious, life-threatening illness.

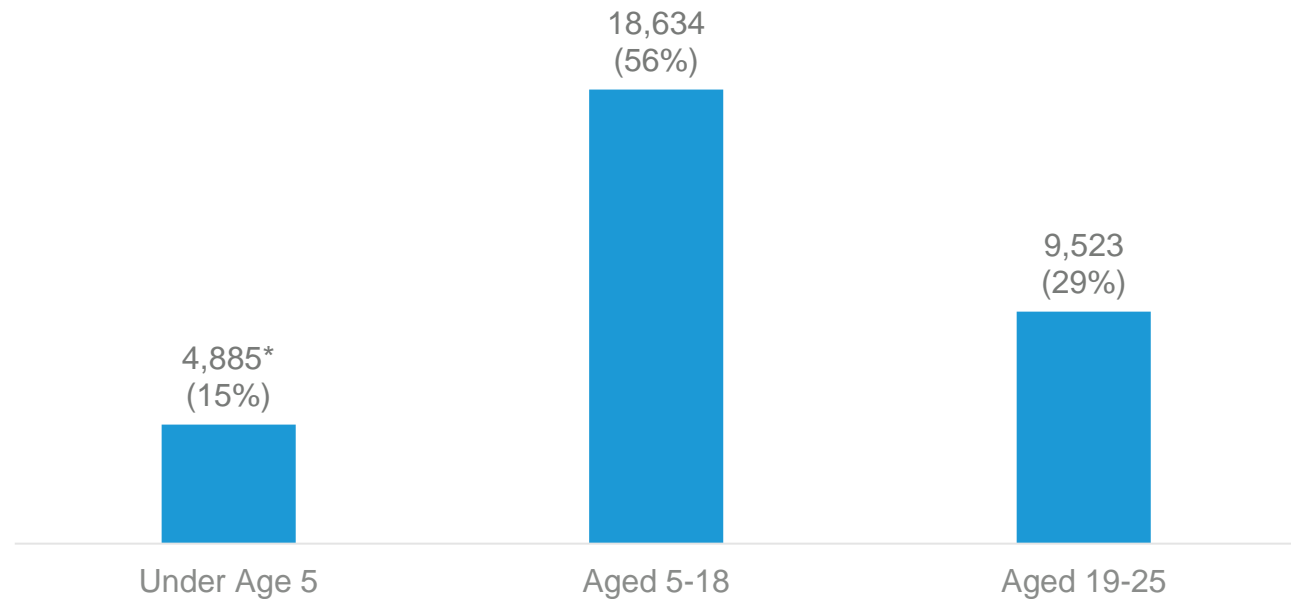
Children’s Defense Fund, 2020¹⁰

”

New Evidence

A new dependent health insurance benefit for home care workers would be available to **up to 33,042 children and young people.**

Home Care Workers' Dependents by Age Group, 2019

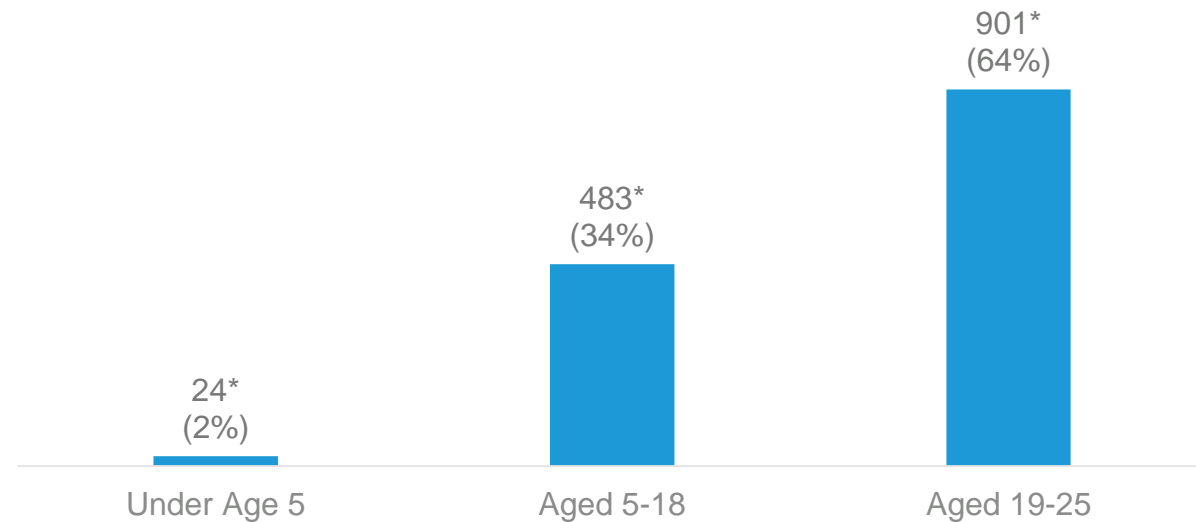


* Percent error margin is greater than ± 10 percent.

New Evidence

A new dependent health insurance benefit could help fill coverage gaps for nearly **1,500 uninsured dependents** of home care workers, the majority of whom are aged 19 to 25.

Home Care Workers' Dependents Who Are Currently Uninsured by Age Group, 2019

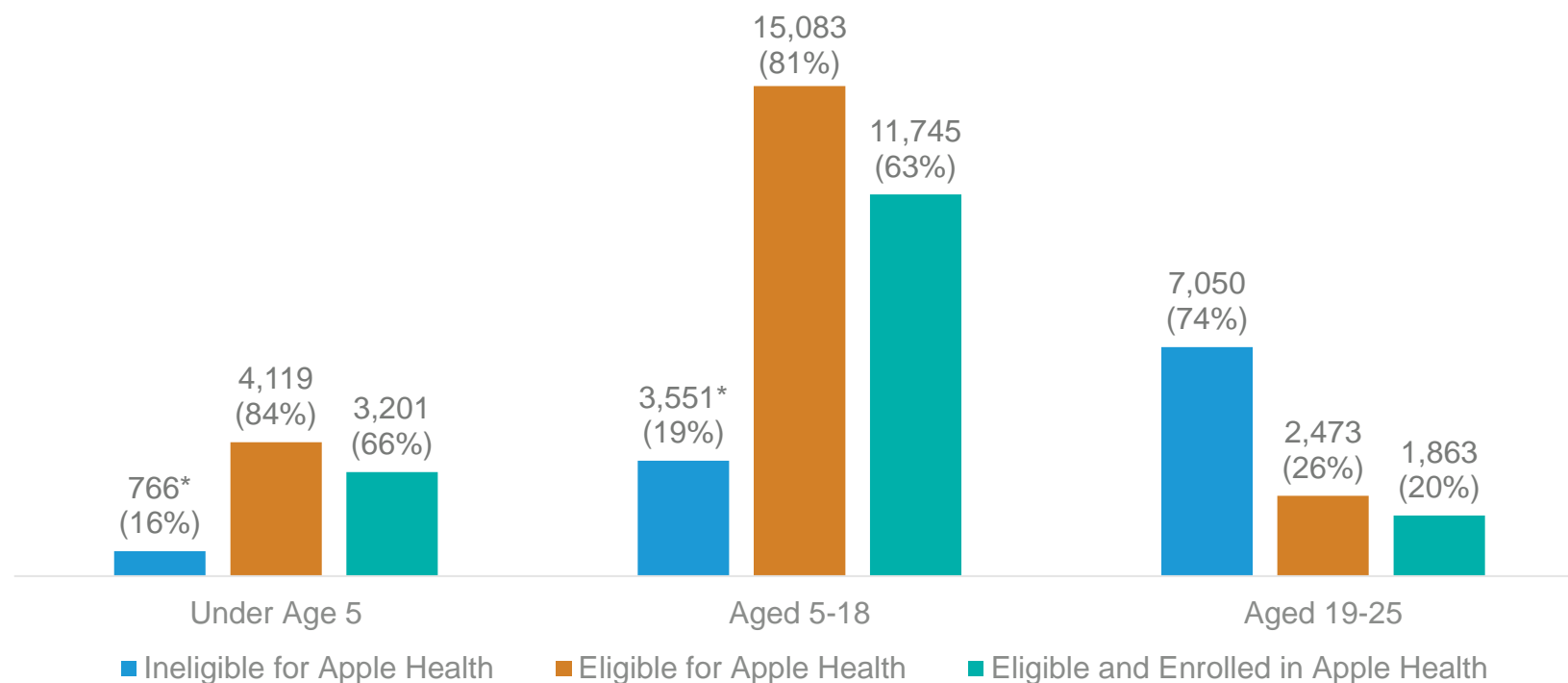


* Percent error margin is greater than ± 10 percent.

New Evidence

Medicaid has an important role in covering children and young people, but there are notable gaps. Approximately **11,300 dependents are ineligible for Apple Health** due to age or family income.

Apple Health Eligibility and Enrollment Among Home Care Workers' Dependents by Age Group, 2019

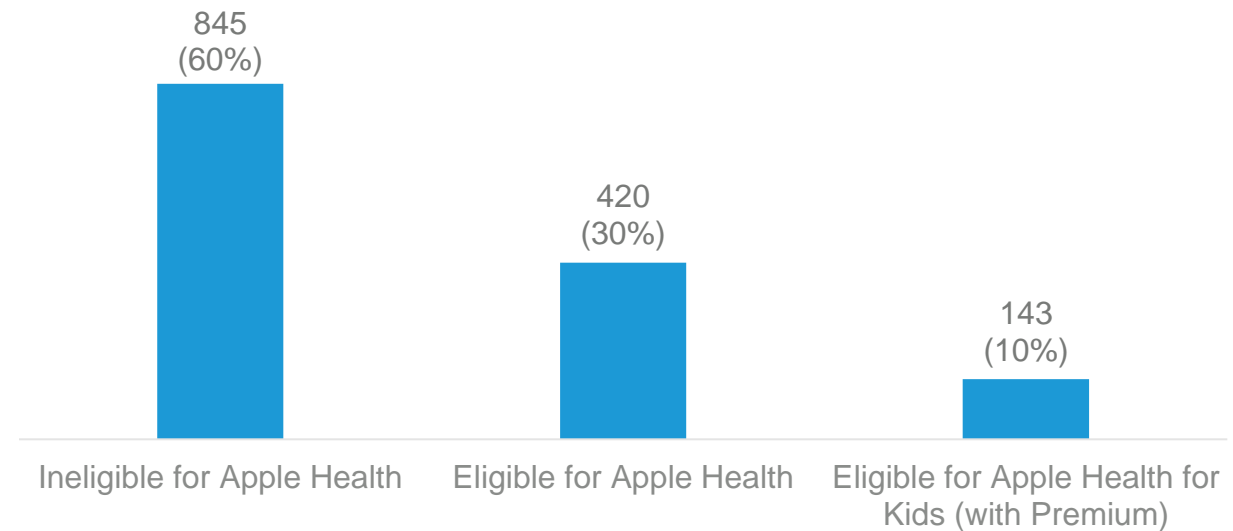


* Percent error margin is greater than ± 10 percent.

New Evidence

Ineligibility for public coverage is a key driver of insurance gaps among home care workers' dependents overall: **60 percent of home care workers' uninsured dependents are ineligible for Apple Health.**

Apple Health Eligibility Among Uninsured Dependents of Home Care Workers in Washington, 2019



* Percent error margin is greater than ± 10 percent.

1

Ensure health care coverage for children and young people.

Summary: A dependent health insurance benefit will bridge the coverage gap among home care workers' children—ensuring that they can access the health services that every child in Washington State needs and deserves.

2

**Improve the competitiveness of
home care jobs.**

Background Context

- Dependent care coverage is almost universally offered to employees who are eligible for single health insurance coverage: 98.6% of all workers who were eligible for single coverage were also offered coverage for their dependents in 2018.¹¹
- Health insurance is consistently ranked the most important benefit category for employees across industries:¹²
 - A 2005 study of low-income workers' preferences for employment benefits packages found that both individuals and groups placed health insurance benefits first (followed by paid vacation, retirement, and disability pay).
 - When asked in a 2016 survey what benefits they would prioritize when choosing between a high-paying job and a lower-paying job with better benefits, 88% of respondents from across industries reported that they would give health, dental, and vision insurance “some consideration” (34%) or “heavy consideration” (54%)—higher proportions than for any other benefit on the list.
 - According to a 2019 survey of the Society for Human Resource Management (SHRM)'s membership, 86% of employers believe that health-related benefits are “very important” or “extremely important” to their employees.

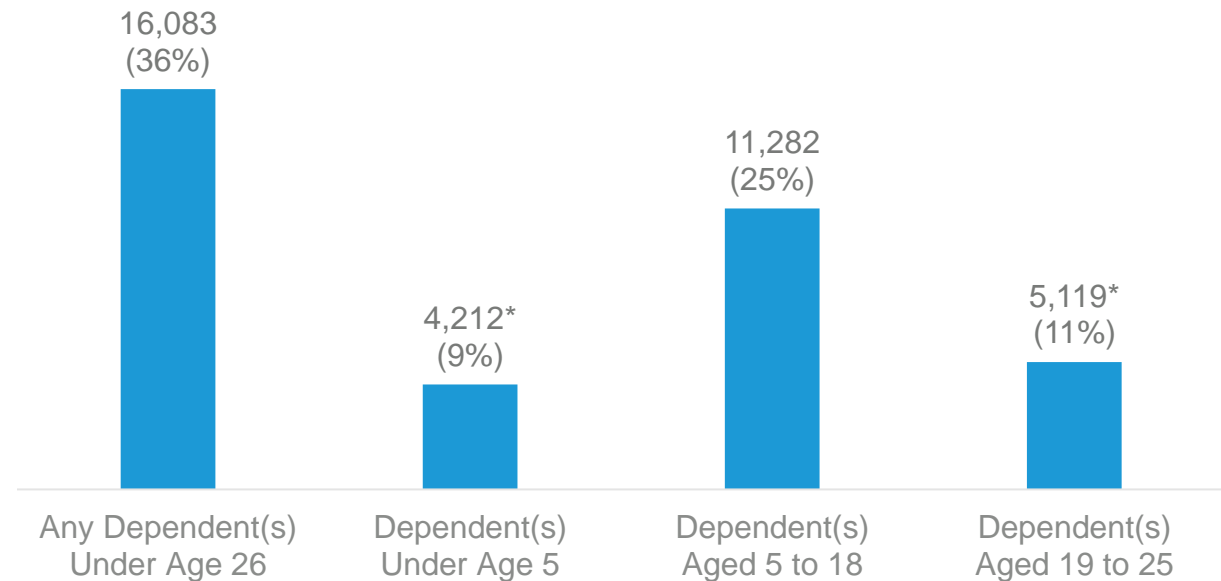
Background Context, cont'd.

- Employer-provided health insurance benefits are positively associated with retention across industries:¹³
 - In a study using 2008-2018 data from the Current Population Survey, researchers found that employer-sponsored health insurance was associated with one additional year of job tenure across the sample.
 - An analysis of the impact of the ACA's dependent coverage mandate estimated that ~290,000 parents aged 55-66 delayed retirement by an average of 0.74 years in order to take advantage of the policy.
- Research in home care specifically has shown that employer-sponsored health insurance impacts job satisfaction, turnover intentions, and actual turnover (along with wages and other factors):¹⁴
 - An analysis of the 2007 National Home Health Aide Survey (NHHAS) found that health insurance availability, as well as training and other organizational supports, was an important predictor of job satisfaction.
 - Another analysis of the NHHAS found that job satisfaction, consistent case assignment, and provision of health insurance were associated with lower intent to leave the job.
 - A 2009 study of home care workers in Maine found that those with employer-provided health insurance were nearly twice as likely to express intent to remain in their jobs (11% versus 6%); and those who left their jobs were more likely than those who stayed to have obtained coverage elsewhere (16% versus 1%).

New Evidence

Just over **16,000 home care workers have children** living at home. This is a large segment of the workforce that may be more likely to stay if offered a dependent coverage benefit.

**Home Care Workers with Dependents in Washington
by Dependent Age Group, 2019**

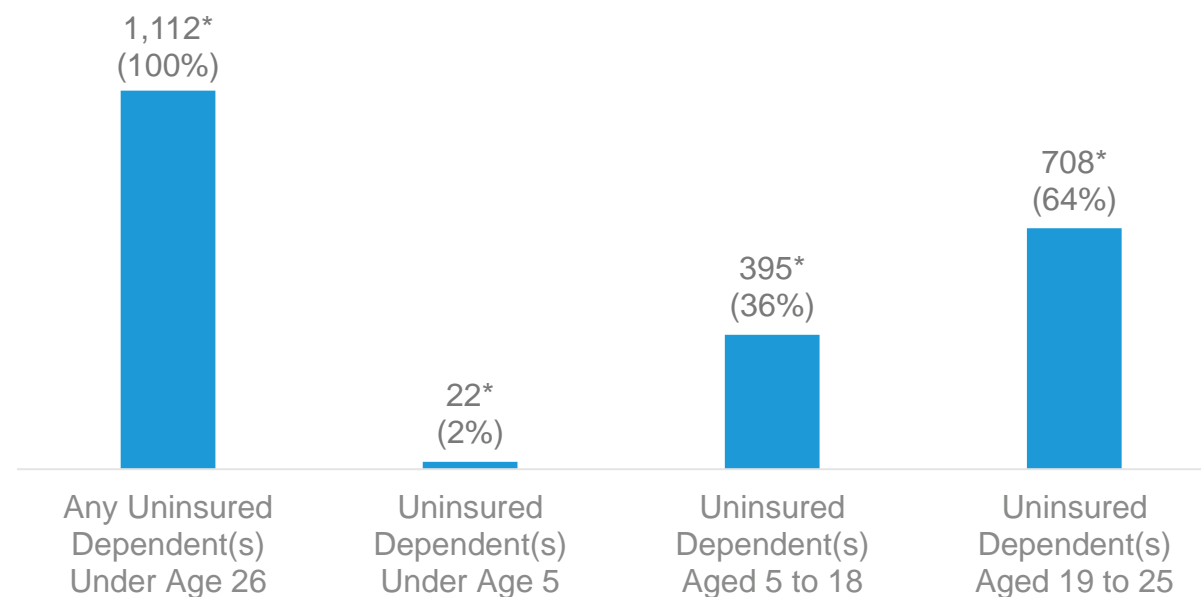


* Percent error margin is greater than ± 10 percent.

New Evidence

Among the 16,083 home care workers who will be eligible for the dependent health insurance benefit, more than **1,000 have dependents who are currently uninsured.**

Home Care Workers with Uninsured Dependents in Washington by Dependent Age Group, 2019



* Percent error margin is greater than ± 10 percent.

”

If it's not feasible and if it's not emergent, we're going to put it off. And then that can delay treatment for whatever it is, whether it be mental health or an accident or something... It comes back to that stress level and having that extra bill that you know you can't really pay for.

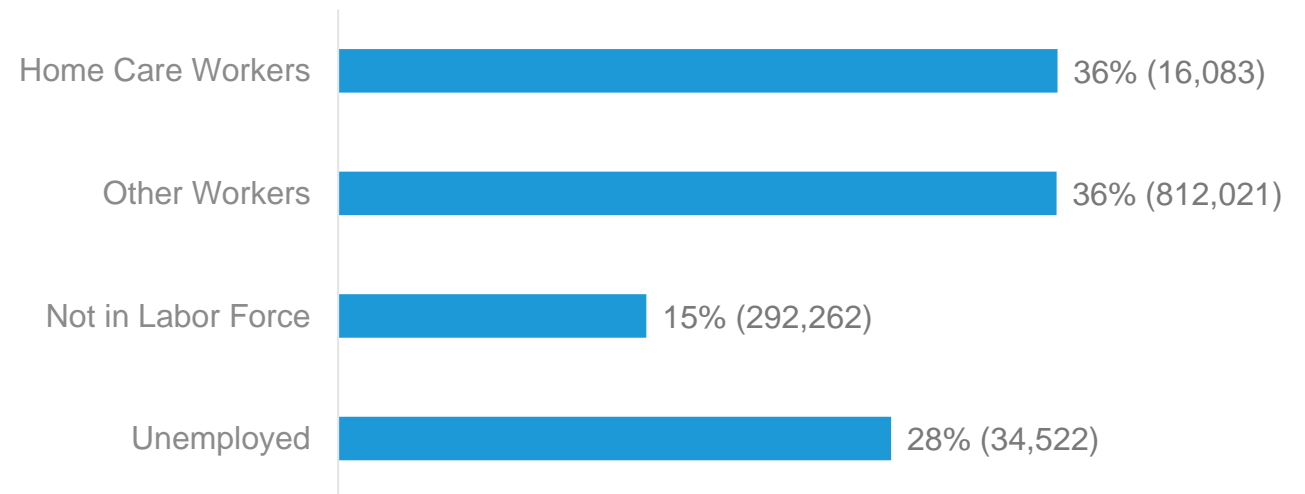
Home Care Worker in Washington State¹⁵

”

New Evidence

A dependent health insurance benefit could attract parents from occupations with similar entry-level requirements, as well as those who are unemployed or out of the labor force: **a potential labor pool of nearly 1.3 million people.**

Parents with Dependents by Occupation and Labor Force Participation Status in Washington, 2019



* Percent error margin is greater than ± 10 percent. “Other workers” refers to workers in occupations with similar entry-level requirements to home care worker jobs, (i.e., O*NET Job Zones 1 through 3). O*NET. 2022. O*NET 26.2 Database. <https://www.onetcenter.org/database.html#all-files>; analysis by PHI (March 2022).

New Evidence

A dependent health insurance benefit would be especially attractive to parents with *uninsured* dependents who are currently working in other occupations, unemployed, or out of the labor force (**72,000 people**).

Parents with Uninsured Dependents by Occupation and Labor Force Participation Status in Washington, 2019



* Percent error margin is greater than ± 10 percent. "Other workers" refers to workers in occupations with similar entry-level requirements to home care worker jobs, (i.e., O*NET Job Zones 1 through 3). O*NET. 2022. O*NET 26.2 Database. <https://www.onetcenter.org/database.html#all-files>; analysis by PHI (March 2022).

2

Improve the competitiveness of home care jobs.

Summary: Adding a dependent health insurance benefit will improve recruitment and retention in the home care workforce, especially among younger jobseekers and workers.

3

Enhance equity for home care workers and their children.

Background Context

- Washington State's home care workforce is primarily female (84%), people of color (35%), and immigrants (30%).¹⁶
- National research reveals disparities due to gender, race/ethnicity, and nationality persist within this already marginalized workforce: notably, women of color (who comprise 53% of all direct care workers) are more likely to live in or near poverty than men and white women.¹⁷
- National research has also shown that immigrant workers overall are particularly at risk of *not* accessing public health insurance coverage due to the chilling effect of restrictive immigration policies.¹⁸
- Uninsurance rates among children vary by race/ethnicity and citizenship, so extending dependent health insurance benefits to home care workers will directly enhance equity among children.¹⁹
- Addressing equity for the home care workforce aligns with Washington State's demonstrated commitment to advancing diversity, equity, and inclusion overall.²⁰

”

I firmly believe Washington will be an anti-racist state, and I will be taking actions that hold our state to that commitment. We need our policies and budget to reflect our dedication toward disrupting the harmful systemic cycle of racism and inequity.

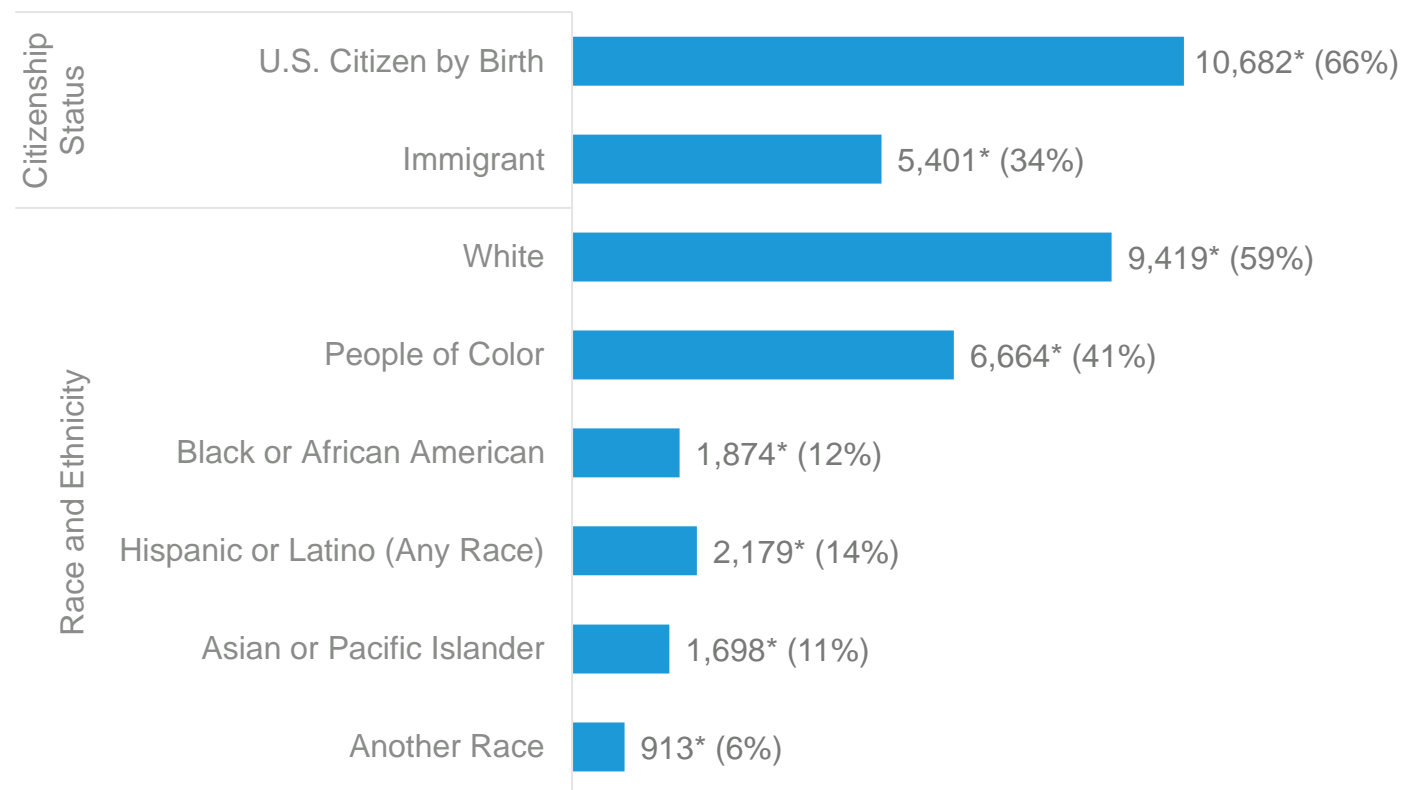
Governor Jay Inslee, 2020²¹

”

New Evidence

Thousands of home care workers from marginalized communities would be impacted by the dependent health insurance benefit: **two in five home care workers who are parents are people of color and one in three are immigrants.**

Home Care Workers with Dependents by Race/Ethnicity and Citizenship Status, 2019

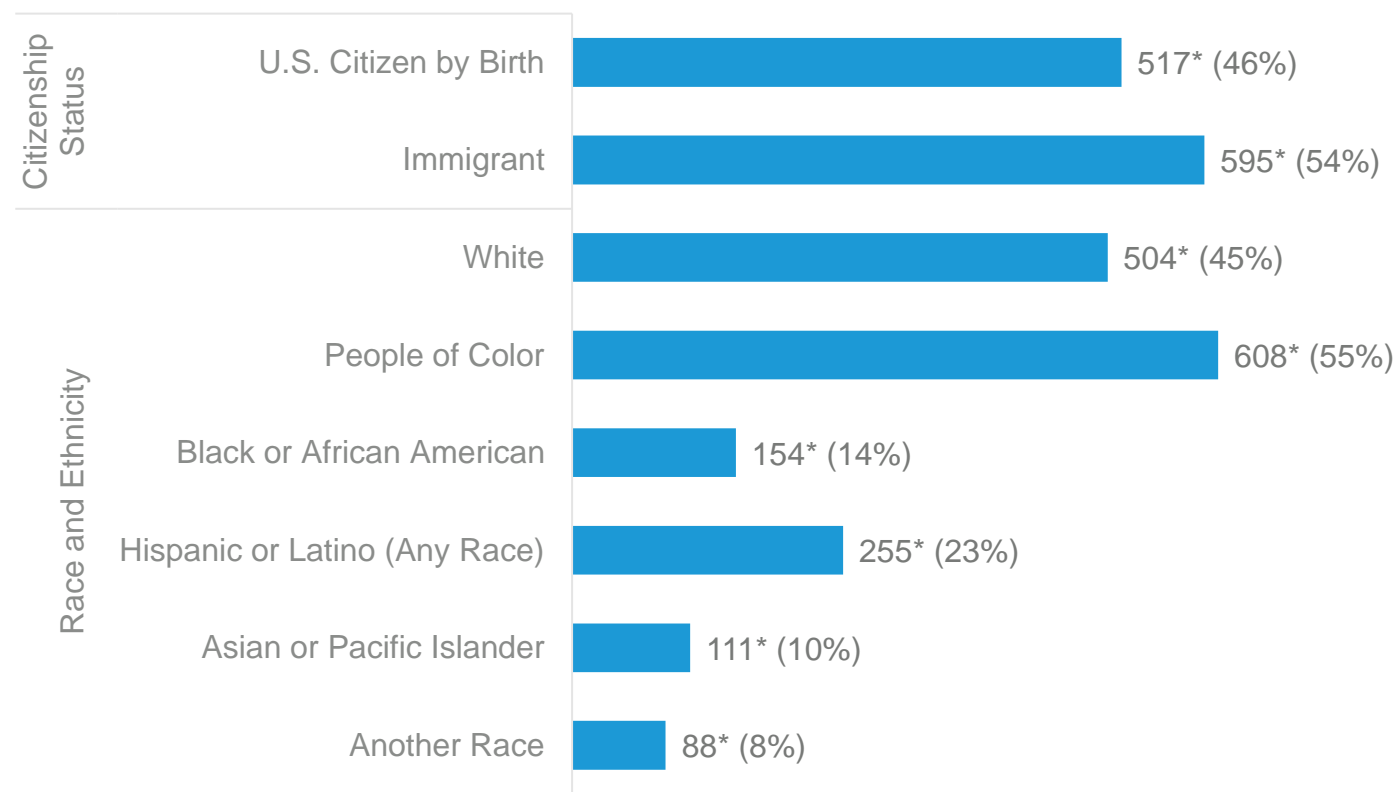


* Percent error margin is greater than ± 10 percent.

New Evidence

The equity impact of a dependent health insurance benefit will be even greater for home care workers with uninsured dependents: **more than half of those with uninsured dependents are people of color and a third are immigrants.**

Home Care Workers with Uninsured Dependents by Race/Ethnicity and Citizenship Status, 2019



* Percent error margin is greater than ± 10 percent.

3

Enhance equity for home care workers and their dependents.

Summary: A dependent health insurance benefit is a key way to address the longstanding inequities and disparities faced by home care workers as primarily women, people of color, and immigrants.

4

Support consistent family health insurance coverage.

Background Context

- According to 2018 review of the literature on health care access for low-income families, “complications with health insurance”—such as complications related to managing various insurance plans within the family—is a key barrier to adequate access (along with lack of education and mistrust of health care providers).²²
- Research shows that parents prefer to have their children enrolled in the same health insurance plan if possible:²³
 - A 2015 focus group study on what low- to middle-income parents value in their children’s health insurance coverage found that parents prioritize broad benefits and low costs—but within those parameters, they also prefer to be on the same plan as their children, citing the convenience of managing one set of benefits, obtaining care from the same providers within the same network, and being able to call a single number for any family member.
- Health outcomes are better for adults from fully insured families than from families with varying coverage:²⁴
 - A 2008 study of longitudinal data from the Survey of Income and Program Participation found that adults from families that include other uninsured members were more likely to report poor health than adults from full-coverage families; the researchers conclude that “policymakers should consider refocusing public and private insurance coverage goals to include full-family coverage.”

“

Being on the same health plan, it makes it a lot more streamlined, I guess. Instead of having four or six cards I have to dig around in my wallet for, I have one. If I go in somewhere and for some reason forget my wallet, don't have the card, I can let them know, “hey it's the same thing that I'm on, same plan.” They already had that information there. And then the premiums being all together. So, it's just more streamlined, I guess.

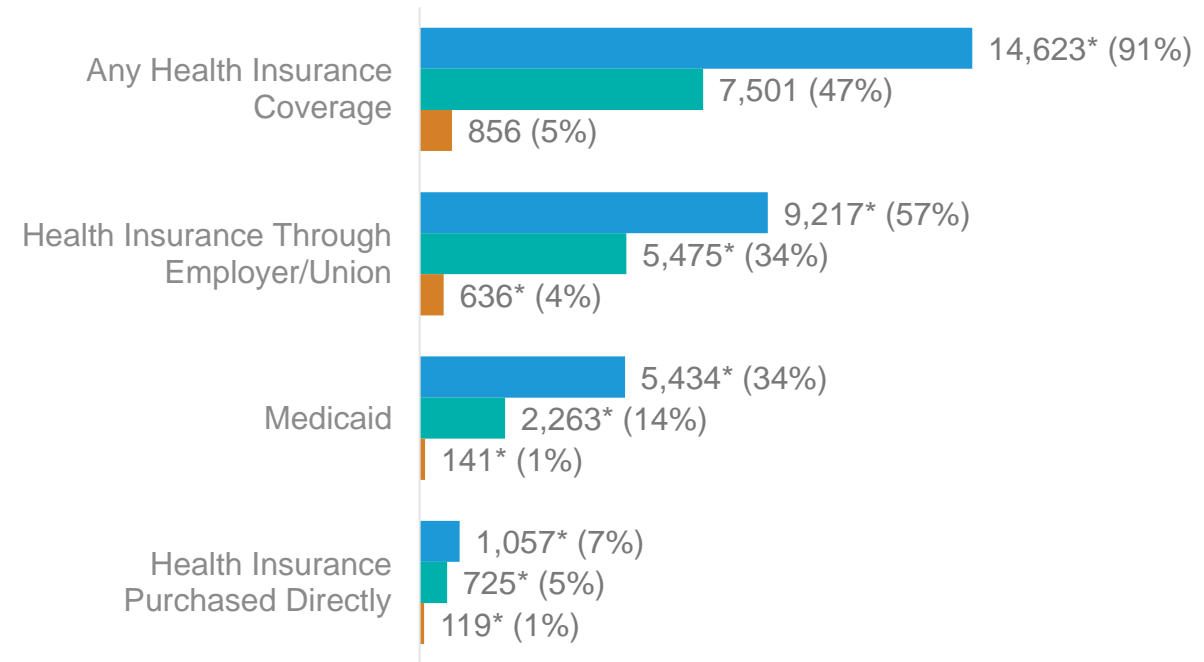
Home Care Worker in Washington²⁵

”

New Evidence

More than half of Washington’s home care workers with dependents would have improved access to consistent family coverage through the introduction of a dependent health insurance benefit, **including 7,500 workers who have a different source of coverage than their dependents** and nearly 1,000 who have an uninsured dependent.

Health Insurance Coverage Consistency among Home Care Workers and Their Dependents by Coverage Type, 2019



- Home Care Aide Coverage
- At Least One Dependent with a Different Coverage Type
- At Least One Dependent Uninsured

* Percent error margin is greater than ±10 percent.

4

Support consistent family health insurance coverage.

Summary: By enabling home care workers and their children to be on the same insurance plans, a dependent health insurance benefit will meet workers' preferences and potentially improve their own health care access and outcomes as well.

5

**Support financial independence
for home care workers.**

Background Context

- Nearly half (43%) of Washington State’s home care workforce lives in or near poverty (below 200% of the federal poverty level) and 52% access public assistance to make ends meet (including food and nutrition assistance [31%] and/or Medicaid [25%]).²⁶
- As a result, benefit cliffs and plateaus are a significant risk for this workforce, as for other low-wage workers—meaning that home care workers must carefully manage their working hours and wages to avoid losing their essential economic supports.²⁷
- Income volatility (e.g., due to benefit cliffs) has negative consequences for parents’ and children’s stress, parenting patterns, and child development, as well as being associated with a range of social determinants of health.²⁸
- As well as promoting financial independence from the state, employer-sponsored insurance is one way for workers to achieve financial autonomy in their relationships, which reduces the risks of experiencing intimate partner violence and staying in or returning to an abusive relationship.²⁹
 - For example: 73% of respondents in a 2018 survey of survivors of intimate partner violence reported staying with their abusive partner because of financial reasons.

“

The cliff effect refers to the sudden and often unexpected decrease in public benefits that can occur with a small increase in earnings. ... Sometimes the cliff effect looks more like a slope or plateau, but it is still a disincentive to work. When lost benefits outpace a wage increase, many families “park” or fall off the cliff’s edge, stalling progression in their jobs and careers.

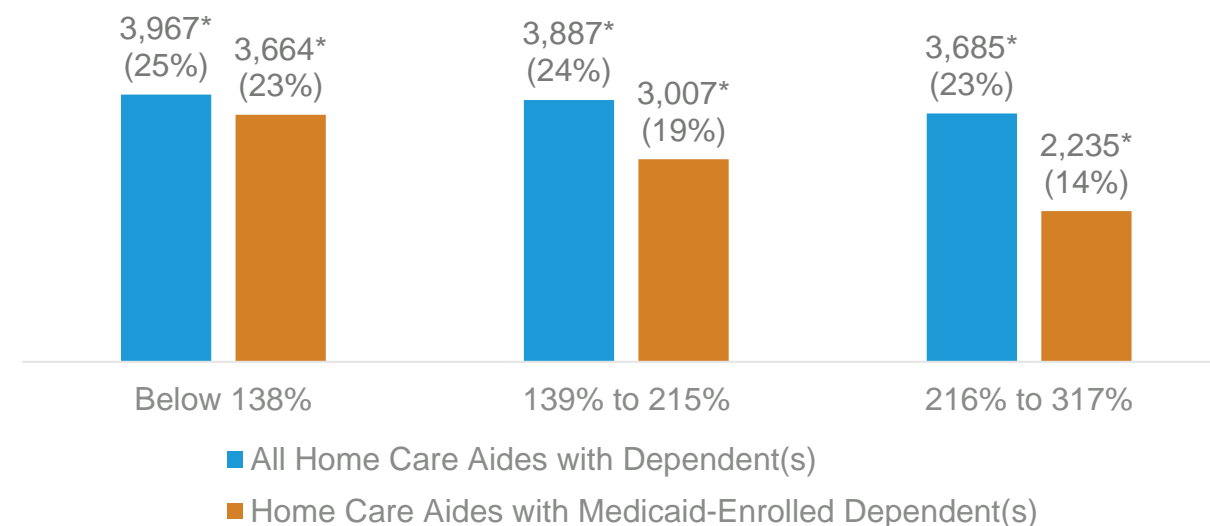
National Conference of State Legislatures, 2019³⁰

”

New Evidence

Currently, the majority (55 percent) of home care workers who are parents are at heightened risk of benefits cliffs and plateaus because they live in or near poverty and have at least one dependent who is enrolled in Medicaid.

Home Care Workers with Dependents and Medicaid-Enrolled Dependents, by Poverty Level, 2019



* Percent error margin is greater than ± 10 percent.

5

Support financial independence for home care workers.

Summary: Adding a dependent coverage benefit will mitigate the risk of benefits cliffs for home care workers, promote their financial stability, support pathways to independence, and bolster workforce retention.

References



1. AARP Research. 2018. *2018 Home and Community Preferences Survey: A National Survey of Adults Age 18-Plus*. Available online: https://www.aarp.org/content/dam/aarp/research/surveys_statistics/liv-com/2018/home-community-preferences-survey.doi.10.26419-2Fres.00231.001.pdf.
2. AARP Foundation, The Commonwealth Fund, The Scan Foundation, and AARP. 2020. "Washington State Rankings." Available online: <http://www.longtermcorecard.org/databystate/state?state=WA>; Murray, Caitlin, Alena Tourtellotte, Debra Lipson, and Andrea Wysocki. 2018. *Medicaid Long Term Services and Supports Annual Expenditures Report: Federal Fiscal Years 2017 and 2018*. Chicago, IL: Mathematica. Available online: <https://www.medicaid.gov/medicaid/long-term-services-supports/downloads/ltssexpenditures-2017-2018.pdf>; WA Cares Fund. 2021. *WA Cares Fund*. Available online: <https://wacaresfund.wa.gov/>.
3. Kaiser Family Foundation (KFF). 2021. *Medicaid Emergency Authority Tracker: Approved State Actions to Address COVID-19*. Available online: <https://www.kff.org/coronavirus-covid-19/issue-brief/medicaid-emergency-authority-tracker-approved-state-actions-to-address-covid-19/>; MACPAC. 2020. *1915(c) HCBS Waiver Appendix K Modifications*. Available online: <https://www.macpac.gov/subtopic/1915c-hcbs-waiver-appendix-k-modifications/>.
4. Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; analysis by PHI (March 2022).
5. Evidence summarized in: Flores, Glenn, Hua Lin, Candy Walker, Michael Lee, Alberto Portillo, Monica Henry, Marco Fierro, and Kenneth Massey. 2016. "A Cross-Sectional Study of Parental Awareness of and Reasons for Lack of Health Insurance Among Minority Children, and the Impact on Health, Access to Care, and Unmet Needs." *International Journal for Equity in Health*, 15: 44. doi:10.1186/s12939-016-0331-y; Artiga, Samatha and Petry Ubri. 2017. *Key Issues in Children's Health Coverage*. San Francisco, CA and Washington, DC: Henry J. Kaiser Family Foundation. Available online: <https://files.kff.org/attachment/Issue-Brief-Key-Issues-in-Childrens-Health-Coverage>.
6. Breslau, Joshua, Bradley D. Stein, Bing Han, Shoshanna Shelton, and Hao Yu. 2018. "Impact of the Affordable Care Act's Dependent Coverage Expansion on the Health Care and Health Status of Young Adults: What Do We Know So Far?" *Medical Care Research and Review* 75(2): 131-152. doi:10.1177/1077558716682171; Cheng, Erika R. and Aaron E. Carroll. 2018. "The Dependent Coverage Provision Is Good for Mothers, Good for Children, and Good for Taxpayers." *JAMA Pediatrics* 172(5): 487-488.
7. Murphey, David. 2017. *Health Insurance Coverage Improves Child Well-Being*. Bethesda, MD: Child Trends. Available online: https://www.childtrends.org/wp-content/uploads/2017/05/2017-22HealthInsurance_finalupdate.pdf.
8. Flores, Glenn, Hua Lin, Candice Walker, Michael Lee, Janet M. Currie, Rick Allgeyer, Alberto Portillo, Monica Henry, Marco Fierro, and Kenneth Massey. 2017. "The Health and Healthcare Impact of Providing Insurance Coverage to Uninsured Children: A Prospective Observational Study." *BMC Public Health*, 17: 553. doi:10.1186/s12889-017-4363-z.
9. Hill, Heather D. and H. Luke Shaefer. 2011. "Covered Today, Sick Tomorrow? Trends and Correlates of Children's Health Insurance Instability." *Medical Care Research Review*, 68(5): 523-536. doi:10.1177/1077558711398877; Institute of Medicine. 2002. *Health Insurance is a Family Matter*. Washington, DC: The National Academies Press. Available online: <https://www.ncbi.nlm.nih.gov/books/NBK221016/>.

References, cont'd.



10. Children's Defense Fund. 2020. *The State of America's Children® 2020*. Washington, DC: Children's Defense Fund. Available online: <https://www.childrensdefense.org/wp-content/uploads/2020/02/The-State-Of-Americas-Children-2020.pdf>.
11. Miller, G. Edward, Jessica Vistnes, Matthew Buettgens, and Lisa Dubay. 2017. "The Availability and Marginal Costs of Dependent Employer-Sponsored Health Insurance." *International Journal of Health Economics and Management* 17(2): 251-260; Vistnes, Jessica, G. Edward Miller, Philip Cooper, Patricia Keenan, and Asako Moriya. 2018. *Chartbook #23: Medical Expenditure Panel Survey Insurance Component*. Washington, DC: Agency for Healthcare Research and Quality, Center for Financing, Access, and Cost Trends. Available online: https://meps.ahrq.gov/data_files/publications/cb23/cb23.shtml.
12. Danis, Marion, Francis Lovett, Lindsay Sabik, Katherin Adikes, Glen Cheng, and Tom Aomo. 2007. "Low-Income Employees' Choices Regarding Employment Benefits Aimed at Improving the Socioeconomic Determinants of Health." *American Journal of Public Health* 97(9): 1650-1657; Fractl. 2020. *Employee Benefits Study: The Cost and Value of Employee Perks*. Delray Beach, FL: Fractl. Available online: <http://www.fractl.com/employee-benefits-study/>; SHRM, the Society for Human Resource Management. 2019. *Healthcare and Health Services: SHRM Employee Benefits 2019*. Alexandria, VA: SHRM. Available online: <https://www.shrm.org/hr-today/trends-and-forecasting/research-and-surveys/Documents/SHRM%20Employee%20Benefits%202019%20Healthcare%20and%20Health%20Services.pdf>.
13. Bailey, James Bailey and Michael Mathes. 2021. "Continuous Job Lock: Employer Health Insurance Contributions and Job Tenure." *Applied Economics Letters*: 1-6. doi:10.1080/13504851.2021.1961118; Shi, Maggie. 2020. Job Lock, Retirement, and Dependent Health Insurance: Evidence from the Affordable Care Act. *Columbia Academic Commons*. doi:10.7916/d8-rbnm-4h25.
14. Morris, L., 2009. "Quits and Job Changes Among Home Care Workers in Maine: The Role of Wages, Hours, and Benefits." *The Gerontologist* 49(5): 635-650; Stone, Robyn, Jess Wilhelm, Christine E Bishop, Natasha S Bryant, Linda Hermer, and Marie R Squillace. 2017. "Predictors of Intent to Leave the Job Among Home Health Workers: Analysis of the National Home Health Aide Survey." *The Gerontologist* 57(5):890-899. doi:10.1093/geront/gnw075; Yoon, Seokwon, Janice Probst, and Christine DiStefano. 2016. "Factors Affecting Job Satisfaction Among Agency-Employed Home Health Aides." *Home Health Care Management & Practice* 28(1):57-69. doi:10.1177/1084822315603195.
15. **Washington Health Benefits Trust survey. NEED CITATION DETAILS.**
16. PHI. "Workforce Data Center." Accessed March 16, 2022. Available online: <https://phinational.org/policy-research/workforce-data-center/>.
17. McCall, Stephen and Kezia Scales. 2022. *Direct Care Worker Disparities: Key Trends and Challenges*. Bronx, NY: PHI. Available online: <https://phinational.org/resource/direct-care-worker-disparities-key-trends-and-challenges/>.
18. Tolbert, Jennifer, Olivia Pham, and Samantha Artiga. 2019. *Impact of Shifting Immigration Policy on Medicaid Enrollment and Utilization of Care Among Health Center Patients*. San Francisco, CA and Washington, DC: Henry J. Kaiser Family Foundation. Available online: <https://files.kff.org/attachment/Issue-Brief-Impact-of-Shifting-Immigration-Policy-on-Medicaid-Enrollment-and-Utilization-of-Care-among-Health-Center-Patients>.

References, cont'd.



19. Alker, Joan C., Genevieve M. Kenney, and Sara Rosenbaum. 2020. "Children's Health Insurance Coverage: Progress, Problems, and Priorities For 2021 And Beyond." *Health Affairs* 39(10). doi:10.1377/hlthaff.2020.00785; Flores et al., 2017.
20. Governor's Interagency Council on Health Disparities. 2020. *State Policy Action Plan to Eliminate Health Disparities*. Olympia, WA: Governor's Interagency Council on Health Disparities. Available online: <https://healthequity.wa.gov/sites/default/files/2022-01/HDC-ActionPlan-Jan2020.pdf>; State of Washington Department of Health. 2019. *Secretary's Directive 19-01: Reaffirming the Department of Health's Commitment to Diversity, Inclusion, and Cultural Humility*. Olympia, WA: Department of Health. Available online: <https://doh.wa.gov/sites/default/files/legacy/Documents/1000//2019-01-SecDirect.pdf>.
21. Washington Governor Jay Inslee. 2020. "Inslee Announces Washington's Historic Commitment to Diversity, Equity, and Inclusion." *Press Release*, December 14, 2020. Available online: <https://www.governor.wa.gov/news-media/inslee-announces-washingtons-historic-commitment-diversity-equity-and-inclusion>.
22. Lazar, Malerie and Lisa Davenport. 2018. "Barriers to Health Care Access for Low Income Families: A Review of Literature." *Journal of Community Health Nursing*, 35(1): 28-37. doi:10.1080/07370016.2018.1404832.
23. Rudowitz, Robin. 2015. *Children's Coverage: What Matters Most to Parents Results from Focus Groups in 6 Cities*. San Francisco, CA and Washington, DC: Henry J. Kaiser Family Foundation. Available online: <https://www.kff.org/report-section/childrens-coverage-what-matters-most-to-parents-issue-brief/>.
24. Nielsen, Robert B. and Steven Gasasky. 2008. "Health Insurance Stability and Health Status: Do Family-Level Coverage Patterns Matter?" *Journal of Family Issues*, 29(11): 1471-1491. doi:10.1177/0192513X08316254.
25. **Washington Health Benefits Trust survey. NEED CITATION DETAILS.**
26. PHI. "Workforce Data Center." Accessed March 16, 2022. Available online: <https://phinational.org/policy-research/workforce-data-center/>.
27. McCall, Stephen. 2022. "An Innovative Approach to the Benefit Cliffs Quandary." *PHI Newsroom*, February 22, 2022. Available online: <https://phinational.org/an-innovative-approach-to-the-benefits-cliffs-quandary/>.
28. Hardy, Bradley, Heather D. Hill, and Jennie Romich. 2019. "Strengthening Social Programs to Promote Economic Stability During Childhood." *Social Policy Report* 32(2): 1-36. doi:10.1002/sop2.4; Hill, Heather D., Jennifer Romich, Marybeth J. Mattingly, Shomon Shamsuddin, and Hilary Wething. 2017. "An Introduction to Household Economic Instability and Social Policy." *Social Service Review* 91:371–389. doi. org/10.1086/694110.
29. Conner, Dana Harrington. 2014. "Financial Freedom: Women, Money, and Domestic Abuse." *William & Mary Journal of Race, Gender, and Social Justice*, 20: 339-397; Hess, Cynthia and Alona Del Rosario. 2018. *Dreams Deferred: A Survey on the Impact of Intimate Partner Violence on Survivors' Education, Careers, and Economic Security*. Washington, DC: Institute for Women's Policy Research.
30. Mary J. Women & L. 339 (2014), <https://scholarship.law.wm.edu/wmjowl/vol20/iss2/4> McCann, Meghan and Josephine Hauer. 2019. *Moving on Up: Helping Families Climb the Economic Ladder by Addressing Benefits Cliffs*. Washington, DC: National Conference of State Legislatures. https://www.ncsl.org/Portals/1/Documents/cyf/Benefits-Cliffs_v03_web.pdf.



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