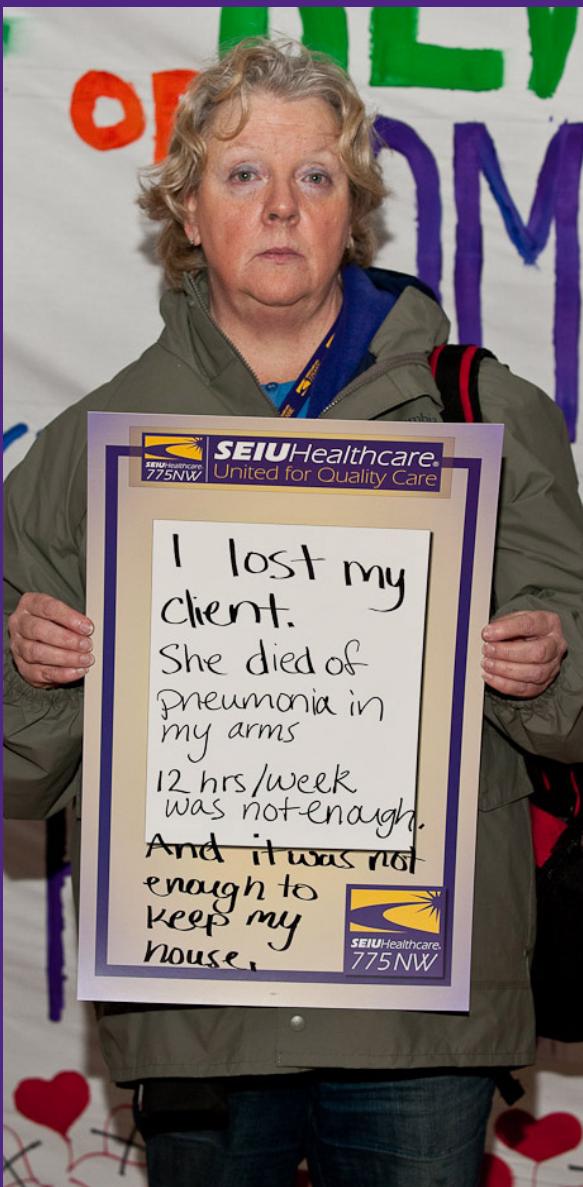


# INVISIBLE NO MORE

## Caregivers and Clients Stand Up Against Cuts



*I lost my client. She died of pneumonia in my arms because 12 hours a week was not enough.*

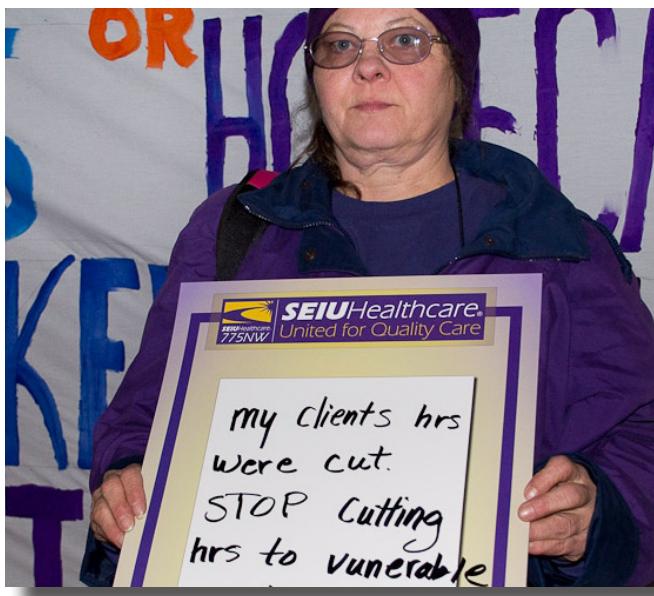
## PROTECT OUR MOST VULNERABLE AT A HUGE COST SAVINGS TO THE STATE

For years we've been advocates to ensure that our state's most vulnerable—seniors and people with disabilities—receive cost-effective, quality long-term care.

In these difficult economic times, that's a tall order, but we've done just that ... Day in and day out we care for our clients, often giving many hours without pay and usually without enough to keep our families out of poverty ... **And every year, long-term home and community-based care services save the state hundreds of millions of dollars—nearly \$800 million in the 2009-11 biennium alone!**

For the past three years, our programs have suffered continuing cuts despite the savings and quality care we provide. No more. We urge legislators to support a budget that both works for Washington's most vulnerable and saves money.

Caregivers and clients are sharing their powerful and painful stories of how cuts have affected them. Today, our priorities should be to protect these caregivers and the critical services they provide.

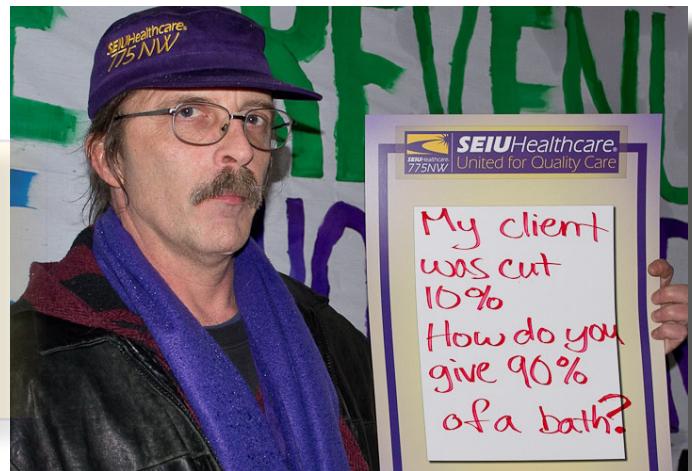


My client's hours were cut.  
Stop making cuts to vulnerable  
people. It affects us all.

Laura Sticka

My client had hours cut by  
10%, how do you give 90% of a  
bath?

Robert Drischel



My client  
was cut  
10%  
How do you  
give 90%  
of a bath?



Because of the cuts, I lost  
my health insurance. I'm  
seeing my clients suffer.

Rhonda Paul

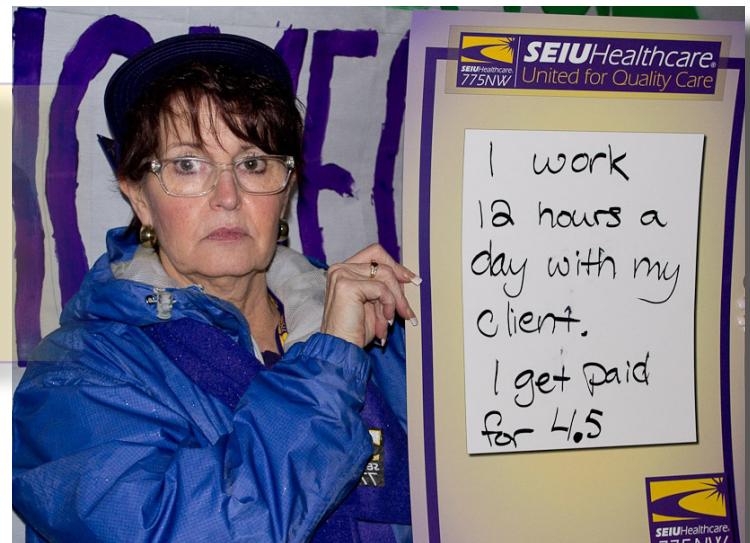


Due to cuts, a 76-year-old woman who needs complete care receives 4 ½ hours of care per day. I can't pay my bills because of the little earnings I make per day.

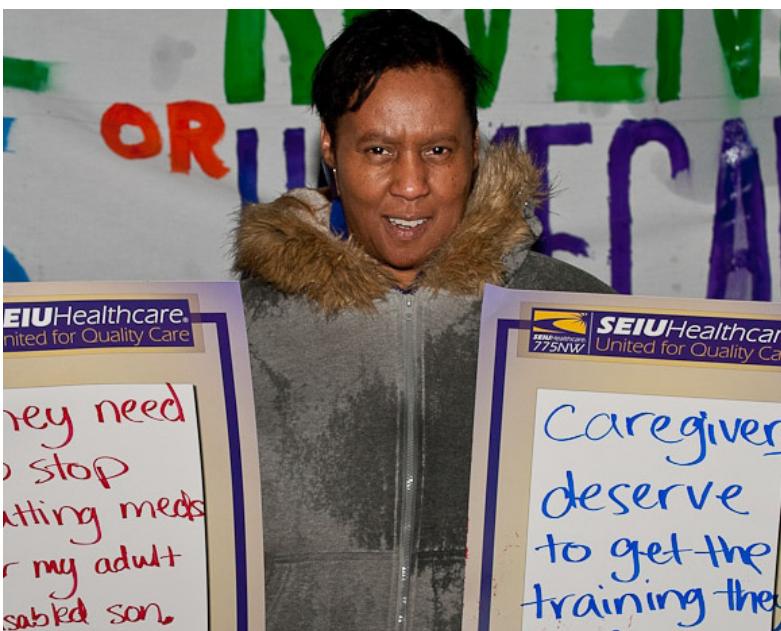
Monica Madoya

I work 12 hours a day with my client. I get paid for 4.5.

Betsy Fisher



I work  
12 hours a  
day with my  
client.  
I get paid  
for 4.5



They need to stop cutting meds  
for my adult, disabled son.

Robin Anderson



My clients deserve to live, work, laugh, cry and love in their community - not in isolation!

Philip Bradford

Last year they cut the hours I have with my client by 20%. We cannot afford these cuts year after year!

Abby Nelson



Because of the cuts, my daughter and grandkid live with me. I can't afford my medication now.

Donna Russell

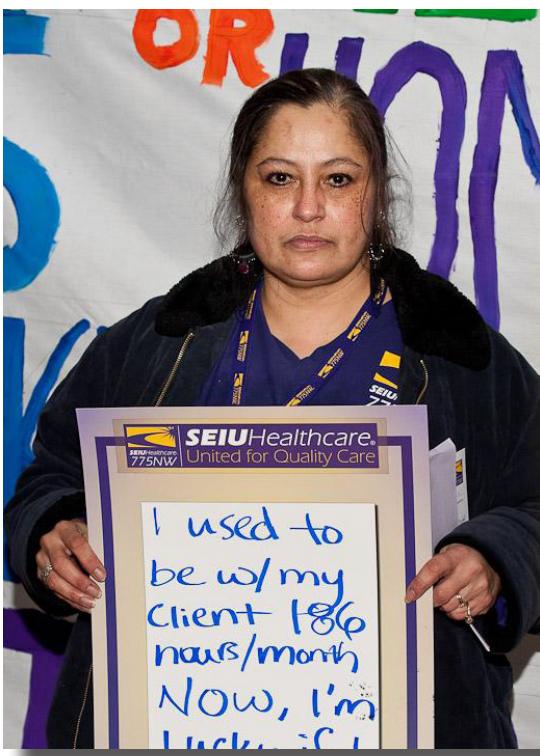


Stop jeopardizing our clients' lives.  
Stop the cuts to hours now.

Bonnie Epps

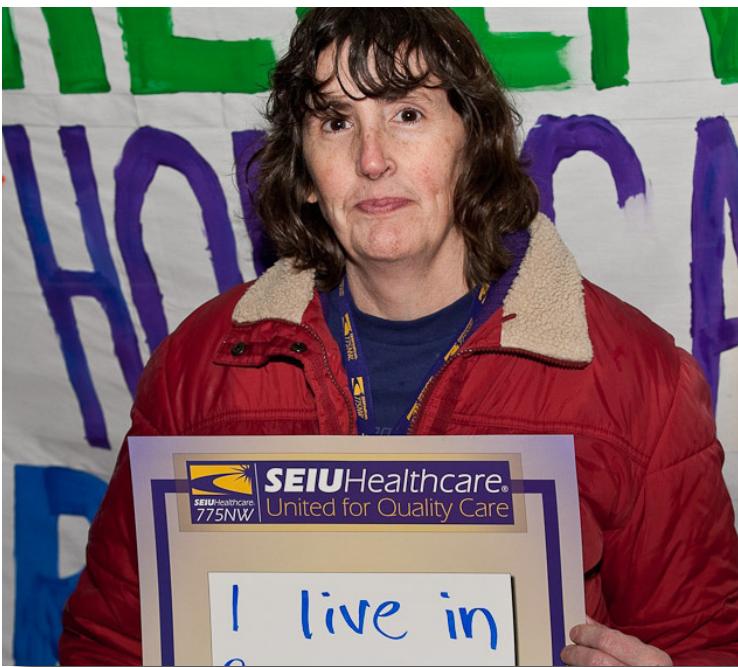
My mother lost her dental insurance.  
But she tells me it's ok because she  
can pull her own teeth out! Stop cuts!

Samantha Monesmith



I used to be with my client 186 hours per month. Now I'm lucky if I get the 86 hours required for insurance.

Paula Burr



I live in fear of losing health insurance due to cuts.

Ruth Minks

My client is homebound and depends on my services every day. Without hours she would not survive.

Irma Ramirez



My Client is home bound and depends on my services every day without hours she would not survive.

My client deserves to live his dream, and not in isolation.

Sharon Kitchel-Perdue





I had 167 hours, now I only have 147 hours. My client has a progressive disease. It's not fair that I'm expected to work for free.

Rose Bouloumpas

After 25 years of caregiving, I only make \$10.03 per hour, and I don't receive health insurance or retirement funds.

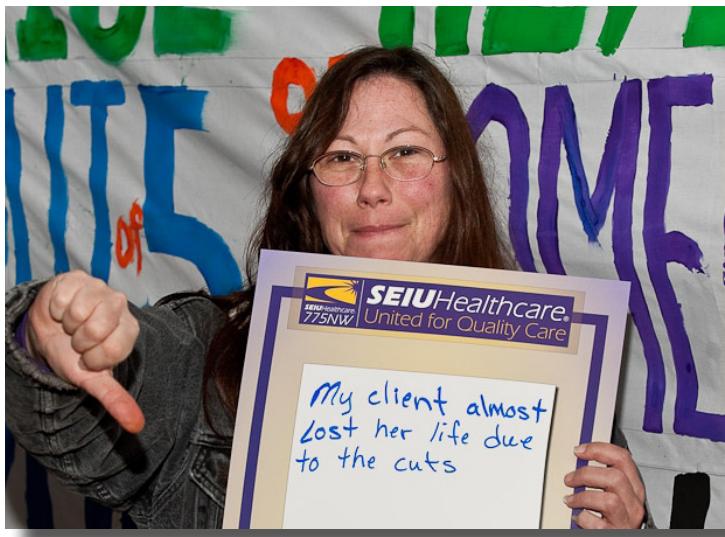
Anna Conus



I have no insurance because of the cuts.

Pamela McCarty



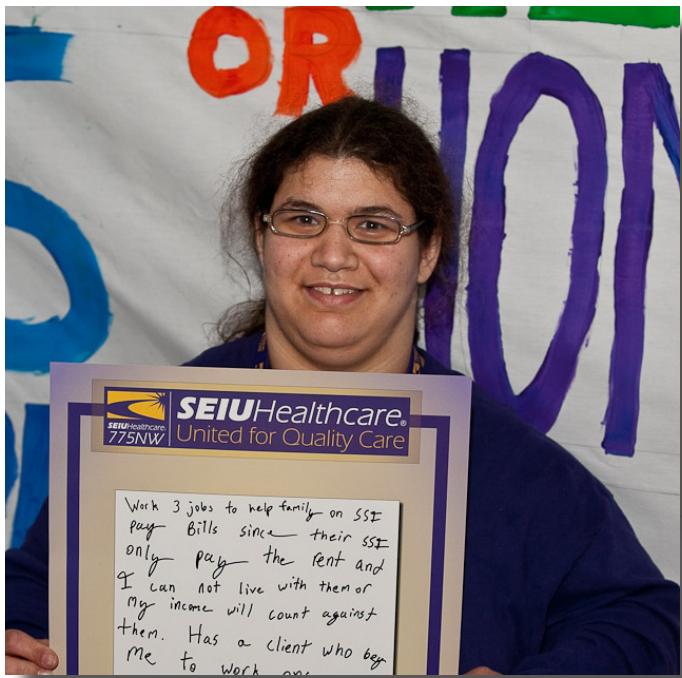


My client almost lost her life due to the cuts.

Diane Eastwood

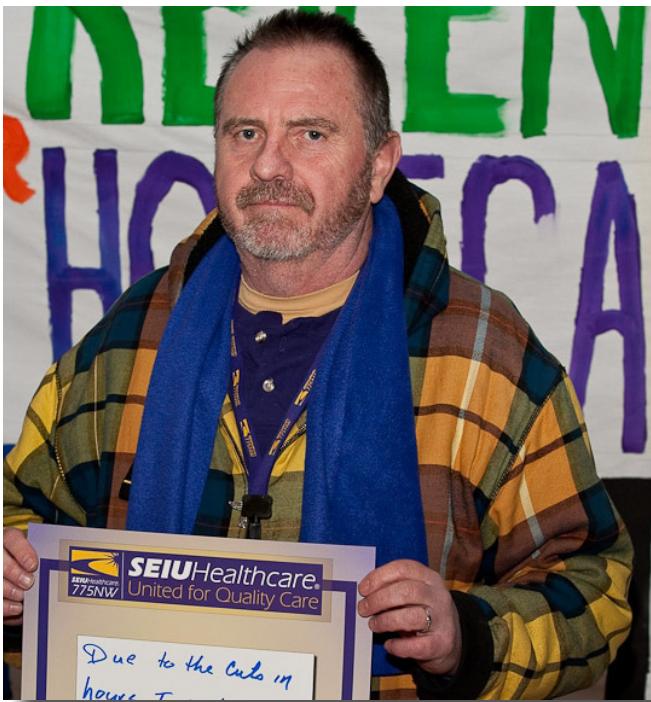
My client can't afford any more cuts!

Deborah Moore



Because my client's hours were cut, he has begged me to work longer to give him a bath. He didn't have to beg much. Caregivers are punished for having soft hearts. We can't say 'no' to eyes filled with pain.

Rosetta Zeringue

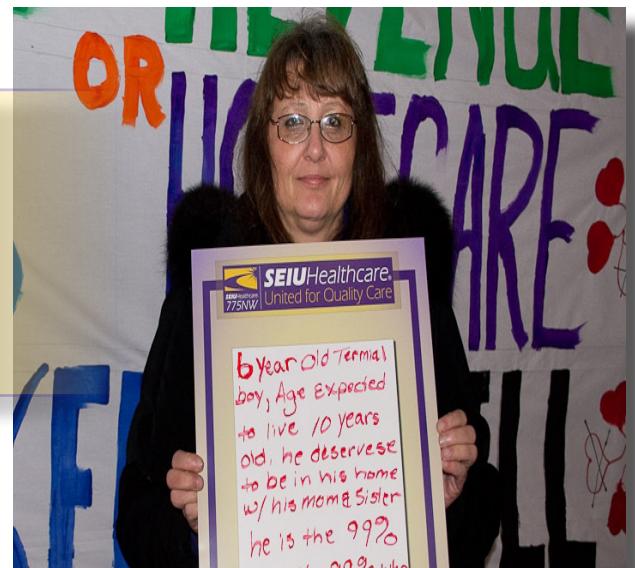


Due to the cuts in hours, I no longer qualify for health insurance. I still spend those hours giving care for no pay. If you cut again, my client will not receive the care he needs, as I will have to seek other work.

Phillip Anderson

6-year old terminally ill boy deserves to stay in his home with his mother and sister.  
**He is the 99%.**

Francis Ames



My mom's health is not the same because of cuts to health benefits.

Agnes Misailegalu



Any more cuts and I lose my health insurance and won't be able to pay my rent. I will be on the streets.  
Stop the cuts.

- Tammy Sandstrom

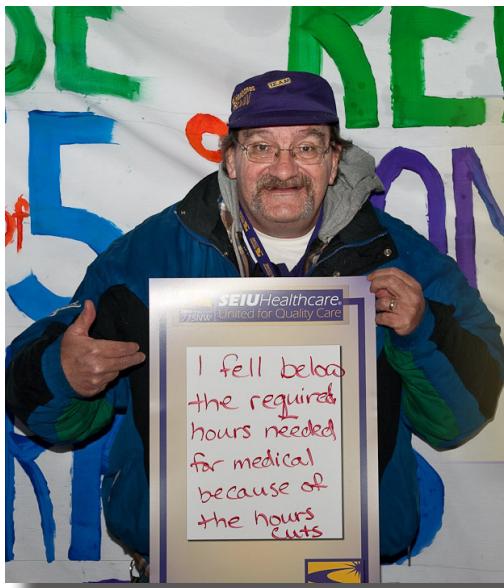
Cut from 128 to 100 hours a month. This is unacceptable.

- Gayle Sevier



I fell below the required hours needed for medical because of cuts.

- Allen Davis





Single mom, two kids and  
56 hours per month equals  
poverty.

Peggy Meyers

The state cut hours of care and dental. How am I supposed to help pay his dental if they keep cutting my hours?

Alice O'Neal



I didn't give permission to have caregiver services reduced or eliminated.

David Reader, client

# **WASHINGTON SAVES BY FUNDING LONG-TERM CARE**

## **Home-based services offer a highly cost-effective alternative to institutional care**

The baby boom generation will swell the ranks of Washington's senior population from 11.7 percent in 2007, to 18.1 percent in 2030; that means our 65 and older population will increase from 758,000 in 2007 to projected 1.56 million in 2030. Costs to care for this population will not go away, but home and community-based services offer a cost-effective, quality alternative to institutional-based care.

The average monthly cost for an individual in a home or community setting is \$1,870, whereas the average cost for nursing facility care is about \$4,250 per month, enabling Washington to serve 2.3 times more consumers per dollar in home and community-based settings. These savings are not just a short-term phenomenon—increased utilization of home and community-based programs for Washingtonians needing long-term care has saved the state an estimated \$3.34 billion, since 1996 and nearly \$800 million in the 2009-11 biennium.

Additionally, without home care services, many elderly and people with disabilities would be forced out of their homes and communities and into more costly nursing homes and public or private institutions—many of which have limited ability to provide individualized or culturally relevant care.

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1 Washington ADSA, "ADSA Programs," (May 17, 2011), <https://fortress.wa.gov/dshs/adsaapps/about/programs/>.

2 See Washington ADSA, *supra* n.87, and Washington State Caseload Forecast Council, "Long-Term Care Nursing Homes and Home and Community Services Caseload Forecasts," 2011, <http://www.cfc.wa.gov/humanServices/nursingHomes.htm>.

# WHY THEY LEAVE: TURNOVER AMONG WASHINGTON'S HOME CARE WORKERS

## Executive Summary

Turnover in the long-term care industry is at a crisis point and threatens quality of care and quality of life for vulnerable adults who rely on long-term care services. A 2005 national survey found more than 76 percent of states reported that home care worker recruitment and retention were major policy issues. Even given the economic downturn and rising unemployment rates, the vast majority of states still experience significant difficulty in recruiting and retaining qualified direct care workers. These shortages are likely to worsen over time as demand increases.

This paper, developed with support from Service Employees International Union Healthcare 775NW, provides a broad overview of home care workforce issues in Washington State including findings from a 2011 survey project and interviews designed to further understanding of the needs of Washington's home care workers and what motivates them to both enter and leave this profession.

### A Crisis in Care: The Impending Shortage of Home Care Workers

Washington's home care consumers and providers are facing a crisis in care related to the high turnover among and shortage of nursing assistants, home health and home care aides, and other direct care workers. National data on turnover rates show wide variation, depending on the source of the data: One source suggests turnover rates average about 25 percent for home care workers, while other data pegs the average annual home care turnover at 200 percent or more per year. Data for Washington State suggest that about half of all home care workers leave their jobs every year. High rates of home care worker turnover have negative effects on providers, the state, and consumers. The cost of replacing workers is high (with the average cost of turnover estimated at \$981 to \$6,368); and quality of care declines for consumers experiencing significant worker turnover.

The future availability of a sufficient number of home care workers does not look promising. There will be an

unprecedented increase in the size of the elderly population as the "baby boom" generation ages. In 2012, the number of individuals in Washington's aged 65 and older is expected to increase from 25,000 people per year to more than 40,000 people per year. By 2030, individuals aged 65 and older will represent one-fifth of the state's population. If the number of Medicaid consumers receiving home and community-based services from home care workers in Washington increases at the same rate as the general population, the Medicaid caseload will grow by 56 percent by 2030. To meet this demand, Washington is estimated to need about 35,000 more home care workers by 2030. Assuming a 35 percent annual turnover rate, nearly 440,000 total home care workers would need to be trained from 2010 to 2030 to meet this demand.

### Washington's Home Care Workforce

Washington's home care workforce is comprised of approximately 42,300 workers. The overwhelming majority of home care workers are women. About 72 percent of Washington home care workers are White, 14 percent are Asian/Pacific Islander, 9 percent are Hispanic, 5 percent are Black, and less than 1 percent are American Indian/Native Alaskan. Most workers are disadvantaged economically and have low levels of educational attainment. While these workers are engaged in physically and emotionally tolling work, they are among the lowest paid in the service industry, making little more than the minimum wage with few benefits. In 2010, over one in five Washington home care workers and their families lived in poverty.

### Turnover in the Home Care Workforce: Why Do They Leave?

Efforts to recruit, retain and maintain a stable, quality home care workforce rely on a variety of interdependent factors. Our April 2011 survey of former Washington home care workers found those who leave tended to be wealthier and more educated, suggesting they had other options than continuing employment in home care. This conclusion is supported by findings

that reemployed job leavers were substantially more likely to achieve better benefits, wages, hours and career mobility in positions outside home care. Additionally, the survey found the primary reasons cited for leaving this profession were the pursuit of better career opportunities and/or a job that would provide better hours, wages, and/or benefits.

## Solutions to High Turnover: Improved Recruitment and Retention Strategies

Health and long-term care policies significantly affect workforce recruitment and retention. The April 2011 survey respondents indicated increasing hourly wages, providing better training and opportunities for career advancement, and improving benefits are the best ways to create incentives for individuals to enter home care. Additionally, a literature review of prior research on home care turnover confirms these factors are most important to improve turnover.

State and federal funding through Medicaid and Medicare accounts for the majority of long-term care expenditures and therefore play a substantial role in determining worker wages, benefits and training opportunities. Given the unique and important relationship between home care workers and consumers, it is critical to understand what home care workers need to sustain high quality, long-term care services. The future of cost-effective, quality home care depends on the development and support of a quality workforce. As such, policymakers, providers and consumers must work in partnerships to create laws and policies that address both home care recruitment and retention goals by providing adequate compensation and investing in the training, ongoing education, and supports needed to produce and sustain quality home care workers.

## Recommendations

State and private payers of home care services should focus their efforts on best practices to recruit, retain and maintain a quality home care workforce. These policies should include the following options:

- Raise the hourly wage to at least \$17.58 per hour – the living wage for a single wage earner household supporting one dependent in Washington;

- Implement strategies to help home care workers find reliable hours of work and a stable predictable income, including an improved referral registry;
- Improve health insurance benefits for home care workers by expanding eligibility, providing more comprehensive benefits, and expanding coverage for home care workers' spouses and dependents;
- Provide Washington's home care workforce, many of whom don't even qualify for Social Security, with some form of retirement security;
- Increase and improve training requirements; and
- Develop career advancement opportunities that allow workers to develop additional skills and move into a job specialty within the home care profession or move into more advanced health care or social service positions (e.g. licensed practical nurse, registered nurse).

**The future of the home care workforce is a barometer for the health of our communities. Stakeholders at the federal, state and local levels and in the public and private sectors must come together to find effective solutions for improving recruitment and retention among this workforce.**

February 2012  
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**SEIU**Healthcare.<sup>®</sup>  
775 NW