

# Why They Leave:

## Turnover Among Washington's Home Care Workers



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Sahar Banijamali, SEIU Healthcare 775NW

Amy Hagopian and Dan Jacoby, University of Washington

**SEIU Healthcare 775NW**

# About the Authors

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**Sahar Banijamali** is a Policy Analyst at the SEIU Healthcare 775NW. She earned her JD in Health Law at the University of Washington in 2009 and is currently completing a Master of Public Health in Population Health and Health Care Research at the University of Washington. She researches Washington state long-term care and health workforce issues.

**Amy Hagopian** is on the faculty in the Departments of Global Health and Health Services at the University of Washington School of Public Health. She earned her PhD at the University of Washington in Public Health in 2003, and publishes academic papers on health workforce labor and labor migration.

**Dan Jacoby** is a Professor in Policy Studies at the University of Washington. He earned his PhD in Economics from the University of Washington in 1985. He held the University of Washington's Harry Bridges Endowed Chair in Labor Studies and continues to publish in that field.

## CREDITS

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## Methodology

This report relies on a number of data sources, including a literature review of national studies and studies in other states on turnover among home care workers. As a part of this report, we drew a sample of former Washington State home care workers and interviewed them about their work experiences and career choices. Our sampling frame comprised the SEIU Healthcare 775NW Unionware database, which includes information on 31,205 former home care workers who had been members of this union. To be eligible for our survey, workers had to be: (a) aged 18 years or older; (b) able to complete the survey in English; and (c) have voluntarily left the profession between August 1, 2007 and October 31, 2010. Individuals who were terminated, laid off, or left the profession as a result of retirement, death or illness were excluded from the study.

The Feldman Group, Inc. conducted interviews in English on April 4 and 5, 2011. Calling hours were limited to the evenings, from the hours of 5:00PM to 9:00PM. In total, 402 telephone surveys with former Washington State home care workers were completed. Challenges encountered in contacting and interviewing former home care workers included disconnected and wrong phone numbers and home care workers' failure to keep interview completion/callback appointments.

For comparison purposes we also examined data on the current home care workforce from two prior surveys conducted for SEIU Healthcare 775NW and the SEIU Healthcare NW Training Partnership. The first was a survey of 501 qualified respondents and the second was a survey of 400 qualified respondents, both conducted in October of 2010. Both these telephone surveys were conducted by the Feldman Group in English, with calling hours limited to evenings.

## 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 re-employed 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 develop-

ment 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.**

# A Crisis in Care

Home care workers play a vital role in our long-term care system. A shortage of qualified workers is exacerbated by the rapid growth of the long-term care industry and the increased demand for home care workers.<sup>1</sup> High job turnover rates create quality and cost problems. Successful recruitment and retention of home care workers remains a challenge for both the state and home care agencies.<sup>2</sup> A 2005 national survey found more than 76 percent of states reported that home care worker recruitment and retention were major policy issues.<sup>3</sup> 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.<sup>4</sup> These shortages are likely to worsen over time as demand increases.

## Home Care Worker Turnover Affects Consumers' Quality of Care

Turnover is calculated as the ratio of the number of separations during an annual period to the total number of workers employed. In Washington State, annual home care worker turnover has been estimated at 19 to 37 percent<sup>5</sup> for individual providers and 27 to 67 percent for agency home care workers.<sup>6,7</sup> Nationally, data on home care worker turnover rates show wide variation,<sup>8</sup> with estimates ranging from a low of 25 percent to a high of more than 200 percent.<sup>9,10</sup>

The high rate of turnover in the home care industry reduces the continuity of services provided to consumers and compromises the quality of care they receive.<sup>11</sup> High levels of turnover cause home care consumers to face the bewildering experience of constantly changing home care workers.<sup>12</sup> Because of the important role that home care workers play in meeting the most basic

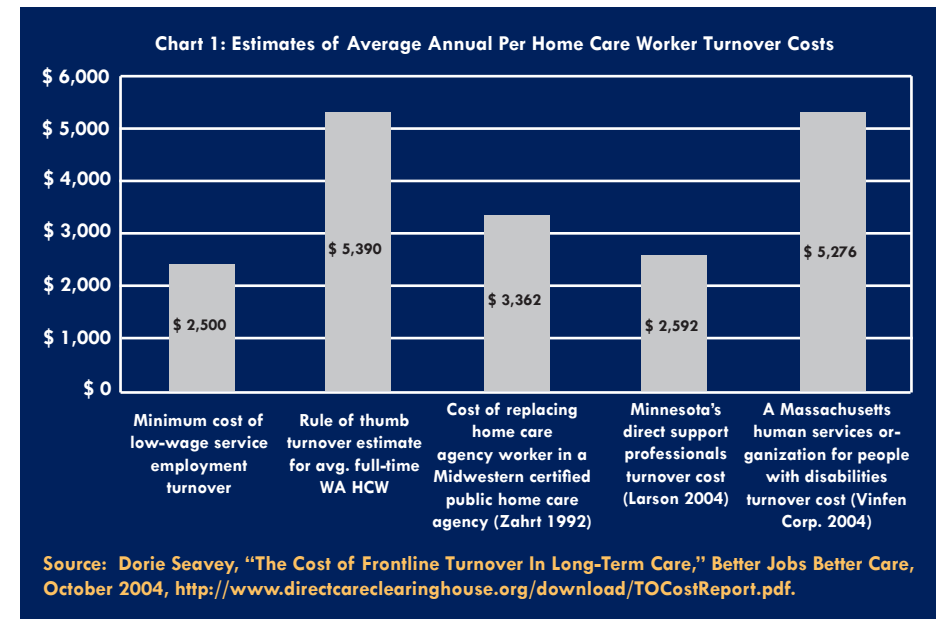
needs of seniors and people with disabilities and the close personal relationships that are frequently established between home care workers and the consumers they serve, the reduced availability and frequent churning of such personnel may ultimately affect clients' physical and mental functioning. Several studies have observed that inadequate care caused by high turnover and worker shortages can ultimately result in serious health consequences, such as client hospitalization, poorer nutrition and even a client's relocation to an institutional setting such as a nursing home.<sup>13</sup> High home care worker turnover also places more pressure on family caregivers, who are already providing the bulk of care to the elderly and people with disabilities in the United States.<sup>14</sup>

## Home Care Worker Turnover is Expensive

Turnover and workforce shortages are expensive for long-term care providers and for federal, state and local governments, which together foot most of the bill for long-term care.<sup>15</sup> Nationally, the evidence suggests turn-

over in long-term care costs government payers on the order of \$2.5 billion per year, not including costs generated by lapses in quality of care or workers' compensation benefits to home care workers for injuries that may be correlated with turnover.<sup>16</sup> Other studies have estimated the cost of turnover to the home care industry at more than \$4.1 billion annually.<sup>17</sup> The costs of turnover to the public sector are tantamount to an implicit tax on reimbursement rates paid to publicly-financed providers – a hidden tax which ultimately is paid by taxpayers for high industry turnover costs.

Several studies attempt to estimate the costs of recruiting, orienting, training, and managing new workers, along with the increased management expenses of supervising inexperienced workers and lost productivity of experienced workers who leave.<sup>18</sup> One estimate pegs the cost of a turnover event for a direct care worker<sup>19</sup> at about \$2,500 per year.<sup>20</sup> Other studies estimate the average cost of a direct care worker turnover at between \$981 and \$6,368 annually. Estimates vary depending on the type of direct care worker studied, geographic location and the factors considered in the model (e.g. separation and replacement costs, lost services to client, lost revenue from funding sources, exit interview and evaluation time, training expenses, etc.). A cross-industry rule-of-thumb for estimating the per-worker cost of turnover is that the cost of a lost employee is 25 percent of his or her annual compensation amount.<sup>21</sup> The 25 percent rule-of-thumb turnover cost for a Washington State home care worker, then, would be between \$3,580<sup>22</sup> (for the average worker) to \$5,390 (average full-time worker).<sup>23</sup> (See Chart 1).



# Unprepared for the Future:

## The Impending Shortage of Home Care Workers

Washington's home care system already faces significant challenges in recruiting and retaining home care workers, and the problem is expected to significantly worsen as demand for qualified home care workers increases. Factors driving demand include the aging of the "baby boom" generation and the climbing average age of the home care workforce.

### Washington's Aging Population is Growing at a Faster Rate than the General Population

The demand for long-term care home care workers for elderly individuals is growing fast, and most states face worker shortages.<sup>24</sup> The Institute of Medicine report, *Retooling for an Aging America*, identified an unstable home care workforce as a primary challenge for the growing number of aging "baby boomers" in the United States.<sup>25</sup> The proportion of the U.S. population aged 65 years and older is projected to increase from 12.4 percent in 2000 to 19.6 percent (nearly 1 in 5 individuals) in 2030. The number of individuals aged 65 years and older is predicted to increase from approximately 35 million in 2000 to an estimated 71

million in 2030, and the number of individuals aged 80 years and older is expected to increase from about 9 million in 2000 to nearly 20 million in 2030.<sup>26</sup>

Washington State is already experiencing the impact of an aging population. The population aged 65 and older has grown more than 22 percent since the 2000 census. In 2012, gains in the number of individuals in the age 65-plus population are expected to increase from 25,000 persons per year to more than 40,000 per year. This trend is expected to hold through 2028.

In the longer term, the aging generation threatens to overwhelm our long-term care infrastructure, as Washington's population

Charles P. Fawcett



My name is Charles P. Fawcett and I live in Spokane, WA. I am 54 years old and I have been receiving home care services since 1996. I have a "wasting" disease, AIDS, lymphoma, and a few other fatal illnesses. Last year was the worst year yet for me health wise. I was frequently in and out of the hospital and had additional complications.

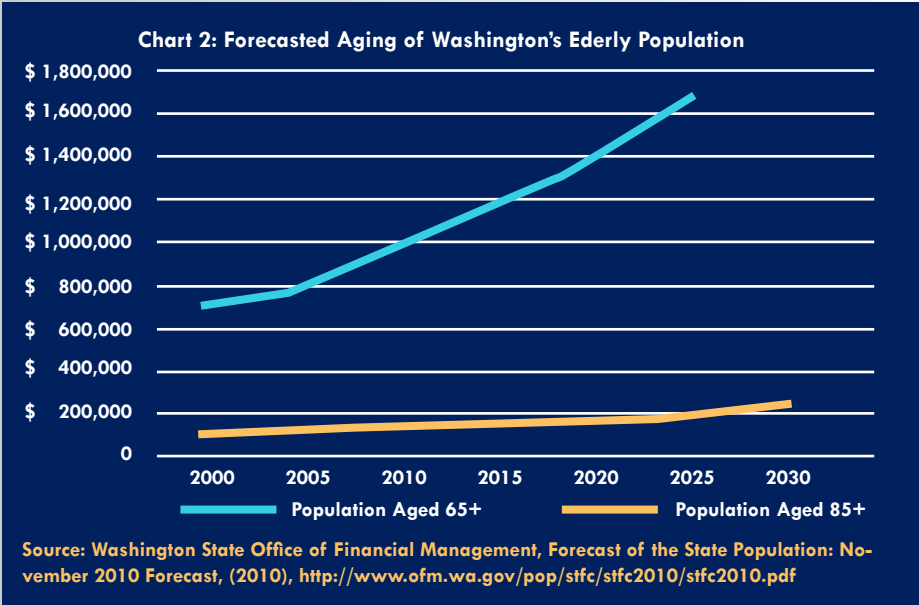
I get 69 hours of care per month during which my caregiver helps me do the things I need to sustain myself – driving me to my doctor appointments, cooking, cleaning, reminding me to take my medications, and the like. Since I've started receiving home care I've gone through 8 caregivers. They left for different reasons – some couldn't handle the loss anymore, others couldn't afford to live as caregivers, and still others couldn't physically handle the work. I've only ever had to fire one caregiver. I dread hearing a caregiver has to leave. The transitioning period is scary. Being able to relate well with your caregiver is so important. I have 6 fatal illnesses and that's enough to deal with. It's important that me, my caregiver and doctors work well as a team and have a close trusting relationship.

My current caregiver, Karen, is my ninth caregiver and she's been caring for me since August. I've known Karen and her family for almost thirteen years. She is on the Board of the Inland Northwest AIDS Coalition and we are on a bocce ball team together. She is loads of fun to be with and our client-caregiver relationship is that of a team.

Caregiving is tough work and I think most people leave home care for financial reasons and because of personal hardship. The state should pay caregivers more, make sure they have enough hours of work, and provide them with counseling and bereavement when they lose a client. When caregivers lose a client, they lose their job and livelihood, a client that was a friend or maybe even a family member and they struggle getting a new client right away. That's a lot to deal with. Valuing our caregivers is important for ensuring people stay in these jobs and clients get the best care.



aged 85-plus is expected to double by 2030, when the first members of the baby boom generation reach 85 years of age.<sup>27</sup> While Washington's overall population is expected to grow by 45 percent between 2000 and 2030, the over 65 population is expected to increase by more than three times that amount (or 151%). According to the Washington State's Office of Financial Management (OFM) the number of individuals aged 65 and older will represent one-fifth of the state's population (i.e. about 1.7 million) by 2030.<sup>28</sup> (See Chart 2).



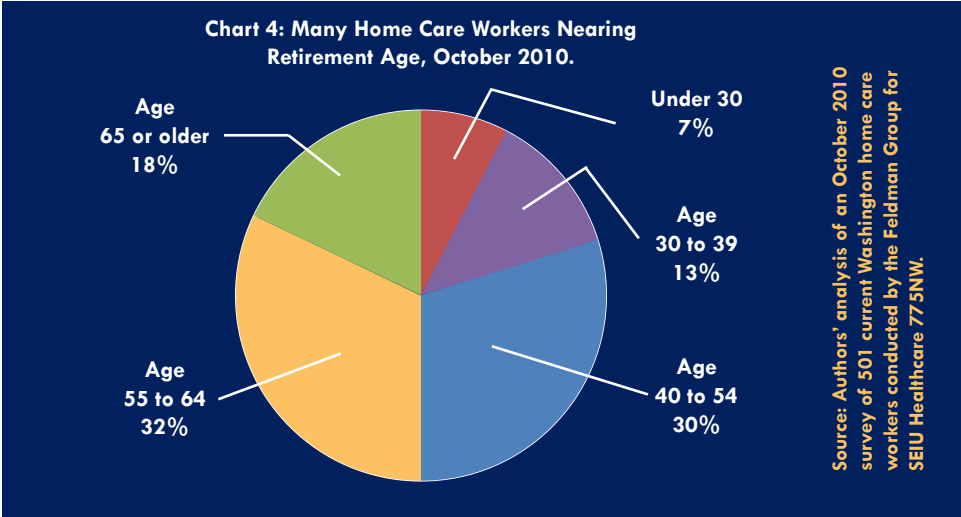
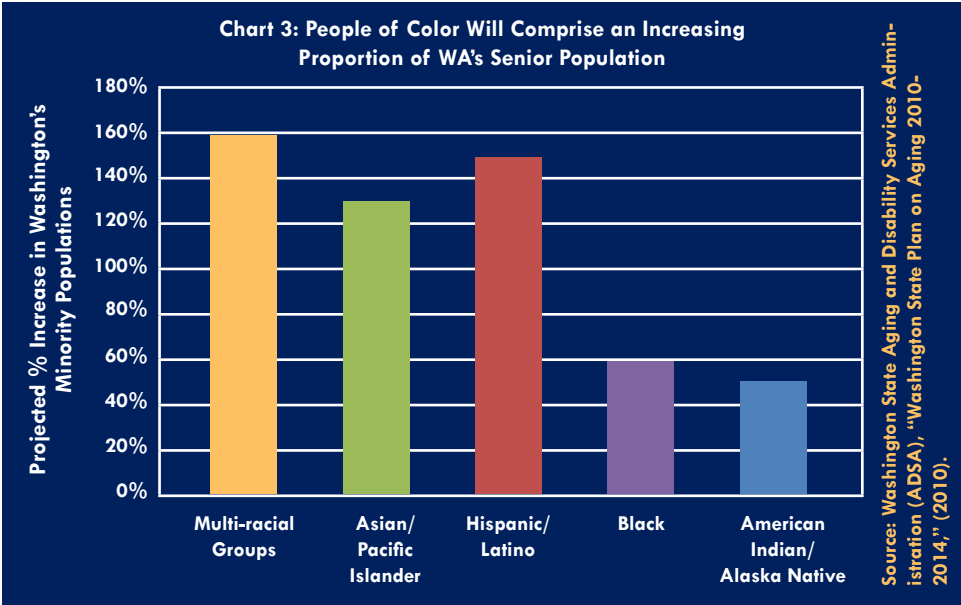
**The Aging Population Will Be Increasingly Diverse**

In addition to the growing number of older adults, people of color will comprise an increasing proportion of the senior population as a more diverse cohort of Americans reaches age 65. Washington's Aging and Disability Services Administration (ADSA) 2010 report states, "Minority populations in Washington all show notably faster rates of increase than their white non-minority counterparts."<sup>29</sup> The report goes on to estimate that by 2030, nearly one in three residents will be a minority, with Asian/Pacific Islander (API) and Hispanic populations constituting the largest and fastest growing minority groups. Multiracial groups are projected to increase by 160 percent by 2030, APIs by 132 percent, Hispanics by 150 percent, Blacks by 60 percent and American Indian and Alaska Natives by 50.1 percent.<sup>30</sup> (See Chart 3). These trends are expected to continue and will generate an increased requirement to deliver culturally relevant and competent long-term care services in Washington State.

**Aging of Washington's Home Care Workers Will Exacerbate Workforce Shortages**

Similar to the commonly known "nurse shortage,"<sup>31</sup> the home care workforce also faces shortages due to the aging of the current workforce. In fact, the average home care worker in Washington is nearly 3 years older (i.e. 52 years old) than the average registered nurse (i.e. 49 years of age).<sup>32</sup>

Home care workers aged 55 years or older account for half of the home care worker population in Washington, while those aged 30 years or younger account for a mere 7 percent of the workforce (See Chart 4).





At the same time, as the “baby boom” generation approaches old age, the pool of middle-aged individuals—the population demographic on which we have traditionally relied to provide home care—will be substantially smaller. The growth in the population needing care and smaller family size typical to the ‘baby boom’ generation have combined to decrease the ratio of potential caregivers to those needing care. The ratio of potential home care workers to the elderly population will decrease by 63.6 percent between 1990 and 2050. By 2050, that ratio will be four to one.<sup>33</sup> These demographic changes may limit access to long-term care unless the number of home care workers and other caregivers grows in proportion to the rising elderly population.

### Future Increased Demand for Home Care Workers

The need for home care workers is expected to grow considerably over the next decade; of the 1.2 million jobs expected in personal care and service occupations nationwide, home care workers will comprise nearly 46 percent of the total projected growth (or about 375,800 new jobs).<sup>34</sup>

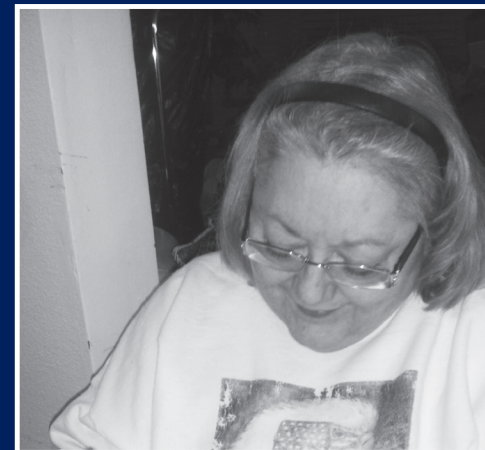
If the number of Medicaid consumers receiving services from home care workers increases at the same rate as the general population, there will be 56 percent more Medicaid home care consumers in Washington in 2030 than there were in 2010. To meet this demand, Washington is estimated to need nearly 77,000 home care workers by 2030 to provide long-term care for more than 88,000 Medicaid consumers. Ensuring an adequate supply of home care workers in Washington will require training enough new individuals to meet the growing demand for long-term care services as well as to replace those workers leaving the field. Assuming a 35 percent annual turnover rate, nearly 440,000 total home care workers would need to be trained between 2010 and 2030 to meet the estimated demand. With a 60 percent annual turnover rate, more than 754,000 new home care workers would need to be trained in the same time period.<sup>35,36</sup> (See Chart 5).

Washington’s Aging and Disability Services Administration (ADSA) has observed, “The ability to provide services in home and community settings is contingent on the availability of quality home and community options statewide. Workers in institutional and home and community settings across the state are struggling with attracting and maintaining adequate numbers of competent staff. Rural areas have found it especially difficult to attract home care workers. Data on national trends indicate labor shortages will worsen over the next twenty years.”<sup>37</sup>

Faced with an impending unprecedented demand for home care workers with the training and experience needed to provide long-term care to the elderly population and people with disabilities, it is critical to understand the high turnover rate associated with this occupation and the factors affecting job satisfaction.<sup>38</sup>

My name is Kathy Mason and I live in Bremerton, WA. I am 64 years old and have been receiving home care services since the early 1990s. I used to work for a logging company and badly injured my back. After the injury and subsequent back surgery my health continued to decline and I needed a caregiver to help me with many household activities.

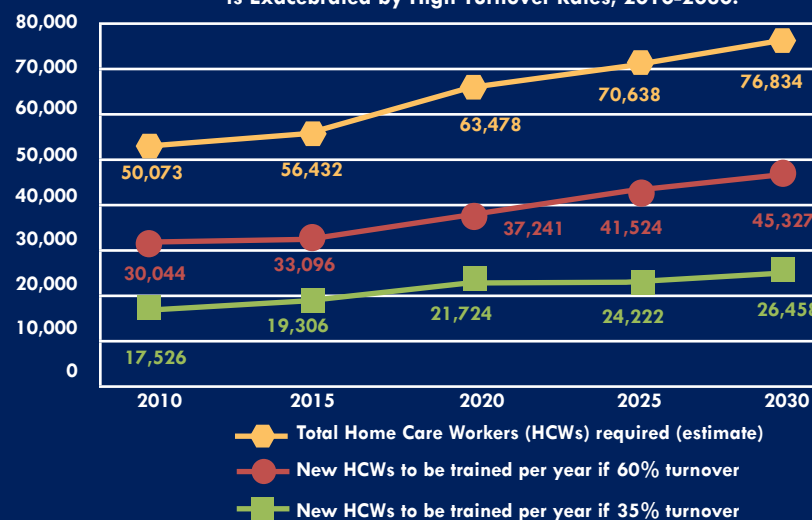
Currently, I receive 163 hours of care per month and have three caregivers. They help me bathe, dress, do housework, take me to my doctor appointments and grocery shop and do other housework. They also help remind me to take my medication, which is helpful since I’m taking 20 different kinds of medicine plus insulin injections. My main caregiver is so great! She gets me up in the morning, helps me dress, and makes my breakfast. She is a great cook and so helpful in so many ways more than just helping me with my physical needs. She’s become a great friend to me. I’m very thankful for her.



**Kathy Mason**

Since 2004 alone, I’ve gone through eight caregivers, both agency and individual providers. One quit because of a medical problem, another left because of burnout and the stress of the job. Caregivers don’t stay in this profession because it is not stable enough when it comes to hours, benefits, and low wages. It’s very hard on me when a caregiver leaves because of the complexity of my medical problems, food allergies, and medications. It’s hard finding new caregivers – once, it took me three and a half months to find a new caregiver. This was stressful. I had to do without a lot of things like cooking and cleaning that I really need to get by.

**Chart 5: Future Increased for Washington Home Care Workers is Exacerbated by High Turnover Rates, 2010-2030.**



Source: Susan M. Skillman, Anne Basye, Martha Reeves, and Brenda Hoskinson, “Home Care Aides in Washington State: Current Supply and Future Demand,” WWAMI Center for Health Workforce Studies, January 2011, [http://depts.washington.edu/uwrhrc/uploads/Home\\_Care\\_Aides\\_Brief.pdf](http://depts.washington.edu/uwrhrc/uploads/Home_Care_Aides_Brief.pdf)

# Turnover in the Home Care Workforce:

## Why Do They Leave?

The work of home care workers is vital, but it is also arduous, stressful, injurious, and often unpleasant, with low compensation and little recognition. As Dr. Robyn Stone, Executive Director of the Institute for the Future of Aging Services noted: “Ironically, while these [home care] workers are delivering essential care to some of the most vulnerable segments of our population, their peers flipping burgers at McDonald’s make more, have much more financial security, and are treated with much more respect.”<sup>39</sup>

Traditionally, home care workers have faced low wages, few or unaffordable benefits, inadequate training, a lack of opportunities for advancement and upward mobility, and emotionally and physically challenging work.<sup>40</sup> These workers also face a lack of respect, receiving little recognition from those they serve and the general public.<sup>41</sup> These factors cause the home care industry to experience high rates of turnover, even when unemployment rates are high.<sup>42</sup>

### Causes of Home Care Worker Turnover

An April 2011 survey of 402 former Washington home care workers who voluntarily left the home care workforce (“leavers”) between August 1, 2007 and October 31, 2010 confirmed that many of the problems associated with turnover in this profession in other states’ or national studies hold true in Washington. Table 1 details the problems people reported they had while working in home care, as well as the reasons for leaving the job. The pursuit of better career opportunities and/or better hours, wages, and/or benefits were the primary reasons cited for quitting.

More than one in four were going back to school or pursuing a better job that would provide them with career advancement and skill development opportunities. The next most important reason (23%) was the desire for a job with better hours. For these respondents, about half reported too few hours of work, 29 percent said the job required inconvenient hours of work, and 21 percent felt the hours were too inconsistent or unreliable. Only 3 percent of respondents wanting better hours said their home care job required too many hours of work. The third reason why indi-

viduals left their home care jobs was for better wages and/or benefits.

Insufficient pay and not receiving enough paid hours of work were the biggest problems respondents reported by leavers. Additionally, 18 percent of leavers cited inadequate health benefits or the lack of a retirement plan as a major problem they faced while working in home care.

### More Educated and Wealthier Workers Leave

The same survey found those who left home care tended to be more educated and wealthier than current home care workers. More than one in four (27%) leavers had a bachelor’s degree or higher level of education, compared to 18 percent of the current workforce. Furthermore, one in four leavers had a current household income at or above \$55,000, far better off than current home care workers (only 10% of whom enjoyed such a high household income). Those who left the home care workforce were also less likely (than the current workforce) to be the primary wage earner (i.e. 49% versus 57%) for their household while they were working in home care, indicating those who leave may enjoy the support of other household members and therefore have the freedom to leave an unrewarding or unsatisfying job. Leavers were less likely to be caring for a family member or someone they knew prior

Table 1: Dissatisfaction with Home Care Work and Reasons for Leaving Among Individuals Who Left the Home Care Workforce	
Issue	Leavers
<b>Main reasons given for voluntarily leaving home care profession</b>	
Left to go back to school, get a better job, or a job that would advance their career and provide skills development opportunities.	28%
Wanted a job with better hours	23%
Wanted better wages and/or benefits	16%
Wanted a less physically and emotionally stressful job	13%
Tired of home care work, bored, or burned out	11%
Issues with the patient or the patient’s family	6%
Wanted a job that involved less travel or commute time	4%
<b>Problems faced while working as home care worker</b>	
Insufficient pay for the work done	20%
Not getting enough hours of home care work	20%
No health benefits or inadequate health benefits	18%
No pension or retirement plan	18%
Physical pain or discomfort	14%
Finding a new client when you needed one	13%
No paid sick time	12%
Too little control over hours or days of work	12%
Finding a replacement when sick or needed time off	11%

Source: Authors’ analysis of an April 2011 survey of 402 former Washington home care workers conducted by the Feldman Group for SEIU Healthcare 775NW.



to becoming a home care worker: 41 percent of leavers cared for consumers they did not know prior to becoming their caregiver, compared to 28 percent of the current workforce. This suggests motivations for entering the home care profession may predict leaving or staying. Additionally, the majority of leavers had been serving individuals previously unknown to them.

Our study suggests those who leave are slightly better off (i.e. wealthier and more educated) and probably had other options besides continuing in home care. This conclusion is supported by findings that re-employed home care job leavers were substantially more likely to achieve better benefits, wages, hours, and career mobility in their new positions outside home care.

### Individuals Who Leave Home Care Fare Better In Their New Jobs

Data in Table 2 describes job characteristics of the former home care worker respondents. While working in home care, 86 percent worked only part-time in home care (less than 35 hours per week) and more than one-third were also employed in other non-home care jobs. After leaving home care, newly employed workers were significantly more likely to be working full time and much less likely to be working two or more jobs. (See Table 2).

Leavers had an average final hourly wage of \$10.36 per hour in home care. On average, currently employed leavers have enjoyed a \$4.53 per hour spike in wages. Additionally, currently employed respondents indicating they were “very satisfied” with their new jobs increased from 39 percent (while in home care) to 56 percent in their current positions.

Currently employed home care leavers

Table 2: Characteristics of the Home Care Job versus Current Non-Home Care Jobs		
Variable	“Leavers”	
	Home Care	Current Job
<b>Benefits –</b>		
Health insurance for yourself	22%	25%
Health insurance for dependents	9%	17%
Paid vacation time	39%	26%
Paid sick and personal days	17%	27%
Paid holidays off or extra pay for holidays worked	22%	30%
Retirement benefits	6%	21%
Reimbursement for transportation costs	50%	12%
<b>Average current/final hourly wages (principal job)</b>	<b>\$10.36</b>	<b>\$14.89</b>
<b>Total paid hours per month in home care jobs</b>		
Part-time (Less than 140 hours)	86%	52%
Full-time (140 hours or more)	14%	49%
<b>Very satisfied with job</b>	<b>39%</b>	<b>56%</b>
<b>Number of years paid in home care</b>		
Less than 1 year	31%	
1 to <5 years	52%	N/A.
5 years or more	17%	
<b>Working multiple jobs</b>	<b>34%</b>	<b>8%</b>

Source: Authors’ analysis of an April 2011 survey of 402 former Washington home care workers conducted by the Feldman Group for SEU Healthcare 775NW.

My name is Emily MacKersie and I live in Spanaway, Washington. I am 90 years old, but wild and young at heart! I have been receiving home care services since April of 2008. I receive 150 hours per month from two agency providers.

Since April of 2008 when I first start receiving home care, I have gone through 13 caregivers. They left for different reasons. One didn’t show up after the first day, some moved away, some couldn’t handle my care needs, one was let go because of behavior issues and others came into it without any training.

What’s been hardest for me during transitions is getting used to new caregivers. It takes me some time to get comfortable enough with my new caregivers to really let them know what I need done. It can be uncomfortable asking for restroom help or other kinds of really personal care until you get familiar with your caregiver and form a close and trusting relationship. This can take months and continually needing to rebuild these relationship with new caregivers can be a bit frustrating.

I’ve been fortunate to have family members that were able to step in as caregivers and help me with my needs when someone quits or never came back so transitioning between new caregivers has not been too difficult. However, if it wasn’t for my family members being there to care for me during transition periods I would have been in serious trouble. I can’t survive one day without care from my caregivers.

I think many caregivers leave because of the poor treatment they get from their employers and clients. Caregiving is very difficult work especially without respect. Caregivers get low pay, few benefits, and little training. They also have tremendous emotional stress, including the heartbreak they may suffer after the passing of a client.

If we want caregivers to stay in this profession the first thing we must do is treat them with respect because they are not slaves and they deserve our respect. I think they also need to respect themselves because you can’t get respect from employers if you don’t respect yourself. Finally, we need to show them we value them by giving them better pay and better training. This will benefit both the caregivers and their clients alike.

also improved their benefits in their new jobs, compared to their former home care jobs. On average more reported an increase in health insurance for themselves and their dependents. There was also an increase in the number of currently employed respondents who now have paid sick and personal days, and an 8 percent increase in the number that received paid holidays off or extra pay for holidays worked. Further, the proportion of currently employed former home care workers who now have retirement benefits significantly increased. Currently employed leavers did, however, report a reduction in transportation reimbursement and paid vacation time. This decrease in paid vacation time may be offset by the increase in paid sick or personal days and paid holidays.



**Emily MacKersie**

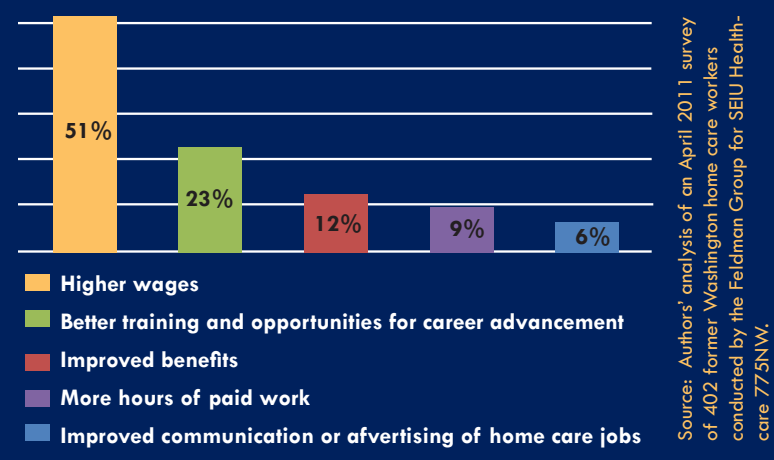


# Solutions to High Turnover:

## Improved Recruitment and Retention Strategies

Our 2011 survey of former Washington home care workers asked respondents how best to recruit more people to work in home care. (See Chart 6). Respondents overwhelmingly (51%) indicated higher wages would be the best way of attracting more workers to enter the home care workforce. Another one in four (23%) said providing more support and better training and opportunities for skill development and career advancement was the best way of incentivizing individuals to enter the home care workforce. Additionally, 12 percent listed improved benefits (e.g. paid vacation, health insurance coverage for spouse/dependents, sick pay, etc.); 9 percent said providing more hours of paid home care work; and 6 percent indicated improved communication or advertising of home care jobs.

Chart 6: Best Ways of Recruiting More People to Work in Home Care



The most comprehensive study of home care worker satisfaction and turnover conducted more than 20 years ago assessed the role

of salary increases, improved benefits, guaranteed number of paid work hours, and increased training and support on retaining workers. The case-control study (with a sample of 1,289 home care workers in five cities) found that in the aggregate, these interventions successfully reduced turnover rates between 11 to 44 percent.<sup>43</sup> Several other studies have similarly found improvements in wages, benefits, training and career ladders, and stable paid work hours are important and effective strategies for improving recruitment and retention in the home care workforce.<sup>44</sup> A 2002 study of wage increases for home care workers (individual providers) in San Francisco County, California, found a \$5 per hour increase in home care wages was associated with a 54 percent increase in the number of workers entering the home care profession over the 4-year course of the study and a 30 percent decline in the annual turnover rate of the home care workforce.<sup>45,46</sup>

On a national level, the Caring Across Generations campaign is calling for evidence-based policy solutions that reflect findings from state and national studies on how to improve home care workforce recruitment and retention. Caring Across Generations calls for five interdependent interventions, which include: (1) the creation of home care jobs to meet the growing need; (2) improved wages, benefits, and job quality in the home care industry; (3) building career ladders and improved training and certi-

fication programs to ensure quality of care and career advancement opportunities; (4) providing a path to citizenship for the diverse home care workforce; and (5) supporting individuals and families in their access to affordable quality care and supports for unpaid family providers.<sup>47</sup>

Given the consensus among former workers and studies of effective retention strategies, we recommend Washington State improve recruitment and retention of home care workers by: providing living wages, ensuring stable-full time work, improving benefits and increasing training and career opportunities.

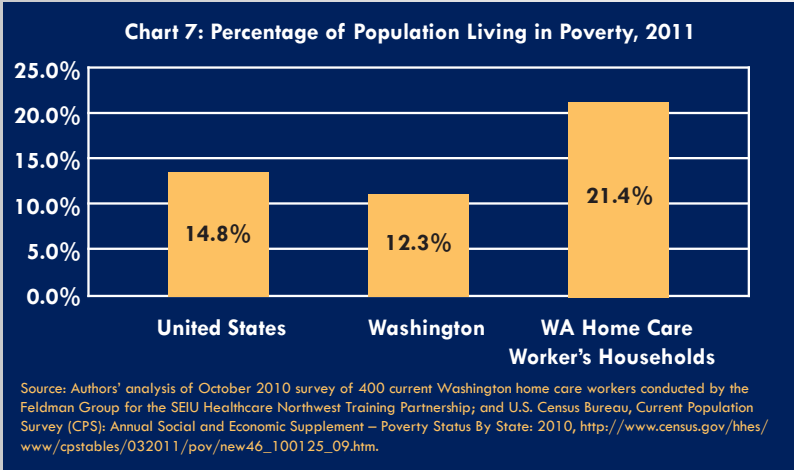
### **1) Lifting Home Care Workers Out of Poverty** **Providing Living Wages, Stable Full-Time Work, and Better Benefits**

Former Washington home care workers reported that providing higher hourly wages and improved benefits are among the best ways to create incentives for individuals to enter the home care workforce. In fact, many former workers found themselves both more satisfied with their post-home care jobs and earning more per hour with better benefits. Most notably, home care leavers experienced a 17 percent increase in job satisfaction, a \$4.53 per hour increase in wages, 15 percent increase in the population with retirement benefits and other improvements in their fringe benefits (e.g. health care coverage for their spouse/dependents, paid sick leave,

etc.). (See prior section “Individuals Who Leave Home Care Fair Better In Their New Jobs” for more details). Several studies have found improved wages and benefits help significantly decrease turnover and improve retention rates.<sup>48</sup>

**Current Situation: Most Home Care Workers Work Hard, Yet Live in Poverty**

In 2011, more than one in five (21%) Washingtonian home care workers and their families lived in poverty. About 43 percent of Washington’s home care worker families live at or below 133 percent of the federal poverty rate.<sup>49,50</sup> The vast majority (69%) of home care worker families live at or below 200% of the federal poverty rate<sup>51</sup>, not accounting for regional differences in the cost of living. In 2011, the federal poverty level (for the 48 contiguous states and the District of Columbia) was defined as \$22,350 for a family of four, irrespective of geographic differences in the cost of living.<sup>52,53</sup> While Washington State’s population as a whole fares slightly better than the United States, Washingtonian home care worker households are actually worse off. The level of poverty among Washington home care worker households is 6.6 percent higher than the national average and 9.1 percent higher than the statewide average.<sup>54</sup> (See Chart 7).



If the higher cost of living in urban Washington locales were taken into account, the poverty rate would be even higher. From 2006 to 2009, the number of home care workers reporting their personal financial situation had worsened from the previous year increased from 11 percent to 32 percent.<sup>55</sup> Most workers struggled to pay housing, transportation and health care costs, with about a third of workers rating each of these items as their most

unreasonable expense.<sup>56</sup>

**Raising Home Care Wages to an Hourly Living Wage of \$17.58 Will Lift Tens of Thousands of Washingtonians Out of Poverty**

A living wage is a wage that allows families to meet their basic needs, without public assistance, and that provides them some ability to deal with emergencies and plan ahead. In its annual Job Gap report, the Alliance for a Just Society calculates living wages for various states on the basis of family budgets that include basic necessities, such as food, housing, utilities, transportation, health care, child care, clothing and other personal items, savings, and state and federal taxes. Living wage calculations assume individuals will be able to work full-time, year round.<sup>57</sup>

According to the 2010 Job Gap report, raising the hourly wage to \$17.58 per hour<sup>58</sup> would provide a

living wage to a single wage earner household supporting one dependent in Washington State.<sup>59</sup> (See Table 3). This is a starting wage that would significantly reduce poverty among the home care workforce, since a typical home care worker is the primary and only wage earner in the majority of their households (at 53.4%) and 57.7 percent of home care workers financially support one or more dependents. Instead Washington’s home care workers earn between \$10 and \$11 per hour.

**Improvements in Wages Must Be Coupled With Policies that Promote Job Security and Stable Hours of Paid Work**

A dependable and adequate number of hours of work is critical to provide financial stability and adequate support for home care worker families. Most home care workers work part-

Table 3: Washington Family Budgets 2010			
	Household 1: Single Wage Earner	Household 2: Single Wage Earner + Dependent (no health- care or child care costs)	Household 3: Single Wage Earner + Dependent
Food	\$188	\$356	\$356
Housing and Utilities	\$752	\$919	\$919
Transportation	\$605	\$564	\$564
Healthcare	\$112	\$ --	\$278
Household, clothing & personal (18%)	\$414	\$529	\$529
Savings (10%)	\$230	\$294	\$294
Child care	\$ --	\$ --	\$310
Total annual state and federal taxes	\$4,165	\$4,621	\$4,621
Gross Income Needed			
Monthly Income	\$2,649	\$3,047	\$3,634
Annual Income	\$31,783	\$36,565	\$43,611
Hourly Living Wage (at 40 hours/week)	\$ 15.28	\$17.58	\$20.97

Source: Julie Chinitz et al., “Searching for Work that Pays: 2010 Job Gap Study,” Alliance for a Just Society, December 2010, [http://nwfco.org/wp-content/uploads/2010/12/2010-1209\\_2010-Job-Gap.pdf](http://nwfco.org/wp-content/uploads/2010/12/2010-1209_2010-Job-Gap.pdf).

time and have difficulty finding enough hours to earn a stable income. In addition, when a worker's case is closed—such as when the consumer s/he serves is hospitalized—the worker suddenly loses not only the case, but also the hours and the associated wages that she had counted on to support her family. This unpredictable fluctuation in hours—and therefore income—forces many dedicated home care workers to seek more reliable employment. Additionally, a series of cuts to Washington's Medicaid long-term care services has reduced not only paid hours of care for the consumer, but also wages for the home care worker who serves her.<sup>60</sup>

To ensure a robust home care program that is ready to meet the future need for care, while also reducing the high cost of turnover, Washington should work to pursue strategies to allow home care workers to achieve reliable hours and a stable, predictable income, such as an improved referral registry.

### **Need for Affordable Healthcare**

Several studies have found that affordable health insurance (available to part-time workers and their dependents) and retirement/pension plans are among the most important predictors of home care workers' job satisfaction and turnover rate.<sup>61</sup> Former Washington home care workers reported improving benefits is among the top three best ways to improve incentives for individuals to enter the home care

workforce. (See Chart 6). Additionally, 18 percent of the former home care workers surveyed indicated inadequate health benefits were either a major problem they faced while working in home care or the reason they decided to leave their home care job. Currently, most home care workers in Washington can qualify for health insurance coverage by working 86 hours per month for 3 consecutive months. The health insurance coverage is only for the home care worker and does not include spousal or dependent coverage.

In Los Angeles County, California, the Personal Assistance Services Council (PASC) studied the effects of expanding home care workers' health care benefits eligibility requirements by reducing the minimum eligible number of monthly work hours from 112 hours to 80 hours. The study found it was affordable and advantageous, from both economic and pragmatic viewpoints, to lower the benefit eligibility requirements and increase the number of home care workers with health insurance coverage. Shortly thereafter, PASC, in concert with Los Angeles County and SEIU Local 434B, lowered the health insurance eligibility criteria to 80 hours per month level.<sup>62</sup>



**Lisa Miller**

My name is Lisa Miller and I live in Marysville, Washington. I worked in home care for about three months back around 2007-2008 caring for a client who had just undergone a hip replacement surgery. What I liked most about being a home care worker was knowing that things were getting done and done well. It feels good knowing that all your client's needs are being met. When you're the home care worker, you're the one providing the client help with their daily needs, so there's no question for you about what those needs are and if you're doing all that's required to fulfill them.

I was working about 15 hours per week, helping my client get around, preparing his meals, doing laundry and other household tasks and driving him to his medical appointments. He also had some limited mobility issues and I provided him assistance getting in and out of a chair and bed correctly as he had been trained to do in physical therapy.

Home care jobs are difficult, both physically and emotionally. If you have to lift someone and you are a small person – like me – that can be challenging. In a home setting you don't usually have special equipment or other workers to help you do this. Additionally, some people can be very difficult to work for. If someone is cranky, crotchety, or ill tempered, you have to learn to put up with this and handle it delicately. At times, my client could be grumpy sometimes and frustrated that he could not do what he was able to do before. Overall, I was lucky not to have a lot of difficult moods/behavioral issues to deal with, but some people have these issues with their clients. You add to these stresses – the fact that the profession pays so poorly you need to work more than 40 hours per week and you can't rely on the job being full-time without significant coordination of schedules and caring for multiple clients – and it's no wonder people leave.

I'm constantly seeing ads for people wanting and needing caregivers. It's kind of too bad that it doesn't pay better because then you'd probably be able to draw more interest and qualified people to the profession. It's sad because someone needs to care for these people. Right now with the economy the way it is we need better jobs. There's no incentive to work if you are only earning minimum wage or just above that.

This line of work is very important and can be very physically demanding. People just aren't going to do this work without a living wage and quality benefits. It's a hard job taking care of people who are elderly and disabled and not one everyone can do or stomach. I think it takes a special person to both want to do this work and who has the skills or ability to do it. If we want to attract these people to the profession and get them to stay awhile we need to make this job worth their time.



PASC found three striking effects of insurance-related job retention:

1. Home care workers who enroll in the PASC's health insurance program were far more likely to remain in the home care workforce for a whole year compared to home care workers who did not enroll;
2. Health insurance enrollees were far more likely to work continuously for the two year period of the study than non-enrollees; and
3. Retention rates across all subgroups of race, gender, provider relationship to consumer and age were significantly higher for home care workers enrolled in the PASC health insurance than non-enrollees.

The study found retention rates (over a two year period) among home care workers who were both eligible and enrolled in the PASC health insurance was 14 percent higher than those who were eligible but did not enroll.<sup>63</sup> Additionally, a 2008 study of In-Home Supportive Services workers in eight California counties found that adding dental insurance increased the probability of a new worker remaining in the workforce by more than 17 percentage points.<sup>64</sup>

As such, expanding eligibility, improving the benefits provided, and expanding coverage for home care workers families would all help to encourage Washington home care workers to remain in the home care profession.<sup>65</sup>

### **Need for Retirement Security**

The availability of a retirement plan for home care workers is an important predictor of job satisfaction and retention. Eighteen percent of the former Washington home care workers surveyed indicated the lack of retirement benefits was either a major problem they faced while working in home care or the reason they decided to leave their home care job. This is unsurprising given that home care work

provides no retirement benefits<sup>66</sup> and most home care workers do not have any retirement benefits beyond Social Security, if that.

The majority of Washington home care workers are more than 40 years old and half are 55 years or older. The average age of a home care worker is 52 years. (See Chart 4 earlier in this report). Only about 5 percent of current home care workers may have adequate retirement savings (i.e. reporting retirement savings of over \$100,000). Nearly half of workers (43%) reported having less than \$5,000 saved for retirement, leaving older home care workers at risk of living in poverty as seniors.<sup>67</sup> Additionally, about 25 percent of the home care workforce is ineligible for Social Security or Medicare benefits for their home care income because the Internal Revenue Code exempts parent workers and individuals caring for their spouses from Social Security and Medicare withholdings. This provision deprives these individuals from earning these benefits through home care work for their future.<sup>68</sup>

Studies have found the provision of employer-funded retirement or pension programs creates a significant “pull” factor for recruiting and retaining workers.<sup>69</sup> The 21 percent of all home care workers who already live in poverty will be joined by many more as aging home care workers fail to receive retirement benefits.

As such, it is no wonder that many of the former home care workers (i.e. 15%) in the study cited in this report moved into non-home care jobs that offered retirement benefits. Providing Washington's home care workforce with retirement benefits will help curtail turnover rates by providing necessary retirement security for this workforce.

## **2) Creating Opportunity**

### **Providing Training and Career Pathways**

Studies show high-quality training increases job satisfaction and can be an effective way to retain home care workers so that consumers can experience more consistent, reliable care.<sup>70</sup> Our 2011 survey of former Wash-

ington home care workers found more than one in four (28%) leavers cited “going back to school” and/or “finding a job that would provide them with career advancement and skill development opportunities” as the main reasons they left the home care profession.

As the needs of home care consumers have increased, the inadequacy of job preparation, continuing education, and training to properly prepare home care workers for these challenges is becoming an increasing problem.<sup>71</sup> Improved training of home care workers enriches the quality of life and care of the increasing number of consumers with complex needs.<sup>72</sup> Additionally, the negative public image of the home care worker (e.g., a poorly trained person with few skills receiving low wages for difficult, unpleasant work with little hope for advancement) discourages individuals from seeking or remaining in this occupation. Research supports anecdotal evidence that workers themselves do not feel valued by their employers and/or the consumers they serve.<sup>73</sup>

As such, professionalization of the workforce through improved training standards, certification, and the provision of career advancement opportunities are crucial in promoting recruitment and retention in home care. Career pathways should include both traditional career “ladder” opportunities that allow for advancement from home care worker to licensed practical nurse to registered nurse as well as career “lattices” that allow home care workers to develop additional skills and move into a job specialty (e.g. peer mentor, medication aide, dementia specialist) within the home care profession. Studies have found opportunities for career advancement reduce turnover among workers who take advantage of the program by as much as 10 percent.<sup>74</sup>

## Washington's Opportunities for Career Advancement for Home Care Workers

Washington is on track to transform the training and certification system for home care workers. Washington state voters have twice approved initiatives to reform this system – Washingtonians overwhelming voted in favor of improving training standards for home care workers in 2008 and again in 2011, with a 72.5 percent<sup>75</sup> and 65.4 percent<sup>76</sup> yes vote, respectively.

As of January 2012, to be a certified home care worker in Washington State, new workers must:

- Complete 75 hours of training using curriculum approved by the DSHS within 120 days of hire;
- Pass a certification exam administered by the Washington State Department of Health (DOH) within 150 days of starting work; and
- Complete a federal background check in addition to the existing requirement for a state background check.<sup>77,78</sup>

Additionally, work is currently underway to build a career pathway from certified home care aide to medical assistant and from certified home care aide to certified nursing assistant. Washington State has already won a \$5 million grant through the American Recovery and Reinvestment Act to establish these career pathways. The Washington Health Care Worker Training Coalition, led by the Workforce Training and Education Coordinating Board, has established a home care aide apprenticeship program with 330 statewide openings. Individuals accepted into the apprenticeship will complete a total of 145 hours of classroom learning and 24 hours of peer mentorship within 4 to 8 months. Once all program requirements have been fulfilled, individuals will receive advanced home care aide certification from

the U.S. Department of Labor Office of Apprenticeship and a pay increase from their employers commensurate with this advanced training.<sup>79</sup> (See Chart 8).

The use of career pathways and programs like the home care aide apprenticeship can help Washington attain a more diverse and culturally-competent workforce at all levels by spreading the diversity of entry-level health care jobs upwards.<sup>80</sup> Minority health professionals are more likely to practice in underserved minority communities and to serve disadvantaged patients, such as the uninsured and those covered by Medicaid. Several research studies have found salutary effects of ethnically concordant relationships between minority patients and health professionals on use of preventive services, patient satisfaction, and ratings of physician's participatory decision making styles. Further, access to language concordant clinicians is associated with better patient experiences and outcomes (e.g. reductions in patient-reports of medication errors).<sup>81</sup>

Washington should continue to build upon its training programs and opportunities for advancement for home care workers by:

- Expanding effective advanced training and peer mentoring programs;
- Allowing all home care workers to pursue the home care aide apprenticeship program (and building in a wage differential for workers that complete this certification); and
- Encourage every school in the state's community college system to adopt a prior learning assessment policy for home care aide training that will offer credits-for-prior learning to home care workers, who have completed the apprentice program or other such certification, as they transition into other long-term care and health care occupations.

Workforce strategies will go a long way toward improving both home care worker retention in Washington and quality of care for Washingtonians.

## Emerson Guillermo

My name is Emerson Guillermo and I live in Renton, WA. I worked as a home care worker for about nine months in 2009. I was a home care worker for my mother, who is diabetic and has very limited mobility. It was nice being able to take care of her. Caring for family when they age or are otherwise disabled is something that's really important and valued in most Asian cultures. I liked the flexibility of the schedule and it was nice to work independently. I helped her manage her medications, drove her to and scheduled all of her doctors' appointments, did her housework, and provided her assistance with many of her activities.

Home care work can be really hard at times. Communication is a challenge and it can be difficult to work with a stubborn client or someone who's ill and in a lot of pain. Home care requires a lot of patience and really learning to communicate well with your client and working with them in a way that suits their personality.

The bigger hardship however is the economic realities of the job. You put in ten hours and only get paid for one hour a day. I had to do a lot of unpaid work on the side to make sure my client's needs were met. She was only approved for 30 hours of care per month which simply wasn't enough. Getting her ready, driving to the doctor's office, and waiting while she attended her appointment would easily take three hours. I did all of this and more because it was my mom, but I can't imagine how people can survive just working in home care.

Eventually, I found that I could not support myself and my family on those low wages, especially with the hours I was given and the lack of benefits. Since leaving home care, I've been working at a bank, which allows me to support my household.

With all the cuts the legislature keeps making, the low pay, lack of benefits, and lack of guaranteed hours, it just doesn't make sense for home care workers to stay in this field. I would not work in home care again, if things remain the way they are. I could easily go to school for a year and the benefits are there and the pay is much better. Home care work does not allow for any savings for your self – ever. It's an unstable profession.

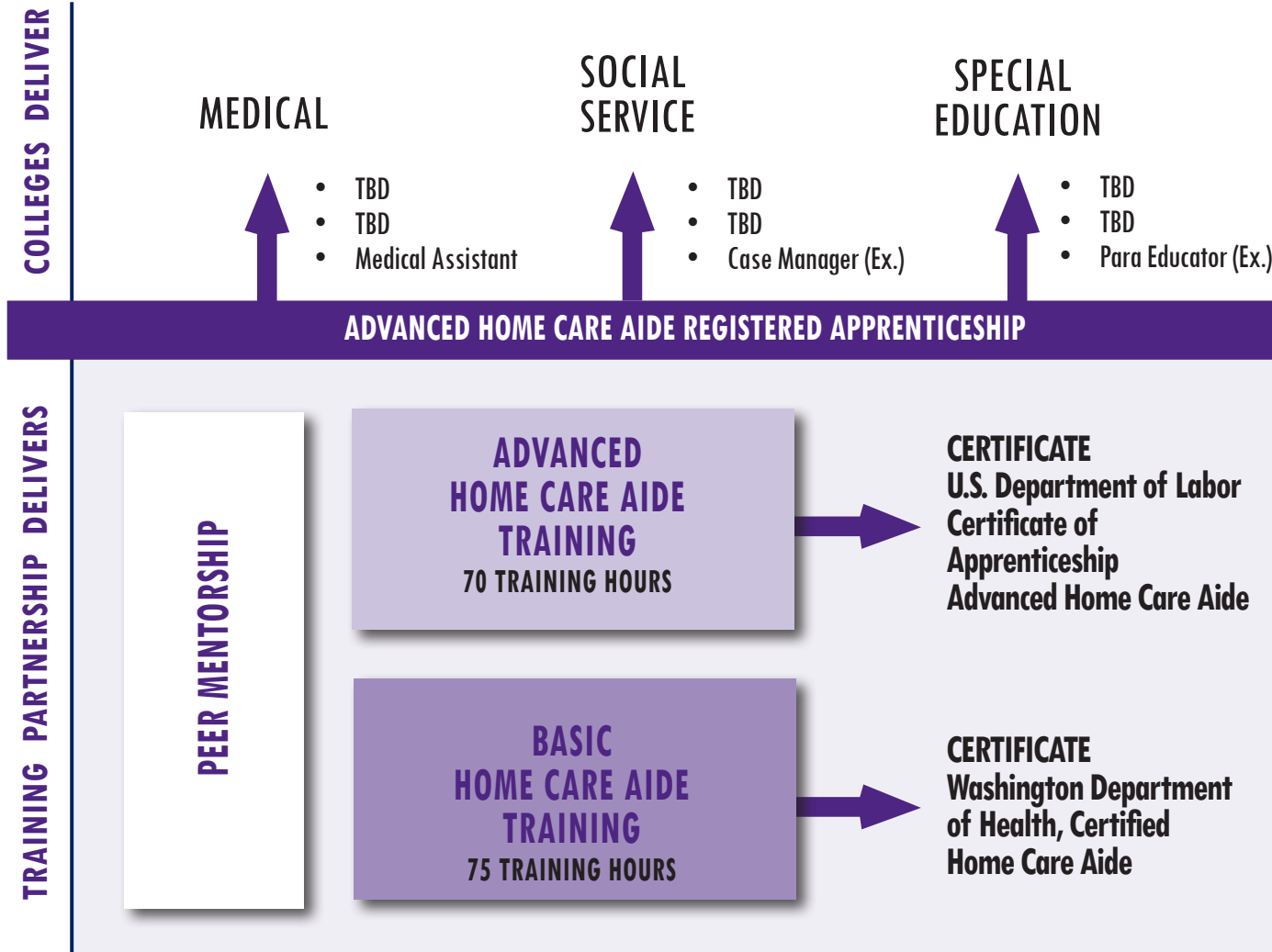
If we want to attract people to home care – we need to start providing higher compensation and authorize paid, stable hours that reflect the actual number of hours of work that need to be done to meet the client's needs. It doesn't make sense to me, that other long-term care settings are getting paid a lot, but when in home care the pay and hours authorized are so few. Why is the state willing to spend so much more to put people like my mom in a nursing home when they can more affordably be supporting people in their own homes?

## Chart 8:

### SMART TRACK: Credit Bearing Career Pathways for Home Care Aides



**SEIU HEALTHCARE NW  
TRAINING PARTNERSHIP**



#### OUR VISION:

- Certificate-based credit bearing pathways
- High volume
- Focus on High-demand occupations

#### THE VALUE OF 1%

What if just 1 percent of our 40,000 student body succeeded on career pathways

**1%**

**=**

- Economic Progress
- Workforce Stabilization
- Quality Care
- Workforce Diversity



# APPENDIX A:

## Primer on Washington's Home Care Program Essential Home Care Services:

### Cost-Effective Care in the Comfort of Your Own Home

Through Washington's Medicaid home care program, home care workers help approximately 43,500 low-income seniors and individuals with disabilities live safely and with dignity in their own homes.<sup>82</sup>

### Washington's Home Care Program

Home care workers assist consumers in many activities of daily living, including: medication management, transfer, transportation to and from medical appointments, bathing, dressing, meal preparation, shopping, and house cleaning. At times the job can be difficult, strenuous and even dangerous. They lift consumers and sometimes handle biomedical hazards, such as blood and human waste.<sup>83</sup> These services make it possible for seniors and people with disabilities to remain independent, live safely in their own homes and communities, and receive individualized and culturally relevant care. Home care services in Washington are provided primarily through the Medicaid Personal Care (MPC) and Community Options Program Entry System (COPEs) programs, but also through other Medicaid waiver programs such as the Medically Needy In-Home and New Freedom waivers.<sup>84</sup>

### Cost Effective Quality Long-Term Care

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

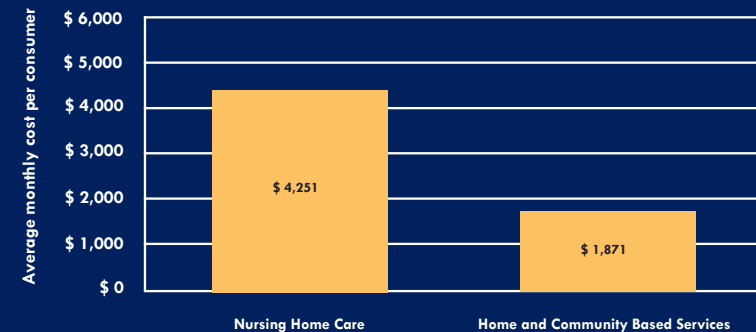
More than 67,000 seniors and individuals with developmental disabilities receive public long-term care services in the Washington State.<sup>85</sup> Of this population, about 84 percent (or approximately 56,500 consumers) elect to receive their long-term care in home and community based settings, while 16 percent receive their care in nursing homes.<sup>86</sup>

Home and community-based services offer a cost-effective alternative to institutional-based care. The average monthly cost for the care for a consumer receiving care in a home or community setting is \$1,870, whereas the average cost for a consumer receiving nursing facility care is about \$4,250 per month.<sup>87</sup> (See Chart 9). Washington serves 2.3 times more consumers per dollar in home and community-based settings, as compared to nursing homes. (See Chart 10). Increased utilization of home and community-based alternatives since 1996 in serving Washingtonian's long-term care needs has saved the State an estimated \$3.34 billion. Over the 2009-11 biennium alone, increased utilization of home and community-based services resulted in a savings of almost \$800 million.<sup>88</sup>

### Washington Home Care Consumers

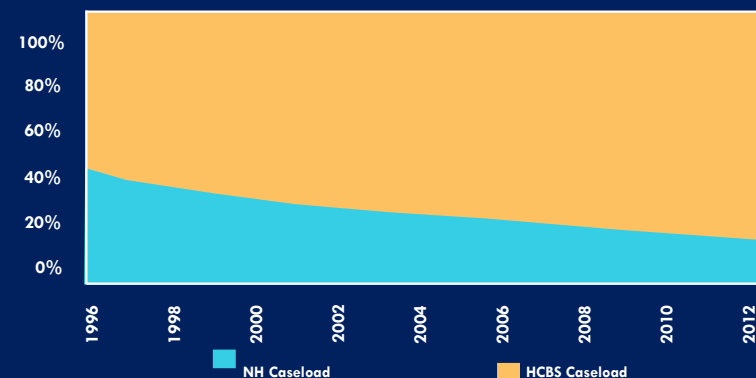
Of the 56,500 Washingtonians receiving long-term care services in home and

Chart 9: Costs Comparison of LTC Settings



Source: Washington ADISA, "ADISA Programs," (May 17, 2011), <https://fortress.wa.gov/dshs/adisaapps/about/programs/>.

Chart 10: Washington's LTC Caseloads



Source: Washington Office of Financial Management, "Budget Drivers: State-Supported Nursing Home Caseload," December 22, 2010, <http://www.ofm.wa.gov/trends/budget/fig406.asp>

community-based settings, 77 percent are elderly (aged 65 or older) and 23 percent are individuals with disabilities.<sup>89</sup> Additionally, a recent study by Washington's Department of Health (DOH) and Department of Social and Human Services (DSHS) found long-term care consumers in home care are growing increasingly acute, requiring assistance with nine activities of daily living (ADL) on average.<sup>90</sup> (See Chart 11). In contrast, Washingtonian community residential consumers had average of eight ADL needs and state nursing home consumers had average of thirteen ADL needs.<sup>91</sup>

Home care consumers are the most diverse users of Medicaid-funded long-term care services. In fiscal year 2010, 64 percent of home care consumers indicated they were white (non-minority ethnicity), whereas 8.1 percent were Black, 5.3 percent were American Indian/

Alaskan, 16.7 percent were Asian/Pacific Islander, and 7.7 percent were Hispanic. As such, nearly 38 percent of all home care consumers are people of color. In contrast, adult family homes – the second most diverse long-term care setting in Washington State – is comprised of 18.4 percent people of color of any ethnic background (See Chart 12 and Table 4 later in this report).<sup>92</sup>

Washington’s Home Care Workforce

Washington’s home care workforce is comprised of approximately 42,300 workers.<sup>93</sup> Home care workers are likely to be older women of color, including many recent immigrants. Most home care workers have been providing care for less than five years. However, a core group has made home care a career, some for more than ten years.

A substantial majority of home care workers (85%) are women. Nearly eighty percent are over forty years in age, while half are 55 or older. Only seven percent are aged under thirty (See Chart 4 earlier in this report). The average age of a Washington home care worker is 52.<sup>94</sup>

Home Care Workers are Racially and Ethnically Diverse and Include a Large Immigrant Population

Home care workers are more likely to come from communities of color and immigrant communities. As illustrated in Table 1, home care workers include a significant number of African/African American (4.6%) and Asian/Pacific Islander (14.0%) compared to the general population (3.6% and 7.8%,

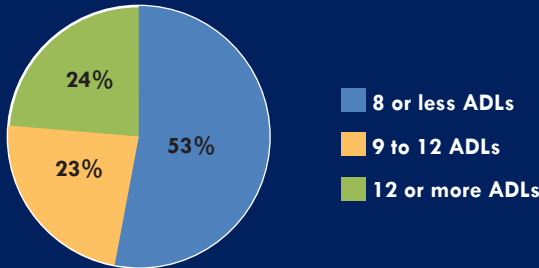
respectively).<sup>95</sup> (See Table 4). Additionally, one in five Washington home care workers are foreign born, indicating a high number of recent immigrants and caregivers who belong to immigrant households.<sup>96</sup>

Continued Cuts to Necessary Life-Sustaining Services

During the 2009-11 Biennium, more than 4 million total hours were cut from Washington’s home care program. From 2009 to 2011 home care consumers’ services have been reduced by an average of 14.1 percent from their 2008 level.<sup>97</sup> Given a continued revenue shortfall, the state has again proposed cuts to home care services. The state seeks to change the functional eligibility requirements for home care services, eliminating long-term care services for all but the highest acuity consumers in the state. If enacted, proposed cuts will go into effect April 2012, and result in a complete loss of services for about 18,000 current home care consumers eligible for home care and the workforce that serves them by almost 40 percent.<sup>98</sup>

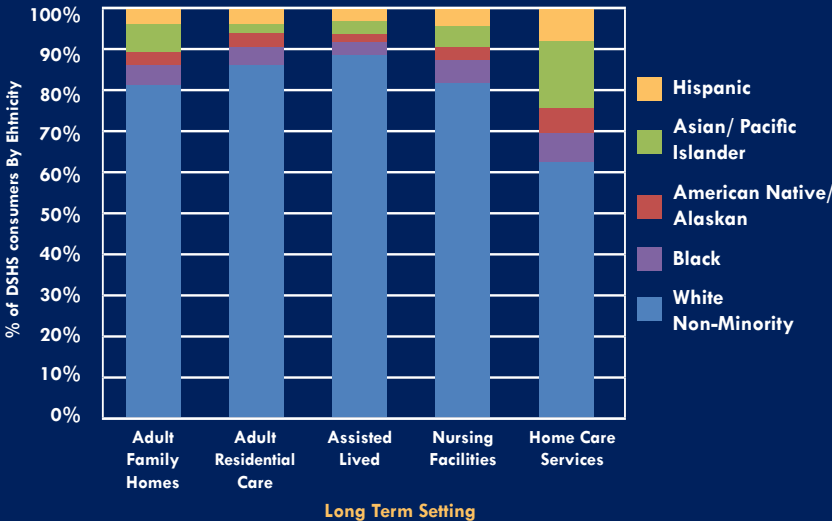
A recent study found that in Michigan when hours of home care were reduced to meet budgetary goals, the rate of hospitalizations, emergency room use, and permanent nursing home placement all increased.<sup>99</sup> Cutting funds to home care programs can increase utilization of other more costly services, thereby offsetting potential health care savings. The proposed cuts to Washington’s home care program, if adopted, will likely have a similar detrimental impact on the health of many home care consumers and force some into more costly institutional settings for their long-term care needs.

Chart 11: Activities of Daily Living (ADL) Needs for Persons Receiving Washington Home Care Services, June 2010



Source: David Mancuso, “Estimating Nursing-Home-Comparable Home and Community Based Long-Term Care Capacity,” DSHS Research and Data Analysis Report, August 2011.

Chart 12: DSHS Long-Term Care Consumer Services by Ethnicity



Source: DSHS Research and Data Analysis Division, “FY2010 Statewide Data: Client Counts, Use Rates, and Cost by Age Group,” 2010, <http://clientdata.rda.dshs.wa.gov/>.

Table 4: Home Care Workers are More Diverse than Washington State Population and Serve a Significantly More Diverse Population of Home Care Consumers, 2010.

	Home Care Workers	Home Care Consumers	Washington State Population
African American/African	4.6%	8.1%	3.6%
American Indian/Native	0.6%	5.3%	1.5%
Asian/Pacific Islander	14.0%	16.7%	7.8%
Hispanic/Latino	8.5%	7.7%	11.2%
White (Non-Minority)	72.3%	64.0%	77.3%

Source: Authors’ analysis of 2011 union membership data; “2010 Census Data Estimates for Washington State,” <http://quickfacts.census.gov/qfa/states/53000.html>; and DSHS Research and Data Analysis Division, “FY2010 Statewide Data: Client Counts, Use Rates, and Cost by Age Group,” 2010, <http://clientdata.rda.dshs.wa.gov/>.

# ENDNOTES

<sup>1</sup> Robyn I. Stone & Joshua M. Wiener, “Who Will Care For Us? Addressing the Long-Term Care Workforce Crisis,” The Robert Woods Johnson Foundation, October 2001, <http://www.rwjf.org/files/publications/other/CareForUs.pdf>.

<sup>2</sup> See Robyn I. Stone & Joshua M. Wiener, supra n.1.

<sup>3</sup> National Clearinghouse on the Direct Care Workforce & Direct Care Workers Association of North Carolina, “Results of the 2005 National Survey of State Initiatives on the Long-Term Care Direct Care Workforce,” September 2005, [http://www.directcareclearinghouse.org/download/2005\\_Nat\\_Survey\\_State\\_Initiatives.pdf](http://www.directcareclearinghouse.org/download/2005_Nat_Survey_State_Initiatives.pdf).

<sup>4</sup> Robyn I. Stone, “The Direct Care Worker: The Third Rail of Home Care Policy,” Annual Review of Public Health, 25, (April 2004): 521-537, [http://www.leadingage.org/uploadedFiles/Content/About/Center\\_for\\_Applied\\_Research/Publications\\_and\\_Products/Direct\\_Care\\_Worker\\_Home\\_Care\\_Policy.pdf](http://www.leadingage.org/uploadedFiles/Content/About/Center_for_Applied_Research/Publications_and_Products/Direct_Care_Worker_Home_Care_Policy.pdf).

<sup>5</sup> The SEIU Healthcare NW Training Partnership estimated annual turnover among IP home care workers at 19 percent. Additionally, according to Washington State’s exhibits during 2011 individual provider interest arbitration with SEIU Healthcare 775NW the estimated rate for turnover among home care consumers served by IPs is 37 percent. See also Ingrid McDonald & Glenn Scott Davis, “The SEIU 775 Long-Term Care Training, Support & Career Development Network: a Blueprint for the Future,” Paraprofessional Healthcare Institute, February 2007, <http://www.directcareclearinghouse.org/download/Blueprint%20SEIU%20775.pdf> (providing DSHS’ estimates of annual IP turnover at 37 percent).

<sup>6</sup> The SEIU Healthcare NW Training Partnership estimated annual turnover among agency home care workers at 26.5 percent. See also Ingrid McDonald, supra n.5 (providing DSHS’ estimates of annual home care agency provider turnover at 40 percent); and Catholic Community Services, “Turn-Over & Training Costs – A Home Care Agency Example,” 2004, [http://www.governor.wa.gov/lctcf/workgroup/20070926/Turn-Over\\_and\\_Training\\_Costs\\_PeterNazzal.pdf](http://www.governor.wa.gov/lctcf/workgroup/20070926/Turn-Over_and_Training_Costs_PeterNazzal.pdf) (Estimates of home care agency worker turnover are based on a 2004 study done at a single large home care agency in Washington State. Catholic Community Services (CCS) employs over 2,100 home care workers providing home care for about 3,000 Washingtonians).

<sup>7</sup> In Washington, home care consumers have the option of hiring either an individual provider or an agency home care provider to service their long-term care needs. Approximately three-fourths of home care consumers elect to receive their care from individual providers, while the remaining quarter of consumers receive care from agency providers. Home care consumers who receive their services from an individual provider can select a caregiver of their own choosing and retain the power to hire and fire their caregiver and to supervise and direct their own care. This consumer-directed model is designed to maximize consumers’ autonomy. Consumers can choose to hire a friend, family member or person unknown to

them to work as their individual provider. Alternatively, for those that prefer an agency supervise and manage their home care services, they have the option of selecting an agency, which in turn assigns one of its home care workers to care for the client. Currently there are about 90 home care agencies in Washington State who employ approximately 10,000 home care workers. They include a mix of nonprofit organizations and for-profit businesses, with the five largest agencies providing more than half of all home care agency services in the state. <sup>8</sup> See Robyn I. Stone & Joshua M. Wiener, supra n.1.

<sup>9</sup> See Ingrid McDonald, supra n.5; Catholic Community Services, supra n.6; Center on Wisconsin Strategy, “Caring About Caregivers: Reducing Turnover of Frontline Health Care Workers in South Central Wisconsin,” October 2003, <http://www.cows.org/pdf/rp-jwf-cna.pdf>; and Farida K. Ejaz, et al., “The Impact of Stress and Support on Direct Care Workers’ Job Satisfaction,” The Gerontologist, 48, Suppl. 1 (2008): 60-70. <sup>10</sup> Turnover rate calculations are typically controversial, because the methods used to define and measure turnover among home care workers have been inconsistent. The U.S. Government Accountability Office has reported that comprehensive national data on the direct care workforce (e.g. provide definition) does not exist and cautions comparison of turnover rates from different studies and/or States because the measurement of turnover is largely inconsistent. See U.S. Government Accountability Office, Nursing Workforce: Recruitment and Retention of Nurses and Nurse Aides is a Growing Concern, (2001).

<sup>11</sup> See Candace Howes, “Wages, Benefits and Flexibility Matter: Building a High Quality Home Care Workforce,” Institute for the Future of Aging Services, 2006, <http://www.directcareclearinghouse.org/download/HowesSummaryFinal.pdf>; Susan M. Skillman, Anne Basye, Martha Reeves, and Brenda Hoskinson, “Home Care Aides in Washington State: Current Supply and Future Demand,” WWAMI Center for Health Workforce Studies, January 2011, [http://depts.washington.edu/uwrhrc/uploads/Home\\_Care\\_Aides\\_Brief.pdf](http://depts.washington.edu/uwrhrc/uploads/Home_Care_Aides_Brief.pdf); and Irma C. Bermea, “Evaluation of Personal Attendant Training Programs,” Texas Department of Human Services – Office of Program Integrity, March 2001, [http://www.dads.state.tx.us/news\\_info/publications/legislative/archive/SB95reportMarch2001.pdf](http://www.dads.state.tx.us/news_info/publications/legislative/archive/SB95reportMarch2001.pdf) (commenting on the shortage of home care workers in Texas and stating that “[f]or some disabled individuals, it means a lack of access to the home health care services they need to live healthy and productive lives”).

<sup>12</sup> See Center on Wisconsin Strategy, supra n.9.

<sup>13</sup> See Robyn I. Stone & Joshua M. Wiener, supra n.1; and The Third Rail, supra n.4.

<sup>14</sup> See Robyn I. Stone & Joshua M. Wiener, supra n.1.

<sup>15</sup> See Robyn I. Stone & Joshua M. Wiener, supra n.1; Center on Wisconsin Strategy, supra n.9; and Dorie Seavey, “The Cost of Frontline Turnover In Long-Term Care,” Better Jobs Better

Care, October 2004, <http://www.directcareclearinghouse.org/download/TOCostReport.pdf>.

<sup>16</sup> See Dorie Seavey, supra n.15.

<sup>17</sup> See Farida K. Ejaz, supra n.9.

<sup>18</sup> See Robyn I. Stone & Joshua M. Wiener, supra n.1; and Dorie Seavey, supra n.15 (Report details information known about the cost of turnover among direct-care workers).

<sup>19</sup> Direct-care workers including home health aides, personal care aides and certified nurse aides, among others—are our nation’s “frontline” paid caregivers, most of whom serve the elderly and people with disabilities within our country’s long-term care system. The majority of these staff work in the consumer’s own home and community-based setting or in institutional settings such as nursing homes, while a smaller portion of these staff work in acute care settings, such as hospitals and clinics. See Paraprofessional Health Institute (PHI), Occupational Projections for Direct-Care Workers 2006–2016, April 2010, <http://www.directcareclearinghouse.org/download/BLSfactSheet4-10-08.pdf> (Definition of “direct care worker”).

<sup>20</sup> See Dorie Seavey, supra n.15.

<sup>21</sup> See Dorie Seavey, supra n.15.

<sup>22</sup> According to Washington State’s exhibits during 2011 interest arbitration with SEIU Healthcare 775NW the average Washington home care worker works 115.2 paid hours/month at \$10.37 per hour.

<sup>23</sup> This calculation assumes the average hourly wage of \$10.37 and full-time work in home care (i.e. 40 hours per week or 173.33 hours per month).

<sup>24</sup> See Susan M. Skillman, supra n.11; Robyn I. Stone & Joshua M. Wiener, supra n.1; and PHI, supra n.19.

<sup>25</sup> Committee on the Future Health Care Workforce for Older Americans, Retooling for an Aging America: Building the Health Care Workforce, Institute of Medicine (IOM) Consensus Report, April 2008, <http://www.iom.edu/Reports/2008/Retooling-for-an-Aging-America-Building-the-Health-Care-Workforce.aspx>.

<sup>26</sup> Washington State Aging and Disability Services Administration (WA ADSA), “Washington State Plan on Aging 2010-2014,” [http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CB0QFjAA&url=http%3A%2F%2Fww.adsa.dshs.wa.gov%2Fsurvey%2FOAA%2Fdocuments%2FWashington%2520State%2520Plan%2520on%2520Aging.doc&ei=Dp3WTohnpuCIAq2g3c0M&usq=AFQjCNEg3NxyoskMQ3xfgTz3rXM0Kf\\_l\\_g](http://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CB0QFjAA&url=http%3A%2F%2Fww.adsa.dshs.wa.gov%2Fsurvey%2FOAA%2Fdocuments%2FWashington%2520State%2520Plan%2520on%2520Aging.doc&ei=Dp3WTohnpuCIAq2g3c0M&usq=AFQjCNEg3NxyoskMQ3xfgTz3rXM0Kf_l_g).

<sup>27</sup> See WA ADSA, supra n.26.

<sup>28</sup> See WA ADSA, supra n.26.

<sup>29</sup> See WA ADSA, supra n.26.

<sup>30</sup> See WA ADSA, supra n.26.

<sup>31</sup> American Association of Colleges of Nursing (AACN), “Nursing Shortage Fact Sheet,” July 2011, <http://www.aacn.nche.edu/media/factsheets/nursingshortage.htm>.

<sup>32</sup> Susan Skillman, “Washington State Data Snapshot: Regis-

tered Nurses (RNs),” WWAMI Center for Health Workforce Studies, March 2011, [http://depts.washington.edu/uwrhrc/uploads/RN\\_Snapshot\\_2011.pdf](http://depts.washington.edu/uwrhrc/uploads/RN_Snapshot_2011.pdf).

<sup>33</sup> See WA ADSA, supra n.26.

<sup>34</sup> U.S. Bureau of Labor Statistics, “Occupations with the Largest Job Growth 2008-18 Projections,” December 8, 2010, [http://www.bls.gov/emp/ep\\_table\\_104.htm](http://www.bls.gov/emp/ep_table_104.htm).

<sup>35</sup> These estimates assume total replacement: the training number would be fewer if workers were leaving one home care workers job for another.

<sup>36</sup> See Susan M. Skillman, supra n.11.

<sup>37</sup> Washington State Aging and Disability Services Administration, “ADSA Strategic Plan 2009-13,” 2009, <http://www.adsa.dshs.wa.gov/about/StrategicPlan/strategic%20plan%20fy%2009-13.pdf>.

<sup>38</sup> National Center for Health Workforce Analyses, Bureau of Health Professions, Health Resources and Services Administration, Nursing Aides, Home Health Aides, and Related Health Care Occupations – National and Local Workforce Shortages and Associated Data Needs, February 2004, available at: <http://aspe.hhs.gov/daltcp/reports/04cfpk02.htm#note1>.

<sup>39</sup> Robyn I. Stone, “Research on Frontline Workers in Long-Term Care,” Generations, 25, 1, (Spring 2001): 49-57.

<sup>40</sup> Peter Kemper, et al., “Implementation of the Better Jobs Better Care Demonstration: Lessons for Long-Term Care Workforce Initiatives,” The Gerontologist, 48, Suppl. 1 (2008): 26-35 and Susan M. Skillman, supra n.11.

<sup>41</sup> A.E. Benjamin, et al., “Retention of Paid Related Caregivers: Who Stays and Who Leaves Home Care Careers?,” The Gerontologist, 48, Suppl. 1, (2008): 104-113; Peter Kemper, supra n.40; and Susan M. Skillman, supra n.11.

<sup>42</sup> See Robyn I. Stone & Joshua M. Wiener, supra n.1.

<sup>43</sup> See The Third Rail, supra n.4 (citing Penny Holland Feldman, et al. Who Cares for Them? Workers in the Home Care Industry (Westport, CT: Greenwood Press, 1990)).

<sup>44</sup> See The Third Rail, supra n.4

<sup>45</sup> Candace Howes, “The Impact of a Large Wage Increase on the Workforce Stability of IHSS Home Care Workers in San Francisco County,” University of California Institute for Labor and the Economy, (November 2002).

<sup>46</sup> The turnover rate was adjusted to measure only “bad” turnover and was thereby adjusted to eliminate the turnover of matches that may end for natural reasons. Additionally, the author notes these results should be interpreted with caution as other external factors, including a welfare-to-work requirement that may have moved some welfare recipients into these jobs and the introduction of a low-cost health plan to home care workers, could have affected supply and turnover outcomes.

<sup>47</sup> Caring Across Generations, “Press Packet,” 2011 <http://www.caringacrossgenerations.org/images/pdfs/full-press-packet.pdf>.



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<sup>48</sup> See Candace Howes, *supra* n.45; and Candace Howes, “Love, Money, or Flexibility: What Motivates People to Work in Consumer-Direct Home Care?,” *The Gerontologist*, 48, Suppl. 1, (2008): 46-60.

<sup>49</sup> Foundation for Health Coverage Education, “2011 Federal Poverty Level,” 2011, [http://www.coverageforall.org/pdf/FHCE\\_FedPovertyLevel.pdf](http://www.coverageforall.org/pdf/FHCE_FedPovertyLevel.pdf) (citing Federal Register, 76, no.13 (January 20, 2011): 3637–3638).

<sup>50</sup> For 2011, 133 percent of FPL is defined as \$14,484 gross annual income for a single person household and \$29,726 for a four-person household.

<sup>51</sup> For 2011, 200 percent of FPL is defined as \$21,780 gross annual income for a single person household and \$44,700 for a four-person household.

<sup>52</sup> U.S. Census Bureau, Current Population Survey (CPS): Annual Social and Economic Supplement – Poverty Status By State: 2010, [http://www.census.gov/hhes/www/cpstables/032011/pov/new46\\_100125\\_09.htm](http://www.census.gov/hhes/www/cpstables/032011/pov/new46_100125_09.htm).

<sup>53</sup> For 2011, 100 percent of FPL is defined as \$10,890 gross annual income for a single person household.

<sup>54</sup> Authors’ analysis of October 2010 survey of 400 current Washington home care workers conducted by the Feldman Group for the SEIU Healthcare Northwest Training Partnership; and U.S. Census Bureau, *supra* n.52.

<sup>55</sup> Authors’ analysis of October 2010 survey of 501 current Washington home care workers conducted by the Feldman Group for the SEIU Healthcare 775NW.

<sup>56</sup> Authors’ analysis of October 2010 survey of 501 current Washington home care workers conducted by the Feldman Group for the SEIU Healthcare 775NW.

<sup>57</sup> Julie Chinitz et al., “Searching for Work that Pays: 2010 Job Gap Study,” Alliance for a Just Society, December 2010, [http://nwfco.org/wp-content/uploads/2010/12/2010-1209\\_2010-Job-Gap.pdf](http://nwfco.org/wp-content/uploads/2010/12/2010-1209_2010-Job-Gap.pdf).

<sup>58</sup> Based on the Alliance for a Just Society’s December 2010 Job Gap Study Searching for Work that Pays the living wage for a single working adult with one child in Washington that does not have health care or child care costs is \$36,565 a year or \$17.58 an hour.

<sup>59</sup> See Julie Chinitz et al., *supra* n.57.

<sup>60</sup> See Washington State Office of Financial Management, “State Budgets,” <http://www.ofm.wa.gov/budget/default.asp>.

<sup>61</sup> See Love, Money, or Flexibility, *supra* n.48.

<sup>62</sup> RTZ Associates, Inc., “Impact of Health Benefits on Retention of Homecare Workers: A Two-Year Study of the IHSS Health Benefits Program in Los Angeles County,” December 2004, <http://www.pascla.org/downloads/Health%20Benefits%20Study.pdf>.

<sup>63</sup> See RTZ Associates, Inc., *supra* n.62.

<sup>64</sup> See Love, Money, or Flexibility, *supra* n.48.

<sup>65</sup> While the recent passage of the Patient Protection and Affordable Care Act of 2010 will likely impact the availability of health insurance for home care workers and their families nationwide

much is still unknown about the shape health care reform will take in Washington State and how these changes will impact low wage home care workers and their households. As such, the policies pursued in Washington State for improving health insurance home care workers and their families should be informed by improvements in access to health care and benefits coverage changes that occur as health care reform is implemented.

<sup>66</sup> State of Washington and Service Employees International Union Healthcare 775NW, “Collective Bargaining Agreement 2011-2013,” <http://www.ofm.wa.gov/labor/agreements/11-13/homecare.pdf>.

<sup>67</sup> When asked about their retirement savings, 31 percent of respondents to this survey question noted they “didn’t know or refused to answer.” This high refusal rate may be indicative of the fact that 74% of the home care worker population has nothing or less than \$5,000 saved for their retirement. “No retirement savings” was not one of the listed options in the survey.

<sup>68</sup> Internal Revenue Code, “Publication 15 – Circular E,” 2010, [http://www.irs.gov/publications/p15/ar02.html#en\\_US\\_publication1000202554](http://www.irs.gov/publications/p15/ar02.html#en_US_publication1000202554).

<sup>69</sup> Robert Atchley, “Frontline Workers in Long-Term Care: Recruitment, Retention, and Turnover Issues in an Era of Rapid Growth,” University of Miami Scripps Gerontology Center, September 1996, <http://sc.lib.muohio.edu/bitstream/handle/2374.MIA/104/fulltext.pdf?sequence=1>.

<sup>70</sup> Ingrid McDonald & Glenn Scott Davis, *supra* n.5.

<sup>71</sup> See The Third Rail, *supra* n.4

<sup>72</sup> See Ingrid McDonald & Glenn Scott Davis, *supra* n.5.

<sup>73</sup> See The Third Rail, *supra* n.4; Robyn Stone, “The Direct Care Worker: A Key Dimension of Home Care Policy,” *Home Health Care Management & Practice*, 16, 5, (August 2004): 339-349, <http://www.directcareclearinghouse.org/download/Home-Health%20Mgt%20%26%20Practice.pdf>.

<sup>74</sup> See The Third Rail, *supra* n.4

<sup>75</sup> Washington Secretary of State (WA SOS), “2008 General Election Results,” November 4, 2008, <http://weisecstate.wa.gov/osos/en/PreviousElections/2008/Pages/2008GeneralElection.aspx>.

<sup>76</sup> WA SOS, “2011 General Election Results,” November 8, 2011, <http://vote.wa.gov/results/current/Initiative-Measure-1163-Concerning-long-term-care-workers-and-services-for-elderly-and-disabled-people.html>.

<sup>77</sup> Prior to the implementation of Initiative 1163, the average home care worker in Washington State was required to complete 34 hours of entry level training, which includes: 2 hours of orientation, 4 hours of safety training; and 28 hours of basic training. Further, workers were required to complete a state-based Washington State Patrol background check and 10 hours of continuing education per year beginning year after completion of basic training. There was no certification in place. See WA ADSA, “Individual Provider Training Requirements,” (July 15, 2011), [sional/training/IP/.](http://www.aasa.dshs.wa.gov/profes-</a></p></div><div data-bbox=)

<sup>78</sup> “Initiative Measure No. 1163,” Washington Secretary of State, (filed April 21, 2011), <http://www.sos.wa.gov/elections/initiatives/text/i1163.pdf>.

<sup>79</sup> SEIU Healthcare NW Training Partnership, “Home Care Aide Apprenticeship Program,” (2011), <http://www.myseiubenefits.org/training/apprenticeship-program-2>.

<sup>80</sup> Typical enrollment in medical training programs in the United States under represents people of color (e.g. African Americans, Hispanic, and Native American account for less than 7 percent of enrollees in medical training programs. The exception is entry-level healthcare jobs, which are an entry points for immigrants and people of color. Washington’s home care workforce comprised of nearly 28 percent people of color. (See Table 4 in this report).

<sup>81</sup> “Ensuring that Health Care Reform Will Meet the Health Care Needs of Minority Communities and Eliminate Health Disparities: A Statement of Principles and Recommendations,” July 2009, [http://minorityhealth.hhs.gov/Assets/pdf/Checked/1/ACMH\\_HealthCareAccessReport.pdf](http://minorityhealth.hhs.gov/Assets/pdf/Checked/1/ACMH_HealthCareAccessReport.pdf).

<sup>82</sup> See Susan M. Skillman, *supra* n.11 (Table 1).

<sup>83</sup> See Farida K. Ejaz, *supra* n.9; and WAC 388-71-0515, “What are the Responsibilities of an Individual Provider or Home Care Agency Provider When Employed to Provide Care to a Client?,” <http://apps.leg.wa.gov/wac/default.aspx?cite=388-71-0515>.

<sup>84</sup> Washington Aging and Disability Services Administration (ADSA), “Fact Sheet: In-home care for People with Functional Disabilities,” January 2010, <http://www.adsa.dshs.wa.gov/about/factsheets/in-home%20care%20for%20people%20with%20functional%20disabilities.doc>.

<sup>85</sup> See Susan M. Skillman, *supra* n.11; David Mancuso, “Estimating Nursing-Home-Comparable Home and Community Based Long-Term Care Capacity,” DSHS Research and Data Analysis Report, August 2011; and WA ADSA, “ADSA Programs: Nursing Facilities,” (May 17, 2011), <https://fortress.wa.gov/dshs/adsaapps/about/programs/>.

<sup>86</sup> Washington Office of Financial Management, “Budget Drivers: State-Supported Nursing Home Caseload,” December 22, 2010, <http://www.ofm.wa.gov/trends/budget/fig406.asp>.

<sup>87</sup> Washington ADSA, “ADSA Programs,” (May 17, 2011), <https://fortress.wa.gov/dshs/adsaapps/about/programs/>.

<sup>88</sup> 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>.

<sup>89</sup> See David Mancuso, *supra* n.85.

<sup>90</sup> Functional eligibility for long-term care services are determined by assessing an individual’s ability to perform certain activities necessary for daily living independently. Washington’s Aging and Disability Services Administration assesses the functional status of individuals applying for Medicaid-funded services using the Comprehensive Assessment Reporting Evaluation (CARE) assessment for individuals living in home

and community-based settings and through the Minimum Data Set (MDS) assessment for individuals in nursing homes and other institutional long-term care settings. For purposes of these functional assessments, “activities of daily living (ADL)” mean the following: bathing; bed mobility; body care; foot care; changing bandages/dressings; eating; locomotion; medication management; toileting; transfer; personal hygiene; and dressing. ADL scores are based on the assessed individual’s ability to perform the aforementioned activities along with the level of support needed in the areas where assistance is required. See David Mancuso, *supra* n.85; and WAC 388-106-0010, “What definitions apply to this chapter?: Activities of daily living (ADL),” <http://apps.leg.wa.gov/WAC/default.aspx?cite=388-106-0010>.

<sup>91</sup> See David Mancuso, *supra* n.85.

<sup>92</sup> Nursing home diversity data based on last reported FY2009 information, all other settings based on FY2010. DSHS Research and Data Analysis Division (DSHS RDA), “FY2010 Statewide Data: Client Counts, Use Rates, and Cost by Age Group,” 2010, <http://clientdata.rda.dshs.wa.gov/>.

<sup>93</sup> This estimate represents only home care workers serving clients in Medicaid-paid home care programs. At this time we are unable to present a method for counting private-pay home care capacity, because data on the size of the private pay home care population is unavailable. See Susan M. Skillman, *supra* n.11 (Table 1).

<sup>94</sup> Authors’ analysis of October 2010 survey of 500 current Washington home care workers conducted by the Feldman Group for the SEIU Healthcare 775NW.

<sup>95</sup> Authors’ analysis of 2011 union membership data; “2010 Census Data Estimates for Washington State,” <http://quickfacts.census.gov/qfd/states/53000.html>; and DSHS RDA, *supra* n.92.

<sup>96</sup> This data is based on a telephone survey that was conducted in English only. As such, the reported percentage of foreign born individuals is likely to be lower than the true percentage of immigrants working as home care workers since non-English speakers were likely excluded from the survey.

<sup>97</sup> See Washington State Office of Financial Management, *supra* n.60.

<sup>98</sup> Washington State Department of Social and Health Services (DSHS), “2012 DSHS 10 Percent Budget Reduction Options,” <http://www.dshs.wa.gov/budget/>.

<sup>99</sup> Jennifer C. D’Souza et al., “Hard Times: The Effects of Financial Strain on Home Care Services Use and Participant Outcomes in Michigan,” *The Gerontologist*, 49, no. 2 (2009): 154-165.



# SEIU Healthcare 775NW

33615 First Way South, Suite A

Federal Way, WA 98003

1 (866) 371-3200 • [www.seiu775.org](http://www.seiu775.org) • [www.facebook.com/775nw](https://www.facebook.com/775nw)

SEIU Healthcare 775NW represents more than 40,000 long-term care workers providing quality in-home care, nursing home care and adult day health services in Washington State and Montana.

For more information about this report, please contact:

Sahar Banijamali

Public Affairs Policy Analyst

SEIU Healthcare 775NW

33615 1st Way S, Suite A

Federal Way, WA 98003

(253) 815-3738

[Sahar.Banijamali@seiu775.org](mailto:Sahar.Banijamali@seiu775.org)