How a Stronger Home Care Workforce Improves Quality of Care

National Consumer Voice for Quality Long-Term Care Annual Conference
Arlington, VA

Jessica Brill Ortiz, National Advocacy Director, Direct Care Alliance
Sara Cirba, Advocacy & Development Associate, Consumer Voice
Gail MacInnes, National Policy Analyst, PHI

October 25, 2013
SESSION AGENDA

• Overview of Home Care in the United States
  Sara Cirba and Gail MacInnes

• Discussion of Wages, Benefits, and Training of the Home Care Workforce
  Jessica Brill Ortiz

• Current Opportunities to Improve the Home Care Workforce
  Jessica Brill Ortiz, Sara Cirba, and Gail MacInnes

• Q & A
  Facilitated by Sara Cirba
ABOUT THE CONSUMER VOICE

The Consumer Voice is a leading national voice representing consumers in issues related to long-term care, helping to ensure that consumers are empowered to advocate for themselves. We are a primary source of information and tools for consumers, families, caregivers, advocates and ombudsmen to help ensure quality care for the individual.
HOME CARE CONSUMERS

- Current size of the population
- Expectations for growth
- Opinions about their workers
CONSUMER PERSPECTIVES ON QUALITY HOME CARE REPORT

- Released September 2012 – Highlights Consumers’ Opinions on the Home Care Workforce:
  - Home care workers are essential to the quality of life and quality of care for long-term care consumers.
  - The relationship between the consumer and his or her worker in the home setting often transcends those in other healthcare settings.
"She treats us like family and we treat her like family. We only have sons, so we feel that God gave us a daughter in [our worker]."
CONSUMER PERSPECTIVES ON QUALITY HOME CARE REPORT

- Unattractive pay and benefits of home care work limit the number of qualified individuals willing to enter the field.

- The lack of overtime protections limit additional care hours.
Consumer Perspectives on Quality Home Care Report

- Home care workers need additional training to provide better quality care and to enable workers to make higher wages.
U.S. Home Care Workforce: Basic Facts

Consumer Voice Conference
Washington, D.C., October 2013
PHI ~ Quality Care through Quality Jobs

- PHI works to improve jobs for direct-care workers in order to improve quality of supports and services

- PHI works with all LTSS stakeholders – consumers, workers, employers/providers, organized labor, policymakers, researchers

- Workplace practices and policy solutions
United States: Size of Direct-Care Workforce, 2012

Total: 4,045,180

- Independent providers: 800,000
- Personal care aides: 985,230
- Nursing assistants: 1,420,020
- Home health aides: 839,930

Source: PHInational.org
DCW at a Glance - 2010

- Female ~ 88%
- Average age in home health care is 43
- 48% are white; 31% are African-American; 15% are Latino
- Foreign born ~ 20%
- Some college or a degree ~ 46%

Source: US Census Current Population Survey analysis done by PHI
More than 2.5 million home care workers

Source: BLS/OES & PHI count of IPs in 18 states
Performing tasks in 4 realms

- Self-care assistance
- Everyday tasks
- Social supports
- Paramedical tasks
Growing Demand for Direct-Care Workers in the US, 2010-2020

- Personal Care Aides: 71%
- Home Health Aides: 69%
- Nursing Aides (Nursing Aides, Orderlies, & Attendants): 20%
- All Direct-Care Workers: 48%
- All Occupations: 14%

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Direct-Care Workforce To Approach 5 Million by 2020

- Personal care aides
- Nursing aides, orderlies & attendants
- Home health aides

2020

2010

Number of workers in millions

© 2013, PHI

www.PHInational.org
Five Million Direct-Care Workers Needed by 2020

- Registered Nurses: 3.4 m
- Fast Food and Counter Workers: 3.6 m
- Law Enforcement/Public Safety: 3.7 m
- Teachers from K-12: 3.9 m
- Direct-Care Workers: 5.0 m

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Basic workforce facts

- among the country’s **lowest paying** jobs
- inadequate **health care** coverage
- inconsistent **training** requirements **poorly aligned with wages**
- unpredictable hours, often **part time**
- heavy reliance on **public benefits**
- **high turnover**
United States: Median Hourly Wages for Direct-Care Workers, 2012

- Personal care aides: $9.57
- Home health aides: $10.01
- Nursing assistants: $11.74
- All occupations: $16.71

Source: PHI analysis of BLS/OES
Direct-Care Workers Without Health Coverage by Setting, 2010

- Hospitals: 15%
- Nursing & Residential Care: 30%
- Home Health Care Services: 38%

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Direct-Care Workers Without Health Coverage by Occupation, 2010

- US Civilian Workers: 19%
- Nursing, Psychiatric, & Home Health Aides: 29%
- Personal Care Aides: 34%
- All Direct-Care Workers: 30%
Turnover endemic

• Small-scale studies show PCA turnover ~ 44 - 65%

• 2007 National Home Health Aide Survey: 35% of home health aides intend to quit in next year (~56,000 workers)

• Turnover “predictors”
  ▫ Low wages
  ▫ Not enough hours
  ▫ No reimbursement for travel costs
Personal Care Aide Training Requirements

Requirements across all, uniform: 22
Requirements across all, not uniform: 7
Some requirements: 12
No requirements: 10

*Excludes participant-directed PCA services

See also:
Home Health Aide Training Requirements
Nurse Aide Training Requirements
For more information, contact:

Gail MacInnes, National Policy Analyst
gmacinnes@phinational.org  •  202-870-4586

Visit PHI Policy Works at:  www.phinational.org/policy
About Direct Care Alliance, Inc.

- National advocacy voice of direct care workers (DCWs) across long-term services and support (LTSS) settings
- National non-profit, membership advocacy organization
- Building a movement to improve direct care jobs
- Equipping and empowering direct care workers as leaders and advocates in that movement, and to improve the nation’s long-term care system
Impact of Workforce Conditions on Workers, Consumers & Beyond

How do home care worker (HCW) wages, health care and other benefits and training impact:

- Workers and their families?
- Home care consumers?
- Other employers?
- The workforce and broader LTSS system?
- The economy?
Impact of Chronically Low Wages

What low wages mean for workers

- Difficult to
  - Make ends meet (i.e. groceries, childcare, housing, energy assistance)
  - Take time off to care for a new child, family member or personal recovery
  - Afford health insurance/treatment
  - Less economically secure
  - Dependence on public assistance
  - Hard to commit to the profession long-term

Broader impact on workforce, consumers & beyond

- More workers forced to depend on public assistance → grows the ranks of the working poor → adds stress to our economy
- High turnover rates → costly and impact quality and continuity of care
- Care gap → hard to attract enough dedicated, skilled folks to the profession to meet demand
Health Insurance & Other Leave-Related Benefits

DCWs’ Health Characteristics

- Physically and mentally demanding work
- Higher than average rates of chronic conditions, which often get worse if untreated
- On-the-job health hazards
- One of the highest rates of on-the-job injuries

DCWs’ Health Insurance Coverage

- For many DCWs
  - Unaffordable premiums and copays, yet ineligible for Medicaid
- While many employers offer health insurance to DCWs, many others don’t
  - Even when employers do offer insurance
    - Premiums and copays can be too expensive for DCWs to afford
    - DCWs may not work enough hours to qualify for the plan
### Impact of Access to Affordable Health Insurance
(or other family or personal leave benefits)

<table>
<thead>
<tr>
<th>Without health insurance</th>
<th>With health insurance</th>
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<tbody>
<tr>
<td>Choice between seeking costly treatment/staying home and recovering (often losing wages) OR going to work sick or injured and exposing consumers to illness/injury</td>
<td>Can seek and afford treatment/recover faster and go back to work faster</td>
</tr>
<tr>
<td>Condition can worsen without treatment -- which can result in being out of work longer and more expensive treatment later on</td>
<td>Fewer instances of postponed and emergency treatment</td>
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<tr>
<td>→ Bad for workers and worker families’ health and economy security</td>
<td>→ Improved <strong>health and economic security</strong> for workers and their families -- improved work and school outcomes → and appeal of home care jobs</td>
</tr>
<tr>
<td>→ Bad for quality and continuity of care for consumers</td>
<td>→ Improved <strong>quality and continuity of care</strong> for consumers</td>
</tr>
<tr>
<td>→ Bad for U.S. economy</td>
<td>→ <strong>Stronger middle class and U.S. economy</strong></td>
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Impact of Training

Current federal training and education requirements don’t ensure adequate preparation of HCWs.

→ An under-trained and under-educated workforce can’t provide highest quality care
→ High turnover and resulting cost and impact on care quality and continuity
→ Expensive on-the-job injuries (for workforce with low levels of insurance)

Improved recruitment and retention will help build a strong, stable, high quality workforce to meet demand for quality care, services and support.

→ Link training to certification and higher wages so workers can remain in the field and advance
→ Improve training and establish career advancement opportunities to help stabilize the workforce and improve the quality of care for consumers
Public Policy Recommendations

• Enact policies that increase training, wages and benefits for home care workers
READ THE FULL REPORT ONLINE

http://www.theconsumervoice.org/cpr
Opportunities to Improve Wages
Federal Minimum Wage & Overtime Protections for Home Care Workers

- On September 17, 2013, the U.S. Department of Labor (DOL) ended nearly 40 years of exclusion by finalizing a proposed rule extending minimum wage and overtime protections to HCWs under the federal Fair Labor Standards Act (FLSA).

- Revised regulations will take effect January 1, 2015.
Opportunities to Improve Wages

Federal Minimum Wage & Overtime Protections for Home Care Workers

We need your help!
Disappointed by unusually long delay, but working with allies to ensure the regulations are implemented properly and not disapproved by Congress

→ Sign the online thank you letter to President Obama and DOL Secretary Perez, and promote it to your network through October 31: www.directcarealliance.org

→ Coordinate with us to brainstorm about story collection – from workers, consumers and others who will benefit from the regulations

→ Watch for more information about how you can help over the coming months
  • Education/implementation: i.e. of various stakeholders (consumers, other employers, workers, family members, etc.) about the regulations and what they mean to them
  • Advocacy: i.e. op eds and letters to the editor, social media campaigns, newsletter and blog stories, outreach to U.S. Senators and Representatives, etc.
Opportunities to Improve Health Care & Other Benefits

The Affordable Care Act (ACA)
A huge victory for hundreds of thousands of direct care workers -- including HCWs -- and their families, taking important steps to make health care affordable and accessible

Health Insurance Marketplace /Exchange -- Important way for home care and other direct care workers to learn about their options for health insurance

- Under the ACA, every state must have a Marketplace where individuals, families and small businesses can get health care coverage
- Open enrollment started 10/1/13; coverage may start 1/1/14
- Some are state-run, others are run by the federal government
- Contain information about health coverage options so consumers can compare, choose and enroll in a plan
- Information about programs to help consumers with low to moderate resources and income pay for health care coverage
- Accessible through websites, call centers and in-person assistance
Opportunities to Improve Health Care & Other Benefits

The ACA’s Health Insurance Marketplace

Direct Care Alliance’s Get Direct Care Workers Covered Initiative

• Education and enrollment initiative supported by the New York State Health Foundation to ensure that the benefits of health care reform reach low-income and immigrant communities

• Goal: Help DCWs and other uninsured individuals get health insurance through the marketplace, improving their health and economic security
  ▫ Initial focus in NY, where approximately 2.7 million New Yorkers, including over 85,000 DCWs, are uninsured
  ▫ Additional work possible in VA, TX, PA and beyond

• Working to partner with businesses and community-based organizations throughout NY (and potentially elsewhere) to ensure people have information and support to access the benefits that are available to individuals and small businesses (particularly those that employ DCWs -- i.e. home health agencies)
Opportunities to Improve Health Care & Other Benefits

The ACA’s Health Insurance Marketplace

We need your help!

→ Communication and story collection
  ▫ Messaging that this process won’t be without problems -- enrollment is a major undertaking
  ▫ Participation and public messaging is crucial to the success of ACA implementation – especially around the marketplace
  ▫ Stories of how the ACA is helping people access affordable health care

→ Data collection
  ▫ About currently uninsured people who are enrolling in health coverage -- the number of enrollees, re-enrollees, etc.
Opportunities to Improve Health Care & Other Benefits

The Affordable Care Act (ACA)

Medicaid Expansion

- Traditional Medicaid: Affordable, accessible health care coverage nationwide (each state has its own eligibility criteria)

- Under the ACA and the related 2012 Supreme Court decision, each state can accept or reject federal funds to expand their Medicaid program to more low-income people

  - In 2014, people with incomes up to about $15,400 for an individual/$26,300 for a family of three (in 2012) --138% of the FPL-- will be eligible for expanded Medicaid coverage

  - 27 states and DC have already decided/are likely to accept this money and expand their Medicaid programs
Opportunities to Improve Health Care & Other Benefits

The ACA’s Medicaid Expansion

We need your help!

• If every state expands its Medicaid program, **about 460,000 uninsured DCWs (including HCWs) will be newly eligible** for health care coverage through Medicaid

• DCA is working with our DCW members and other advocates in TX – and likely FL, PA and beyond – to advocate for Medicaid expansion

→ Contact us if you are working on this advocacy or want to learn more!
Opportunities to Improve Health Care & Other Benefits

Numerous legislative opportunities you can help with!

Family and Medical Leave Act (FMLA)
• Enacted in 1993
• Provides eligible workers with up to 12 weeks of unpaid, job-protected leave to recover from illness or care for a new child, sick family member, etc.
→ Contact us to learn more about how to get involved in advocacy to update the law

Family and Medical Insurance Leave (FAMILY) Act
• Would make paid family and medical leave available to nearly all of America’s workers
• Introduction expected any day
→ Sign and promote the coalition sign-on letter (www.nationalpartnership.org)
→ Collect and share stories about people who would benefit from the bill
Opportunities to Improve Health Care & Other Benefits

Numerous legislative opportunities you can help with!

**Healthy Families Act (H.R. 1286/S. 631)**
- Would set a national paid sick days standard, including allowing eligible workers to earn a set number of job-protected sick days annually to recover, care for a family member, and more

  ➔ Collect and share stories and keep an eye out for updates on ways to get involved

**Sense of the Senate Resolution (S.RES. 128)**
- Expresses the sense that supporting seniors and individuals with disabilities is an important responsibility of the U.S., and that a comprehensive approach to expanding and supporting a strong home care workforce and making LTSS affordable and accessible in communities is necessary to uphold the right of seniors and individuals with disabilities in the U.S. to a dignified quality of life

  ➔ Contact us to learn more about advocacy including securing additional co-sponsors

**Paid Sick Days and Other State & National Campaigns**
- Contact us to learn more about other campaigns to extend and improve benefits for workers
DCA’s Personal Care & Support Credential

- Validated competency-based test geared at HCWs
- Expires after three years; renewable
- Measures content knowledge and situational judgment skills HCWs need to do their job well
- Can be used at the national, state and local level
- Meets the standard for Program Independence (to avoid any conflict of interest)
- Is based on actual “practice” in the field, and not just educational training

→ Career growth opportunities for credentialed workers
  - National professional recognition and formal evidence of knowledge and judgment
  - Increased market value, pride and respect

→ Family members and other employers can uniformly assess workers’ skills, knowledge and judgment as part of hiring decisions
Contact Us For More Information

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