

# 1199SEIU

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Lucy Chen

\*Acting EVP  
\*\*Acting VP

Grace Bogdanove  
Western New York Nursing Home Division Vice President  
1199SEIU United Healthcare Workers East  
2421 Main Street, Suite 100  
Buffalo, NY 14214  
(716) 982-0540

Good morning, my name is Grace Bogdanove. I am the Western NY Nursing Home Division Vice President, 1199SEIU United Healthcare Workers East out of Buffalo, NY. 1199 represents over 50,000 nursing home workers downstate and an additional 15,000 nursing home workers in the Hudson Valley and Upstate.

I appreciate the opportunity to share our union's perspective on workforce challenges in the nursing home industry. 1199 has long history of advocating for quality care and quality jobs in nursing homes.

Throughout the pandemic, 1199 members advocated on behalf of themselves and their residents for appropriate PPE and infection control measures. Research showed that this work paid off as homes where 1199 members work had fewer deaths and better access to PPE.

Our union played a pivotal role New York's new requirements for minimum spending on quality care and staffing, as well as the new requirement for minimum hours of care. Adequate nursing home staffing has been the #1 priority for 1199 members for years and we are hopeful these changes will make a real difference for residents and healthcare workers.

From our experience, the workforce challenge in New York is not a result of there being too few caregivers available. And the data confirms that the challenge is not in hiring. The CMS' Covid-19 data for the week ending June 20<sup>th</sup> – shows that 89% of facilities responding said there was no shortage of aides and 97% said there was no shortage of clinical staff. The overwhelming majority of facilities are reporting they do not have a shortage of staff.

Over and over again, workers tell us that facilities *are* hiring staff. So instead of a worker shortage, the reality is that inadequate pay and benefits, poor working conditions, and inability to have a seat at the table on matters concerning resident care drive caregivers from the bedside. The real challenge here is turnover.

In 2019, Leading Age reported the turnover rate for Certified Nurse Aides (CNAs) in a typical nursing home in New York State was 25 percent. However, regional medians vary from a low of 9 percent in New York City to a high of 52 percent in the Buffalo region. We know that higher turnover is associated with lower quality care. Continuity of care is crucial for nursing home residents – caregivers get to know the residents they see daily- they understand resident needs, and can identify any changes in conditions, ensuring a greater quality of care provided to the residents. A 2021 study showed that facilities with the highest median turnover rates had the lowest CMS overall star ratings while the highest rated facilities had the lowest turnover.

So what drives caregivers away from nursing homes? Basically, it comes down to workers not being able to take care of residents the way they want to. Typically, the pay is inadequate and the workload is overwhelming. Caregivers do not feel valued or have a say in how care is delivered. And, finally, research indicates that working in a for-profit facility is associated with higher turnover likely because the issues of low pay, strenuous workload, and being undervalued are more acute for workers in for-profit settings.

### NEW YORK CITY PRINCIPAL HEADQUARTERS

498 7th Avenue  
New York, NY 10018  
(212) 582-1890  
www.1199seiu.org

ALBANY  
155 Washington Ave.  
Albany, NY 12210  
Tel. (518) 396-2300  
Fax (518) 436-1140

HICKSVILLE  
100 Duffy Ave., Suite 300 West  
Hicksville, NY 11801  
Tel. (516) 542-1115  
Fax (516) 542-0919

BALTIMORE, MARYLAND  
611 North Eulaw Street  
Baltimore, MD 21201  
Tel. (410) 332-1199  
Fax (410) 332-1291

NEW JERSEY  
555 Route 1 South, 3rd Fl., Suite 301A  
Iselin, NJ 08830  
Tel. (732) 287-8113  
Fax (732) 287-8117

MASSACHUSETTS  
108 Myrtle Street, 4th Fl.  
Quincy, MA 02271  
Tel. (617) 284-1199  
Fax (617) 474-7150

ROCHESTER  
259 Monroe Ave., Suite 220  
Rochester, NY 14607  
Tel. (585) 244-0830  
Fax (585) 244-0956

BUFFALO  
2421 Main Street, Suite 100  
Buffalo, NY 14214  
Tel. (716) 982-0540  
Fax (716) 876-0930

SYRACUSE  
250 South Clinton Street, Suite 200  
Syracuse, NY 13202  
Tel. (315) 424-1743  
Fax (315) 479-6716

FLORIDA  
2881 Corporate Way  
Miramar, FL 33025  
Tel. (305) 623-3000  
Fax (305) 826-1604

WHITE PLAINS  
99 Church St., 4th Fl.  
White Plains, NY 10601  
Tel. (914) 993-6700  
Fax (914) 993-6714

GOVERNOUR  
93 E. Main St.  
Gouverneur, NY 13642  
Tel. (315) 287-9013  
Fax (315) 287-7226

In addition to the cost to quality of care due to turnover, the direct cost of turnover for a nurse aide has been estimated to be at least \$2,500. Even greater if accounting for the increased costs of health care, due to lower quality care for consumers, or higher injury-related medical costs for workers, both of which are associated with turnover.

If we are going to improve nursing home care in New York and providers are going to meet the new standards for staffing, we must do a better job of keeping caregivers at the bedside once they come through the door. Here is what we know from our experience and what the research tells us.

Living wages, quality and affordable healthcare, and a secure retirement are the fundamental features that can keep workers at the bedside, even when other conditions such as short staffing are present.

I already mentioned the 9% turnover rate for nurse aides in the New York City area – this makes sense because these are largely union jobs with union-negotiated affordable and quality healthcare and retirement benefits. I should add these figures are for nurse aides employed directly by the facility. The retention rates for contracted employees are at least twice as low.

In addition to quality wages and benefits, workers must have a voice in how care is delivered. This is not just an issue for nursing home workers—we know that worker engagement and workers being invested in the core mission of their workplace is key to retaining staff. And, a unionized workplace is the vehicle for workers to have that voice. In the 2018 cost reports we found the statewide retention rate for nurse aides to be 75% - that is 75% of nurse aides who were working in a nursing home at the beginning of the year were there a year later. The average rate for union-represented nurse aides in the New York City region was 83%. The statewide average retention rate for nurse aides who are not represented by a union is 68%.

So we need to make sure that nursing home workers earn living wages with quality and affordable healthcare and retirement, and we need to ensure that workers are directly employed by their facility and have a voice in how care is delivered. In addition to the above solutions, we must also improve onboarding, support programs, and training for workers just coming in the door because we know this work is hard, and we know that most workers coming in the door are low-income, many being women, people of color, and immigrants who disproportionately struggle with childcare, transportation, and housing.

As simple as these solutions sound, our experience is that some employers are still doing the opposite. We are still bargaining contracts with employers who fight tooth and nail to limit increases in wages and benefits. They then turnaround and pay premium prices for per diem and contract staff because they can't recruit workers at the wages they pay directly-employed staff. For example, just last year, 1199 members at Buffalo Center had to fight to earn an improved CNA start rate – a start rate that remained below \$15. This is a facility whose CEO has an estimated net worth of over \$500 million dollars. It should come as no surprise that many of the workers in this facility are no longer directly employed, but work through agencies through which they can earn a higher wage.

So to reiterate, our recommendations to keep and grow the workforce needed to care for residents are:

- To strongly enforce the new minimum staffing and spending requirements to improve quality jobs and care;
- To provide adequate wages; quality and affordable healthcare, and retirement security to caregivers directly employed by the nursing home;
- To Improve worker engagement and investment in the workplace by including caregivers in recruitment, quality improvement, problem solving, scheduling, and mentoring new staff;
- To Improve onboarding, training, and worker supports;
- And Finally, to support funding increases for nursing home care that are targeted at improving wages, benefits, training, and supports for caregivers directly employed by providers.

During the pandemic, some facilities engaged their workforces in meeting the challenge of Covid-19 and, in many cases, these facilities did a better job at protecting both residents and staff. We are confident that we can do the same to meet the challenge of turnover and retention.