

RECOMMENDATIONS

Supporting and Sustaining the Home Care Workforce

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Demand for home care is rising. The number of individuals needing long-term, in-home care in the United States is rapidly increasing. By 2050, the number of adults older than 65 is expected to nearly double from 48 million to 88 million, with many needing care as they age. Currently, an estimated 575,000 more direct support professionals must enter the workforce each year to meet home care needs.

Home care is often preferable to in-patient care. Every year, more than 3.3 million re-hospitalizations occur in the United States, resulting in costs of \$41 billion. In the United States, the rate of hospital readmission for adults 65 or older who are Medicare recipients is 24.8%, accounting for \$15 billion of Medicare expenses. Quality home care is cost-effective for taxpayers. Properly trained home care workers (HCWs) can care for these individuals at home, preventing the need for institutionalization.

Home care work is one of the nation's fastest-growing occupations, yet pay, benefits and working conditions remain exploitative. The home care field is estimated to add almost 1.2 million jobs in the next decade, with the workforce expected to grow by 36% between 2018 and 2028 nearly four times the rate of total employment growth.

Recruitment and Retention Crisis. Currently, HCWs lack incentives to enter and remain in the workforce, contributing to a HCW shortage. Conservative estimates suggest turnover rates of one in three HCWs each year, with some studies reporting half of workers leave the profession each year. Primary reasons for leaving were (1) insufficient rate of pay, (2) not enough paid hours, (3) lack of benefits and (4) pursuit of better career opportunities. Rapid turnover among HCWs undermines quality of care for older persons and persons with disabilities, while creating instability in the lives of caregivers.

Wages are too low. The majority of HCWs are women (89%) and/or people of color (58%), and more than one-quarter are immigrants (26%). Nearly one-quarter of HCWs live below the federal poverty line, and more than half rely on some sort of public assistance. With wages consistently below a living wage, HCWs' economic vulnerability makes illness and injury more dangerous, as many do not have paid sick leave or earn enough money to take time off.

More Research on Home Care Workers. HCWs are an understudied group. Expanding research to include their voices and understand their role in the evolution of home care is critical to developing effective programs and policies. We recommend research in the following areas:

1. ***Private Pay Workforce*** - Relative to the home care workforce paid through public funds, the private pay workforce is under-researched. Better understanding these workers may facilitate the creation of better support systems and lead to improved home care services for clients.
2. ***Cost-Effectiveness Analyses*** - Future cost-effectiveness studies could focus on home care in relationship to: hospitalization, Medicare/Medicaid expenditures, and the financial effects of paid and unpaid home care provision on family caregivers
3. ***Unique Barriers to Union Formation*** – Beyond the traditional barriers, research should address the gap in our understanding about issues related to factors such as worker non-co-location and institutional hierarchies.
4. ***Training Effectiveness*** - Effective training improves client care outcomes and job satisfaction for HCWs, but the quality of training has not been extensively researched. Research on which training mechanisms are most effective would help recruit and retain workers and improve patient safety.
5. ***Worker Owned Home Care Cooperatives*** – Demonstration projects will determine best practices, evaluation methods, and provide a comprehensive set of health outcomes.

Effective policy interventions are expressed well in current legislation being advanced by Senator Rachel May. These Bills, if passed, will have high impact on systems that foster worker protections and increase job quality in both rural and urban NYS. Bills are: S1508, S1177, S958, S597, S4412, S5374, S6640, S4222, S554, S6664, S6203 (passed), S6740(passed). Themes include:

- improved funding mechanisms to promote living wages with benefits
- legislation to foster unionization
- research on enhancing career pathways through enhanced service delivery, such as nutritional counseling or mild exercise programs
- paid job training
- research on cooperatives and other innovative approaches to improving working conditions for home care workers and their clients.
- creating funding mechanisms to support home care workers' health and safety
- creating funding mechanisms for career-ladder internships

I. STATE LEGISLATIVE ACTION TO RAISE HOMECARE WORKER WAGES, PROVIDE BENEFITS, AND IMPROVE WORK ORGANIZATION.

1. Lawmakers establish Medicare and Medicaid reimbursement rates, consistent across both programs, that support higher wages for home health care workers at all skill and experience levels.
2. Private and public home care worker agencies and employers increase the wages for home care workers and provide benefits including paid sick time, disability insurance, pension, and paid time off/vacation.
3. Implement policies that foster geographic organization of health care work and full-time employment.
4. State lawmakers support workers' rights by removing anti-union legislation, enabling home care workers to organize unions to improve their working conditions, income and benefits.
5. Encourage the formation of self-governed and worker-owned cooperative organizations to amplify their collective efforts to improve wages, working conditions, and quality of care and include grants/low-interest loans.
6. Enact state legislation to require home care employers to negotiate with unions, cooperatives, and individual employees to create collective solutions to problems facing home care workers.

II. STATE LEGISLATIVE ACTION TO ENRICH TRAINING AND JOB TASKS TO RAISE THE QUALITY OF CARE

7. Fully fund hours of care needed for consumers and create ways for HCAs to be full members of the care team and engaged in inter-professional education.
8. Raise state training standards for home care workers to the Institute of Medicine's recommendation of 120 paid hours.
9. Provide funds to promote state and regional collaboration to improve the quality of training, benchmark effective programs, and update existing training programs.
10. NYS Department of Labor develop and monitor implementation of policies that incentivize growth and retention of the home health care workforce.

III. ADDRESS WORKPLACE SAFETY AND HEALTH

11. An illness and injury prevention program standard that requires employers to engage a systems approach to identifying and remediating hazards in homes and other worksites. The program should include employer commitment; worker engagement; safety and health training; physical and non-physical injury and illness tracking; hazard identification and remediation; first aid, treatment, and preventive health care; and program evaluation.
12. A worksite violence prevention standard that includes hazard assessment and emergency back-up provisions.
13. An ergonomics standard that includes approaches to obtaining and training to use Medicare and Medicaid-funded transfer and other assistive equipment in the home.
14. Fund State and Local Departments of Aging and Health to foster innovation and implement evidence-based programs that identify and remediate barriers to quality care.