

What Causes Home Care Workers to Leave Their Jobs in Washington State?
Predictors of Turnover and Job Satisfaction

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A thesis

submitted in partial fulfillment of the
requirements for the degree of

Master of Public Health

University of Washington

2012

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Program Authorized to Offer Degree:

School of Public Health (Health Services)

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Acknowledgements

We would like to thank SEIU Healthcare 775NW for financing the main survey for this study and for providing us access to their prior membership surveys and other relevant data. We'd like to thank the Feldman Group, Inc. for conducting these telephonic surveys for this study.

We would also like to thank Lisa Morris, Candace Howes, and their research teams for publishing *Quits and Job Changes Among Home Care Workers in Maine: The Role of Wages, Hours and Benefits* (2009) and *Love, Money or Flexibility: What Motivates People to Work in Consumer-Directed Home Care?* (2008), respectively, and for sharing their research tools with us.

Finally, we would like to thank the 1,303 home care workers who responded to the three telephone surveys that provided the majority of the data for this study.

What Causes Home Care Workers to Leave Their Jobs in Washington State? Predictors of Turnover and Job Satisfaction

By Sahar Banijamali, Dan Jacoby and Amy Hagopian

Abstract

Purpose: Attracting and retaining a stable and motivated home care workforce has become a top policy priority. We investigate the relative roles of wages, hours, benefits, and other non-economic factors on the turnover of home care workers, and the relationship between job satisfaction and actual turnover.

Methods: We surveyed 402 former paid home care workers who had recently voluntarily left their home care jobs in Washington State, to identify factors associated with turnover and job satisfaction. Our 16-minute telephone survey included both workers employed both as individual providers and as home care agency employees.

Results: Home care workers who left the profession over the last 4 years were more likely to be more highly educated, have a higher household income, and to be white than the current home care workforce. They were also less likely to be the primary or sole wage earner, and had more dependents, although they were not different in age or gender. These findings suggest those who left the home care workforce were slightly better off and probably had other options than continuing in home care, this conclusion is supported by our additional finding that those who have found new employment are in jobs with better benefits, wages, hours, and career mobility than was offered by their home care jobs.

Background

Health policymakers are facing a predicted shortfall in the number of formal home care workers needed to provide care in the coming decade, and therefore need to identify recruitment and retention strategies.ⁱ Dedicated, well trained, and well-suited home care workers are key to providing quality long-term home care. High turnover and vacancy rates are becoming a serious concern in the long-term care field.ⁱⁱ The Institute of Medicine report, *Retooling for an Aging America*, identified an unstable home care workforce as a primary challenge that must be addressed to care for the growing number of aging “baby boomers” in the United States.ⁱⁱⁱ

The demand for workers to provide home-based personal care services to elderly individuals is growing fast, with worker shortages occurring in Washington as well as in many other parts of the country.^{iv} In Washington State, the population aged 65 and older is also beginning to grow at an increasing rate, gaining over 22 percent since the 2000 census. According to the Washington State Office of Financial Management’s (OFM) state population forecasts, this growth is anticipated to continue. By 2030, the number of individuals aged 65 and older will represent one-fifth of the state’s population (i.e. about 1.7 million).^v Washington State OFM projects growth in the aging population of about 32 percent from 2008 to 2015 and growth in the population of individuals with developmental disabilities of about 8 percent during that period.^{vi} In 2012, gains in the number of individuals in the age 65-plus population are expected to increase from an addition of about 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 aged 85-plus is expected to double by 2030, when the first members of the baby boom generation reach 85 years of age.^{vii} 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 percent). According to Skillman (2011), if the number of Medicaid consumers receiving home and community-based services from home care workers increases at the same rate as the general population, there will be 56 percent more Medicaid consumers in Washington in 2030 than there were in 2010. This will greatly increase demand for home care workers.

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 indicates labor shortages will worsen over the next twenty years.”^{viii} A 2005 national survey found more than 76 percent of states reported that home care worker recruitment and retention were major policy issues.^{ix} 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.^x

Faced with an impending unprecedented demand for home care workers with the training and experience needed to provide long-term care to elderly and disabled populations, it is critical to understand the high turnover rate associated with this occupation and the variety of factors relating to job satisfaction.^{xi}

Turnover is a ratio of the number of separations during a specified period of time to the total number of workers employed. Home care worker turnover rates are high: nationally, data on home care worker turnover rates show wide variation, with estimates ranging from a low of 25 percent to a high of more than 200 percent.^{xii} In Washington State, annual home care worker turnover has been estimated at 37 percent for individual providers,^{xiii} while one home care agency estimated its annual turnover of agency home care workers to be 67 percent.^{xiv} However, 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.^{xv}

The long term care system, then, is dependent on paid home care workers. This makes it timely to identify strategies to attract workers to the home care profession and improve home care worker retention rates.

Washington’s Home Care Program

Home care workers provide support services to low-income seniors and people with disabilities who are unable to live safely at home without help. These services make it possible for clients to remain independent, live safely in their own homes and communities, and receive individualized and culturally relevant care from a qualified caregiver. Washington’s home care programs channel state and federal funds to consumers of home care so they can hire an individual provider of their own choosing. The provider can be a friend, a family member or a person unknown to the consumer. Alternatively, some contract with an agency to supervise and manage their home care services. Without home care services, many people with disabilities and elderly consumers would be forced into nursing homes or other public institutions that have limited ability to provide individualized or culturally relevant care.

Washington spends about \$2 billion of state general fund expenditures, or 5.3% of the state’s biennial budget, on long term care elderly and developmentally disabled consumers, with about half of that for home care.^{xvi} Approximately 74.3 percent of 45,000 home care workers^{xvii} are individual providers paid by the State’s Department of Social and Human Services. Washington’s individual providers are unionized (with the Service Employees International Healthcare 775NW), and their wages are set through a collective bargaining agreement with the state. The current hourly wage scale for individual providers ranges from \$10.03 (for individuals with 2000 or less cumulative career hours) to \$11.07 (for individuals with 14,001 or more cumulative career hours).^{xviii} This wage scale has remained the same since July 1, 2008.^{xix} The wage range for agency home care providers, who comprise about 26 percent of the home care workforce, is about the same. Approximately two-thirds^{xx} of agency providers in Washington State are unionized, with wages ranging from \$9.67 to \$11.12.

The long term care workforce is diverse, with a higher proportion of women, people of color, and immigrant workers than the general population. More than thirty percent of home care workers and their families—about 13,000—earn incomes below the official federal poverty threshold.^{xxi} Many more struggle to meet basic daily needs and have to make difficult choices between caring for themselves and caring for others. The current starting wage in Washington, \$10.03 an hour, is well below what a worker needs to support a family in a state with the fourteenth highest cost of living in the nation.^{xxii} While health insurance is available for the home care worker, there are no benefits of any kind for family members or dependents, little (if any) paid time off and no retirement benefits. Home care workers’ average hourly wage is lower than that of all other jobs in health care.^{xxiii}

Because home care jobs offer such low wages and benefits, many workers work more than full-time and take multiple jobs. Any unexpected expense, temporary loss of a client or reduction in hours can be a financial calamity for the home

care worker and her family. Chronic low wages also lead home care workers to rely on public safety net programs, such as food stamps and Medicaid. Furthermore, the precarious financial status of home care workers makes it more difficult to quickly resolve problems that may interrupt their work. Every crisis for the home care worker then becomes a potential crisis for the home care consumer.

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.^{xxiv} The job can be difficult, strenuous and even dangerous.^{xxv} Home care workers go into a variety of homes and neighborhoods, where they lift people and sometimes handle biomedical hazards, such as blood and human waste. Given the unique and important relationship between home care workers and consumers, job retention is related to quality in long-term care services. While much is known about the needs of home care consumers, relatively little is known about the needs of employees.

Our goal was to gather information about the precipitants of turnover among home care workers. Our research question was, “What are the reasons former home care workers in Washington State give for voluntarily leaving the profession between August 1, 2007 and October 31, 2010?” We sought to identify associations between various reasons and independent variables such as age, gender and socio-economic status. We also sought to identify factors associated with turnover that could be most readily be addressed by policy makers or the union.

Design and Methods

Conceptual Framework

A number of conceptual models have been proposed to examine job turnover and retention.^{xxvi} In this article, we hypothesize that job turnover of home care workers depends on job satisfaction, which is influenced by (a) extrinsic rewards (wages, fringe benefits, etc.), (b) training and career development (e.g. basic training, continuing education, mentoring, and opportunities for advancement), (c) reasons for being a home care worker (motivation), and (d) demographic/personal and market characteristics (Figure 1). Our analysis focuses on the policy levers available to government decision makers and home care agencies, such as wages, benefits, training and career opportunities. The demographic/personal characteristics of home care workers, as well as the geographic, political and market characteristics of the settings where they work are the primarily control variables in our analysis. For example, whether the home care worker is of a minority ethnicity or lives in a rural county are not factors health care policymakers can modify directly.

Settings and Sample

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.

We phoned a total of 20,558 individuals. Many individuals were called multiple times in attempts to reach them, for a total of 75,113 attempted calls. In addition to no answer, we encountered 360 individuals who did not speak English, 4,156 bad or disconnected numbers, and 84 business numbers. Of the 482 qualified respondents who agreed to participate in the telephone survey, 83.4% completed the entire survey. 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, respectively. 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.

Data Source/Study Variables

We selected eligible survey respondents through screening questions. Since the purpose of this study is to look at factors associated with actual turnover among Washington home care workers, individuals who never worked as a home care worker in Washington State, were still active home care workers, and/or who had involuntarily left the profession were not eligible to participate in the survey. Individuals who were fired/terminated, laid off, became too ill to work, retired, or had their client pass away or move into residential care were excluded.

To enhance comparability with ongoing survey work on turnover and retention in the home care field, our 56-item survey drew heavily from instruments developed by Morris (2009), Keifer and colleagues (2005), and Howe (2008).^{xxvii}

Using cross-tabs with chi squares calculated in SPSS, we analyzed the relative importance of a variety of factors influencing the decision to leave the home care profession in our respondents, including wages, benefits, work hours, reasons for working, attitudes toward home care, reasons for leaving, and attitudes toward future employment, and relative satisfaction with current employment.

Results

Homecare Workforce Demographics

Table 1 provides a demographic portrait comparing current and former Washington State home care workers. The current home care workforce is about 73 percent Caucasian (non-Minority), 5 percent Black/African American, 6 percent Latino/Hispanic, 7 percent Asian/Pacific Islander, 3 percent American Indian/Native Alaskan, and 6 percent Other. In contrast, our sample of home care “leavers” tended to be slightly more Caucasian (non-Minority) (81%) and slightly less Latino/Hispanic (3%) and Asian/Pacific Islander (3%) than the current workforce.

Former and current home care workers are also similar in other respects. We found no difference in the gender distribution, with about 84 percent ($p = 1.0$) of both populations being female. Additionally, the geographic distribution of our sample was very similar to the total current workforce with about one-third of home care workers ($p = 0.67$) residing in the eastern (more rural) part of the state. The mean age is also about the same for these two populations with former home care workers averaging 49.1 years of age ($SD = 15.4$) compared to 50.2 years of age ($SD = 15.6$) for the current workforce.

Leavers and current workers are very different in some important ways, however. Our sample of leavers tends to be more educated and wealthier than current home care workers. More than one in four (27%) of our leavers have a bachelor’s degree or higher level of education, compared to fewer than one in five (18%, $p = 0.026$) of the current home care workforce. Further, one in four leavers had a current household income at or above \$55,000, compared to only one in ten (13%, $p = 0.0004$) current home care workers, and were also less likely (than the current workforce) to be the primary wage earner (i.e. 49% versus 57%, respectively, $p = 0.11$) for their household while they were working in home care. Further, 40 percent of leavers were the only wage earner for their household.

Leavers also tend to have more dependents for whom they were providing financial support than current home care workers. The mean number of dependents being financially supported by leavers averaged 1.62 compared to 0.86 ($p = 0.76$) for the current workforce. Further, leaver are less likely than current home care workers to have been working for a client to whom they were related or acquainted with prior to establishing the caregiver-client relationship. About 41 percent of leavers cared for consumers they did not know prior to becoming their caregiver, compared to 28 percent ($p = 0.0038$) of the current workforce.

Finally, we also know that about a third of leavers were working multiple jobs (34%) and/or claiming an earned income tax credit (32%) while in home care. We do not know how current workers fair in comparison as they were not surveyed on either of these topics.

Reasons for Entering and Leaving the Home Care Profession

The most important reason our respondents gave for becoming home care workers was their commitment to or feeling of obligation to care for their particular clients. About 42 percent of our sample indicated this was the main reason they became a home care worker. Overall, only 20 percent said home care was an improvement over their previous work in terms of pay, benefits or hours were their main reasons for becoming a home care worker. On the other hand, about the same proportion (21%) reported their primary reason for entering home care was that it was rewarding work. Another 18 percent said desperation, the lack of other jobs at the time, or lack of skills to work in another profession were the main reasons they became a home care worker. (Data not tabled).

Table 2 details the problems people reported they had while working in home care, as well as their 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. One in four (28%) were going back to school or got a better job. The next most important reason (at 23%) was the desire for a job with better hours. For these respondents, half (47%) 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 felt that their home care job required too many hours of work. The third most predominant reason why individuals 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 our respondents reported. Additionally, 18 percent of leavers cited the lack of/inadequate health benefits or the lack of a pension or retirement plan as a major problem they faced while working in home care.

Former Home Care Workers Prior and Current Work Conditions

Prior to entering the home care workforce, 38 percent of former home care workers were employed in either another health care job, office administration, or retail (15% in health care, 12% in an office, and 11% in retail). Additionally, 10 percent previously worked in food service; 6 percent worked in manufacturing; and 4 percent worked in housekeeping/janitorial services. Those who left home care and are now working in another job are typically doing office work (23 percent), retail (21 percent), another health care position (18 percent), or as a teacher/teacher's aide (15 percent) (Data not tabled).

Data in Table 3 describe work characteristics of our sample of leavers. 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. Leavers had an average final hourly wage of \$10.36 per hour. The majority of leavers worked for private home care agencies, while 43 percent worked as individual providers paid by the state's Department of Social and Human Services.

On average, currently employed leavers are now significantly less likely to still be working multiple jobs, compared to their time as home care workers. Only 8 percent of currently employed leavers indicated they are currently working multiple jobs, compared to 34 percent ($p = <0.0001$) when they were home care workers. On average, currently employed leavers have enjoyed a \$4.53 per hour spike in wages ($p = <0.0001$), and 38 percent more ($p = <0.0001$) reported they now have full-time employment. Additionally, the proportion of currently employed leavers indicating they were "very satisfied" with their jobs increased from 39 percent (while in home care) to 56 percent ($p = <0.0001$) in their current positions.

Currently employed leavers have also seen gains in their benefits levels in their current jobs compared to their home care jobs. On average, 3 percent ($p = 0.4884$) more reported an increase in health insurance for themselves, and 8 percent ($p = 0.0312$) more reported having health insurance for their dependents. There was also a 10 percent ($p = 0.0243$) increase in the number of currently employed respondents who now have paid sick and personal days, and an 8 percent ($p = 0.0809$) 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 increased from 6 percent while in home care to 21 percent ($p = 0.0002$) in their current jobs. Currently employed leavers did however, report a reduction in transportation reimbursement and paid vacation time. While in home care, 39 percent of leavers had paid vacation time, compared to 26 percent ($p = 0.003$) in their current jobs. This decrease in paid vacation time may be offset by the increase in paid sick or personal days and paid holidays.

Variation by Satisfaction

A little more than one-third of former home care workers reported having been very satisfied with their work when they were home care workers. Those who claimed to be very satisfied with their home care job tended on average to be about 5.5 years older ($p = 0.001$), less well educated, with fewer dependents, and were more likely to be individual providers than those who were less than very satisfied. (See Table 4). The very satisfied were also slightly more likely to be earning more than \$10 per hour ($p = 0.105$) in home care and to be working full-time ($p = 0.051$). The very satisfied worked in home care an average of 1.7 years longer ($p = 0.002$) than those less than very satisfied. Additionally, the proportion of very satisfied respondents whose client was their family member was about 9 percent higher ($p = 0.044$) than those less than very satisfied.

The very satisfied were more likely to say they became home care workers because they viewed home care work as rewarding or because they felt an obligation to care ($p = 0.017$) for their particular client. In contrast, the less than very satisfied were more likely to have entered the profession out of desperation (i.e. the lack of other jobs at the time, or lack of skills to work in another profession) or because they viewed it as a good career opportunity (i.e. better pay, benefits, or hours than their prior job).

Variation between Currently Employed and Unemployed Former Home Care Workers

Table 5 illustrates differences between that currently employed former home care workers and those currently unemployed. Compared to those currently employed, the unemployed have fewer dependents ($p = 0.000$), are less well educated ($p = 0.044$), and are more likely to be older (and significantly more likely to be over the age of 55) ($p = 0.000$). Not surprisingly, the currently unemployed found it more difficult to find another job with the same or better wages and benefits ($p = 0.002$) than their prior home care job. The currently unemployed were also more likely to have a lower annual household income ($p = 0.006$) and to be receiving public assistance or government benefits as an added source of income. About 27 percent of the currently unemployed respondents reported receiving some type of public assistance or government benefits, compared to 6 percent of currently employed respondents ($p = 0.000$).

Variation by Ethnicity

Table 6 illustrates the differences between minority former home care workers and Caucasian, non-Hispanic former home care workers. As a group, minority respondents tended to be younger ($p = 0.048$), with more dependents ($p = 0.054$), and less well educated ($p = 0.058$) than their white counterparts. They also tended to have lower annual household incomes ($p = 0.026$) and had more difficulty finding another non-home care job with the same or better pay and benefits ($p = 0.001$) after leaving the home care workforce. Also, while working in home care many more minority former home care workers were both the primary wage earner for their household ($p = 0.001$) while also caring for a client that was a family member ($p = 0.016$). Finally, compared to white former home care workers, minority former home care workers were less likely to have an additional supplemental source of income ($p = 0.042$) and were more likely to claim an earned income tax credit ($p = 0.008$).

“Leavers” Views of Home Care and Recommendations for Improving Worker Retention

When asked what wage rate they would need to consider working in home care again, 72 percent of former home care workers named higher wages. Half of these respondents indicated they would need an hourly wage of \$15 or more to consider working in home care again.

When asked to choose from a list of options to best recruit more people to work in home care, respondents overwhelmingly (51%) indicated higher wages would be the best way of incentivizing 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. Interestingly, no respondents said providing fewer hours of paid home care work or providing job placement and help in finding clients would help best improve home care workforce recruitment.

Discussion

Home care workers who left the profession over the last 4 years were likely to be more highly educated, have a higher household income, and to be White than the current home care workforce. They were also more likely to have cared for a client to whom they had no relationship prior to becoming their caregiver. Leavers were also less likely to be the primary wage earner for their household, and had more dependents, although they were not different in age, gender, or geographic distribution. These findings suggest those who left the home care workforce were slightly better off and probably had other options than continuing in home care, a conclusion supported by the finding that those who are already newly employed are in jobs with better benefits, wages, hours, and career mobility. Further, the fact that leavers were more likely to be caring for strangers suggests that these individuals may have been less burdened by feelings of responsibility or obligation to their particular client. This interpretation is consistent with findings from a California^{xxviii} study that noted commitment to the client was one of the three most important reasons why individuals entered home care jobs and also why they stayed in the job. The study found that although family providers are far more likely to enter the home care workforce because of feelings of responsibility or obligation to a particular client than non-family providers, they express no less interest in wages and benefits as a reason for taking the job. The same study also found that family caregivers are half as likely to work in home care because they like it as are non-family caregivers, and often feel they have only little choice. These findings highlight the import of family providers as people who could be continuing members of the home care workforce if only they received the resources (e.g. adequate wages and benefits) that they, like other workers, need.

The job market for those who have worked in home care includes other positions in health care, office work, classroom assistants, retail, and even (to a lesser extent) housekeeping, food service, or manufacturing. Just under half of leavers are currently employed (44%) in another job and are now significantly less likely to still be working multiple jobs, more likely to be working full-time, enjoying a 50 percent increase in their hourly wages (from what they earned on average in home care), and enjoying significant gains in their benefits levels. These findings all support the higher level of satisfaction leavers have reported in their current jobs in comparison to their home care jobs.

Surprisingly, a large proportion (just over one third) of home care workers said they were “very satisfied” doing home care work when they had the job (and another 46% said they were “somewhat satisfied”). Those who reported high levels of satisfaction viewed the work as rewarding and/or they were caring for someone they knew before they entered the home care workforce. They were on average a bit older, less well-educated, and supporting fewer dependents than those who were less than very satisfied. The very satisfied tended to stay in the job about 2 years longer than those who were less than very satisfied and they were also more likely to be working full-time and earning more an hourly wage of over \$10 per hour.

These findings suggest workers who tended to experience less financial strain and entered the workforce for altruistic or public service reasons were more likely to feel very satisfied with their home care job, a conclusion supported by the findings that the very satisfied tended to stay in the home care workforce longer, had fewer dependents to support, slightly higher wages, and full-time employment and tended to enter home care because of their view that job was rewarding and/or to care for someone they knew. In contrast, the less than very satisfied were more likely to have entered the profession out of desperation or because they viewed it as a good career opportunity and as a result were disappointed with the wages and benefits provided for their hard work.

Compared to those currently employed, the unemployed have fewer dependents, are less well educated, have a lower annual household income and are more likely to be receiving public assistance/government benefits, and are more likely to be older (and significantly more likely to be over the age of 55). Improvements in wages and benefits may be particularly beneficial for this group, in light of their difficulty finding better employment after leaving home care, and help diminish their turnover and increase their satisfaction with home care work.

Moreover, the survey found that those who had more difficulty finding a non-home care job after leaving the home care workforce tended to include more people of color, who were younger, with more dependents, and had lower annual household incomes. While working in home care many more minority former home care workers were both the primary wage earner for their household while also caring for a client who was a family member. Compared to white former home care workers, minority former home care workers were less likely to have an additional supplemental source of income and were more likely to claim an earned income tax credit. As low-wage workers, home care workers who are also people of color and/or immigrants face additional socio-economic challenges. Some of the challenges caused by overall poverty among the workforce are likely exacerbated, as racial inequity causes further disparities in health, economic status, and education. This is supported by the survey’s findings that people of color tended to have lower levels of educational attainment, lower household incomes, and higher post-home care unemployment rates than their white counterparts. Improvements in the

wages and benefits provided to Washington home care workers would especially benefit people of color in a very racially and ethnically diverse workforce.

As a whole, former home care workers had a mean final hourly wage of \$10.36. In contrast, the mean final hourly wage for very satisfied former home care was \$10.49, compared to \$10.23 for less than very satisfied home care workers. These results, though not statistically significant ($p = 0.105$), suggest the wage range for home care workers is just too narrow to incentivize tenure in home care or to reward good performance. The lack of a counterfactual higher wage and fringe benefit experience makes it difficult to show its role in the turnover or retention of home care workers. However, evidence from studies in Ohio^{xxix} and Maine^{xxx} suggests that compensation is highly correlated with job satisfaction and actual job turnover. The Maine study found that while the non-pecuniary rewards of home care worker matter to workers and that improved supervision, training, and schedule flexibility can reduce plans to leave, higher wages, more hours, and better benefits account for more actual job turnover. The study found an estimated reduction in intent to leave and actual turnover of a 20% wage increase (\$9.23 to \$11.08) is 7% and 28%, respectively. Similarly, the Ohio study found that feeling fairly compensated for the home care job and receiving key benefits (i.e. health insurance and a retirement/pension plan) are significantly related to home care worker job satisfaction, which in turn is related to turnover.

Additionally, the role of improved wages and benefits in the improved recruitment and retention of home care workers is also supported by our survey respondents' overwhelming indication (72%) that they would not work in home care again unless offered a higher wage. Half of the respondents indicated they would need an hourly wage of \$15 or more to consider returning to home care.

Finally, respondents' top recommendations for best methods of recruiting more people to the home care profession included higher wages; more support and better training and opportunities for skill development and career advancement; and improved benefits (e.g. paid vacation, health insurance coverage for spouse/dependents, sick pay, etc.). These findings suggest that home care workers want to work in a profession that provides them with financial stability and the ability to support their families as well as the ability to grow and advance professionally. As in other states, most home care workers in Washington come from low-income households. For these workers, the ability to earn more income may be more of an imperative than other fringe benefits. Policy level efforts to improve home care wages and provide wage subsidies may be required to deal with the increasing demand presented by the aging "baby boom" generation.

The limitation of this study was ensuring a representative random sample. Challenges encountered in contacting and interviewing home care workers including disconnected and wrong phone numbers and failure to keep follow-up interview appointments may have affected our results. Additionally, conducting interviews exclusively during evening hours and in English-only may have also affected whether a representative random sample was attained. Given these limitations, the survey likely underrepresented former home care workers, who are more transient; speak a primary language other than English; and/or who primarily work night shifts or are otherwise unavailable by phone during evening hours. Thus, the findings from this study need to be viewed with caution and cannot be generalized to the aforementioned underrepresented populations. Similarly, although home care workers in Washington are likely to have characteristics similar to other samples of home care workers in terms of gender, race, ethnicity, and income level, the study questions and the conceptual model need to be tested with larger, more generalizable samples.

One of the major strengths of this study lies in the use of a conceptual model that focused on the policy levers available to government decision makers and home care agency employers in improving home care job turnover and retention rates. Other strengths include the sampling of former home care workers who had actually turned over and no longer work in the home care industry. Most prior studies in this field have investigated factors associated with job satisfaction and intention to stay/leave rather than actual turnover. However, although self-reported turnover intentions and actual turnover are highly correlated, intention to quit alone accounts for only a portion of actual turnover.^{xxxi} A study of home care workers in Maine suggests that there may be an even wider gap between intentions and actual behavior among low-income workers with less education.^{xxxii} Thus, this study's focus on actual turnover is important to the accuracy of the results observed.

Finally, this study was the first survey to look at job satisfaction and turnover among home care workers in Washington State and therefore significantly adds to what is currently known about the workforce in this state. Future research with larger, more representative samples and a longitudinal design can lead to further refinements in our understanding of the home care workforce and the relationship between job satisfaction and actual turnover among home care workers.

Tables and Figures

Figure 1. Factors Affecting Job Turnover of Home Care Workers in Washington State.



Table 1. Demographics of Former Washington Home Care Workers Surveyed, 2011.

Variable	A: Our Sample (Home Care Leavers)	B: Total Current Home Care Workforce	P-value
Race/Ethnicity of Caregiver	(n = 394)	(n = 382)	
White/Caucasian	319 81%	280 73%	.07*
Black/African American	18 5%	17 5%	
Latino/Hispanic	13 3%	24 6%	
Asian/Pacific Islander	13 3%	27 7%	
American Indian/Native Alaskan	10 3%	12 3%	
Other	21 5%	22 6%	
Gender – Female	338 84% (n = 402)	337 84% (n = 400)	1.0
Relationship to Client	(n = 400)	(n = 599)	
Family member or knew but not family	236 59%	433 72%	.0038
Did not know before working for this client	164 41%	166 28%	
Marital Status	(n = 394)		
Married/cohabiting	240 61%	No data.	NA
Widowed/separated/divorced	83 21%		
Never married	71 18%		
Educational Attainment	(n = 391)	(n = 394)	
Less than high school	29 7%	30 8%	.026**
High school	94 24%	136 34%	
Some college/technical school	164 42%	160 40%	
College graduate	73 19%	58 15%	
Graduate school or more	31 8%	10 3%	
Had another job while caregiving	136 34% (n = 400)	No data.	
Claiming earned income tax credit	(n = 402)		
Yes	128 32%	No data.	N/A
No	195 49%		
Not sure	79 20%		
Current annual household income	(n = 351)	(n = 298)	
Less than \$15k	67 19%	64 22%	.0004***
\$15 to <25k	73 21%	95 32%	
\$25 to <35k	66 19%	57 19%	
\$35 to <55k	58 17%	43 14%	
\$55k or more	87 25%	39 13%	
Age, M (SD), (n)	49.1 (15.4), (n = 384) Range: 19-83	50.2 (15.6), (n = 388) Range: 18-87	
Washington state location	(n = 402)	(n = 390)	
Eastern	138 34%	125 32%	.67
Western	264 66%	265 68%	
Home care worker was the primary wage earner	189 49% (n = 389)	333 57% (n = 585)	.11
Dependents, M (SD), (n)	1.62 (0.86), Range: 0 to 7 (n = 391)	0.86 (0.83), Range: 0 to 7 (n = 390)	.76

* Comparing white to non-white

** Comparing High school and below to more than a high school education

*** Comparing less than \$55,000 to more than \$55,000 in annual household income

Sources of data: Column A is a April, 2011 survey of 402 former Washington State home care workers contacted by telephone; Column B is from two different surveys conducted in October 2010 of current Washington State home care workers (N=501 and N=400). Both sampling frames came from Service Employees International Union Healthcare 775 NW, the union that represents all individual home care providers and approximately 75% of agency-employed home care providers in Washington State.

Table 2. Dissatisfaction with the Job and Reasons for Leaving among Individuals who Left the Home Care Workforce.

Issue	Leavers <i>n, %</i>
Main reasons given for voluntarily leaving home care profession (<i>n</i> = 229)	
Left to go back to school, get a better job, or a job that would advance their career and provide skills development opportunities.	63 28%
Wanted a job with better hours	53 23%
Wanted better wages and/or benefits	36 16%
Wanted a less physically and emotionally stressful job	29 13%
Tired of home care work, bored, or burned out	25 11%
Issues with the patient or the patient's family	13 6%
Wanted a job that involved less travel or commute time	10 4%
Problems faced while working as home care worker (<i>n</i>)	
Insufficient pay for the work done (396)	78 20%
Not getting enough hours of home care work (398)	81 20%
No health benefits or inadequate health benefits (396)	71 18%
No pension or retirement plan (386)	69 18%
Physical pain or discomfort (399)	54 14%
Finding a new client when you needed one (379)	48 13%
No paid sick time (390)	48 12%
Too little control over hours or days of work (398)	46 12%
Finding a replacement when sick or needed time off (395)	45 11%

Source of data: Column A is a April, 2011 survey of 402 former Washington State home care workers contacted by telephone, where the sampling frame came from Service Employees International Union Healthcare 775 NW, the union that represents all individual home care providers and approximately 75% of agency-employed home care providers in Washington State.

Table 3. Characteristics of the Home Care Job Versus Current Non-Home Care Job

Variable	“Leavers”		P value	Current Home Care Workforce*
	Homecare job	Current job		
Benefits –				
Health insurance for yourself	89 22% (n = 393)	97 25% (n = 393)	.4884	Yes ^b
Health insurance for dependents	34 9% (n = 395)	68 17% (n = 395)	.0312	Not available.
Paid vacation time	158 39% (n = 396)	104 26% (n = 396)	.003	1hr per 40hrs worked ^c
Paid sick and personal days	67 17% (n = 383)	104 27% (n = 383)	.0243	None
Paid holidays off or extra pay for holidays worked	88 22% (n = 383)	113 30% (n = 383)	.0809	None
Retirement benefits	23 6% (n = 390)	81 21% (n = 390)	.0002	None
Reimbursement for transportation costs	199 50% (n = 393)	46 12% (n = 393)	.0001	IRS rate ^d
Current/final hourly wages (principal job), M (SD)	\$10.36 (1.6) (n = 333) Range: \$7.00 - \$22.00	\$14.89 (7.1) (n = 136) Range: \$8.00 - \$50.00	< 0.0001	Range: \$10.03- \$11.07 ^e
Total paid hours per month in home care jobs	(n = 313)	(n = 165)	<	(n = 377)
Part-time ^a (Less than 140 hours)	268 86%	85 52%	0.0001	267 71%
Full-time (140 hours or more)	45 14%	80 49%		110 29%
Very satisfied with home care job when they worked in home care compared to current job satisfaction (for those currently employed)	155 39% (n = 396; SD = .48868)	97 56% (n = 172; SD = .49734)	< 0.0001	245 62% (n = 393)
Type of Caregiver	(n = 358)			(n = 602)
Individual Provider, paid by DSHS	154 43%	N/A.	N/A	458 76%
Agency Provider, private home care agency	204 57%			144 24%
Number of years paid in home care	(n = 392)			(n = 400)
Less than 1 year	123 31%	N/A.	N/A	113 28%
1 to <5 years	203 52%			138 35%
5 years or more	66 17%			149 37%
Working multiple jobs	136 34% (n=400) SD =.47430	14 8% (n = 174) SD =.273	< 0.0001	
Received public assistance or government benefits as added source of income	33 8% (n=400) SD=.27547	51 13% (n = 325) SD= .36429	< 0.0001	110 19% (n = 588)

* The benefits description and wage range given for the current home care workforce is for Washington State Individual Providers per their 2011-13 collective bargaining agreement with the State of Washington. Individual providers comprise about 74% of the home care workforce in the state. Agency home care workers benefits and wages may vary slightly from those listed here, but tend to be very similar because of a state parity law for this workforce.

^aPart-time defined as less than 35 hours per week.

^bHome care workers become eligible for health insurance if they work 86 hours per month for three consecutive months.

^cIndividual providers earn an hour of paid time off for every forty hours worked. Total paid time off is capped at 80 hours per year.

^dIndividual providers receive the federal mileage reimbursement rate for transportation expenses for up to 60 miles per month per client.

^eThe minimum hourly pay rate is \$10.03/hour. An additional pay increase is provided for each 2,000 hours worked. Wage scale steps range from \$10.17 at 2,001 hours of work to \$11.07 at 14,001 or more hours of work.

Sources of data: Column A is a April, 2011 survey of 402 former Washington State home care workers contacted by telephone; Column B is from two different surveys conducted in October 2010 of current Washington State home care workers (N=501 and N=400). Both sampling frames came from Service Employees International Union Healthcare 775 NW, the union that represents all individual home care providers and approximately 75% of agency-employed home care providers in Washington State.

Table 4. Satisfied and Unsatisfied Former Home Care Workers

Variable	Description	Very Satisfied N (%)	Less than Very Satisfied N (%)	P- value
Overall		155 (39.1%)	241 (60.9%)	.0001
Age, M (SD), Range	Mean age	52.43 years	46.97 years	.001
Educational Attainment	High school or less	54 (36%)	67 (28%)	.067
	More than high school	95 (64%)	169 (72%)	
Dependents	None	110 (72%)	133 (57%)	.001
	1 or more dependents	42 (28%)	101 (43%)	
Structure of Employment	Private agency providers	51 (36%)	101 (48%)	.015
	Individual providers (paid directly by State)	91 (64%)	109 (52%)	
Client relationship	Client is family member	64 (42%)	79 (33%)	.044
	Not a family member	89 (58%)	162 (67%)	
Length of Employment in Homecare	2 years or less	80 (53%)	162 (69%)	.002
	More than 2 years	70 (47%)	74 (31%)	
Hours of paid home care work per month	Part-time (139 hours or less)	97 (82%)	168 (89%)	.051
	Full-time (140 hours or more)	22 (18%)	21 (11%)	
Main reason for becoming a home care worker	Felt obligation to care for particular client	72 (48%)	91 (38%)	.017
	Opportunity	19 (13%)	61 (26%)	
	Rewarding work	34 (23%)	45 (19%)	
	Desperation	26 (17%)	42 (18%)	
Final hourly wage at time of leaving homecare profession	Average hourly wage when in home care job	\$10.49 (SD=1.59)	\$10.23 (SD=1.29)	.105
Hours per month	Mean hours per month	75.6	74.6	.899
Years in home care	Mean years	4.5 years	2.8 years	.008

Sources of data: April, 2011 survey of 402 former Washington State home care workers contacted by telephone; sampling frame came from Service Employees International Union Healthcare 775 NW, the union that represents all individual home care providers and approximately 75% of agency-employed home care providers in Washington State.

Table 5. Former Home Care Workers who are Currently Employed Versus Those not Currently Employed

Variable	Description	Currently Employed Full or Part-time	Currently Unemployed*	P-value
Overall		174 (46%)	202 (54%)	.1487
Age	19-40	53 (32%)	38 (20%)	.000
	41-55	73 (44%)	60 (31%)	
	55 and older	41 (25%)	96 (50%)	
Dependents	None	85 (51%)	147 (74%)	.000
	1 or more	83 (49%)	51 (26%)	
Education	High school or less	46 (27%)	73 (37%)	.044
	More than high school	125 (73%)	123 (63%)	
Current Annual Household Income	\$30,000 or less	69 (43%)	99 (58%)	.006
	More than \$30,000	90 (57%)	72 (42%)	
Ease in finding new non-home care job with same/better benefits & pay	Easy	112 (74%)	74 (57%)	.002
	Difficult	39 (26%)	55 (43%)	
Received public assistance or government benefits as added source of income	No, just wages from own job or family member's job	140 (94%)	113 (73%)	.000
	Yes, received public assistance or government benefits	9 (6%)	42 (27%)	

*Includes retired people, but not students.

Sources of data: April, 2011 survey of 402 former Washington State home care workers contacted by telephone; sampling frame came from Service Employees International Union Healthcare 775 NW, the union that represents all individual home care providers and approximately 75% of agency-employed home care providers in Washington State.

Table 6. Minority Versus Non-Minority Former Home Care Workers

Variable	Description	Caucasian, Non-Hispanic	Minority Race	P-value
Overall	(n = 394)	319 (81%)	75 (19%)	.0001
Age	19-40	81 (26%)	28 (39%)	.048
	41-55	111 (36%)	25 (35%)	
	55 and older	117 (38%)	18 (25%)	
Current Annual Household Income	Less than or equal to \$30,000	136 (49%)	42 (63%)	.026
	Over \$30,000	144 (51%)	25 (37%)	
Education	High school or less	46 (27%)	76 (35%)	.058
	More than high school	125 (73%)	142 (65%)	
Relationship to Client	Client is family	107 (34%)	36 (48%)	.016
	Client is not family	210 (66%)	39 (52%)	
Ease in Finding Another Non-Home Care Job With Same or Better Pay and Benefits	Easy	161 (71%)	31 (49%)	.001
	Difficult	67 (29%)	32 (51%)	
Dependents	None	204 (65%)	38 (53%)	.054
	One dependent	34 (11%)	10 (14%)	
	Two or more dependents	75 (24%)	24 (33%)	
Earned Income Tax Credit	Claimed	92 (36%)	34 (54%)	.008
	Did not claim	162 (64%)	29 (46%)	
Supplemental Income	Have additional source of income	206 (65%)	40 (53%)	.042
	No, just home care wages	111 (35%)	35 (47%)	
Primary Wage Earner	Home care was the primary wage earner for their household	136 (44%)	48 (65%)	.001
	No, not the primary wage earner	171 (56%)	26 (35%)	

Sources of data: April, 2011 survey of 402 former Washington State home care workers contacted by telephone; sampling frame came from Service Employees International Union Healthcare 775 NW, the union that represents all individual home care providers and approximately 75% of agency-employed home care providers in Washington State.

Table 7. Difference Between Full-time Versus Part-time Former Home Care Workers (HCW)

Variable	Description	Former part-time HCW	Former full-time HCW	P-value
Overall		268 (86%)	45 (14%)	.0001
Received public assistance or government benefits as added source of income	No, just wages from own job or family member's job	186 (87%)	28 (78%)	.120
	Yes, received public assistance or government benefits	28 (13%)	8 (22%)	
Claimed earned income tax credit	Yes, claimed EITC	86 (39%)	16 (43%)	.373
	No, did not claim EITC	135 (61%)	21 (57%)	
Length of Employment in Homecare	2 years or less	171 (65%)	19 (42%)	.004
	More than 2 years	94 (35%)	26 (58%)	

Sources of data: April, 2011 survey of 402 former Washington State home care workers contacted by telephone; sampling frame came from Service Employees International Union Healthcare 775 NW, the union that represents all individual home care providers and approximately 75% of agency-employed home care providers in Washington State.

Endnotes

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