

Home Care Workers: Keeping Granite Staters in Their Homes as They Age

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The question of how to provide necessary health care and personal services to a growing population over age 65 is an urgent policy problem facing New Hampshire and the nation. With the aging baby boom generation, the New Hampshire population over the age of 65 is growing twice as fast as the total population,¹ and today 13 percent of the state's population is age 65 or older, up from 11 percent in 1990.² Research shows that the population over 65 in New Hampshire prefers to remain in their own homes and receive home-based care rather than reside in a nursing home or an assisted living facility.³ There is evidence suggesting that home-based care may be more cost effective than institutional care, as states with established home and community-based services (HCBS) experienced cost savings in Medicaid spending over time.⁴ In response to the preference for home-based care among older adults and people with disabilities and the potential for cost savings, the state of New Hampshire has supported the expansion of the HCBS system and increased Medicaid funding for home-based services.⁵

The growing older population and their desire to remain in their homes coupled with increased funding for home-based services translates into increased demand for the services the home care workforce provide. In fact, the New Hampshire Department of Employment Security projects that between 2006 and 2016, "home health aide" will be the fastest growing occupation, highlighting the demand and preference for home-based care.⁶ Yet, despite the growth of the home care workforce in New Hampshire, the demand for home care workers outpaces the supply. New Hampshire is just not keeping up with the rising demand.

High turnover rates are common among the home care workforce. The majority of direct care employers in New Hampshire agree that turnover is a problem and state that they need to hire one or more home care workers to meet current service demands. High turnover in this workforce contributes to lower-quality care. Furthermore, research

Key Findings:

- The median hourly wage for home care workers in New Hampshire is \$10.00, whereas the median hourly wage for all New Hampshire workers is \$16.48. LNAs earn the highest median hourly wage, at \$11.77 per hour, almost \$2.00 more per hour than PCSPs and almost \$3.00 more per hour than homemakers.
- Twenty-nine percent of home care workers in New Hampshire typically work full-time hours for their home care agency. By cobbling together part-time jobs, 46 percent attain full-time hours, but they lack benefits and face a wage disadvantage compared with those who have full-time hours at their home care agency.
- One-third of home care workers in New Hampshire lack health insurance, primarily because it is too expensive for the employees.
- More than half of home care workers are covered by health insurance through a private sector provider; fewer than one in five home care workers are covered by health insurance through their direct care employer.
- Very few home care workers receive paid time off; in fact, 67 percent have no paid leave of any kind. Full-time workers are twice as likely to have paid leave as part-time workers.
- Home care workers were asked to name all the features that would make their job better. Higher wages was the leading factor, followed by better access to benefits, such as health insurance, more paid time off, and more opportunities for advancement.

using national data shows that those who work in direct care occupations face a wage penalty; that is, they earn less than expected given their job characteristics and qualifications.⁷ Low wages, unstable work hours, and limited benefits contribute to high turnover among this workforce.⁸

Many in the Granite State are considering strategies to address the shortage of home care workers. To inform these discussions, the Carsey Institute at the University of New Hampshire was asked by the New Hampshire Institute for Health Policy and Practice to assist with the development, administration, and analyses of a survey of the home care workforce and their employers in order to profile the workforce and examine wages, benefits, and retention. The results from this New Hampshire Direct Care Workforce Survey are presented in this brief (see the Data section at the end of this brief for more information about the data collection effort).

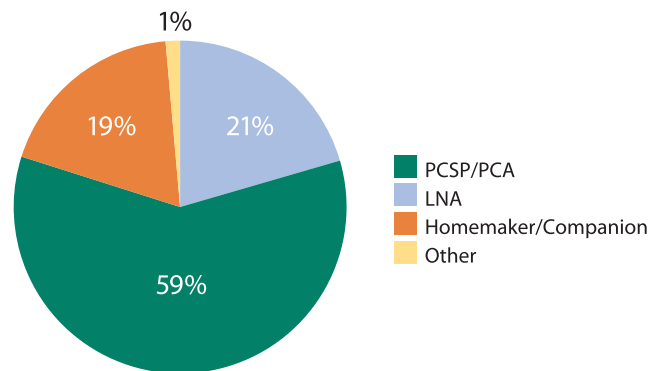
This policy brief provides a demographic and economic profile of the current home care workforce in New Hampshire, which includes licensed nursing assistants (LNA), personal care service providers (PCSP), personal care assistants (PCA), and homemakers and companions. The profile includes home care workers who work for agencies that provide home- and community-based services and receive reimbursement from Medicaid, Medicare, and other federal and state-funded programs. The final section of the brief discusses the potential implications of low pay and high turnover for long-term care among older adults and people with disabilities in New Hampshire.

Types of Home Care Workers

Direct care workers (of which home care workers are one type) provide the majority of paid, hands-on care, supervision, and emotional support to older adults and persons with disabilities in the United States. These paraprofessionals hold a variety of job titles, including licensed nursing assistant (LNA), personal care service provider (PCSP), personal care assistant (PCA), home care aide, home health aide, homemaker, and companion. They work in diverse settings, including private homes, adult day centers, assisted-living residences, hospitals, and nursing homes. Depending on their job title and the setting, a direct care worker's tasks may include assistance with medications and measuring vital signs; assisting with personal care activities, such as bathing, dressing, using the toilet, and eating; providing comfort and companionship; and shopping, preparing meals, and cleaning the house.⁹

Workers described in this brief provide either hands-on care, light housekeeping, support, or companionship. In 2008, 59 percent of Granite State home care workers were PCSPs or PCAs (which in the remainder of the brief we

FIGURE 1. JOB TITLE, HOME CARE WORKERS, NH 2008



refer to as PCSPs), 21 percent were LNAs, and 19 percent were homemaker/companions (which in the remainder of the brief we refer to as homemakers) (see Figure 1). In New Hampshire, both LNAs and PCSPs help clients with activities of daily living, including bathing, dressing, using the toilet, and eating. LNAs are licensed and supervised by a nurse, and they also perform clinical tasks, such as range-of-motion exercises, blood pressure readings, and can assist with administering medication if they complete extra training beyond the mandated 100 hours.¹⁰ Homemakers provide light housekeeping, such as shopping, doing laundry, preparing meals, cleaning the house, and providing comfort and companionship. PCSPs often will help with housekeeping chores as well and are required to complete 10 hours of training. (Refer to the NH Coalition for the Direct Care Workforce, endnote 5, for more information on the home care workforce.)

The Home Care Workforce in New Hampshire

The New Hampshire home care workforce is predominantly female (90 percent) (see Table 1). This workforce is also older (on average, 48 years old) than the state's workforce overall, which is on average 41 years old. Homemakers tend to be older than PCSPs and LNAs. The majority of home care workers are married (58 percent), and one-third have children under 18 living with them. Only 11 percent are single mothers.

Nearly one-half of the home care workforce has a high school degree or less. However, LNAs tend to have more education than PCSPs or homemakers. Two-thirds of LNAs have some college or more, compared with roughly one-half of PCSPs and homemakers. Only one-third of LNAs have

TABLE 1. DEMOGRAPHIC CHARACTERISTICS OF HOME CARE WORKERS, NH 2008

	JOB TITLE			
	All	LNA	PCSP	Homemaker
Female	90	99	85	94
Average age	48	45	47	52
Marital status				
Married or cohabiting	58	55	60	59
Previously married	26	23	26	26
Never married	16	23	14	15
Child under 18				
Single mother	11	16	9	9
Married mother	22	22	24	17
Education				
High school or less	47	34	50	53
Some college	40	57	36	36
College graduate	13	10	14	11
Total family income				
Less than \$20,000	30	23	30	42
\$20,000–\$29,999	22	23	22	16
\$30,000–\$39,999	14	14	15	14
\$40,000–\$49,999	14	18	14	11
\$50,000 or more	19	22	19	17

Source: NH Direct Care Workforce Survey, 2008.
 Note: All numbers are percentages unless otherwise noted.

“What I do makes a difference in other people’s lives. That’s the most important thing to me.”

—Homemaker, 19-year-old single mother

a high school degree or less, while one-half of PCSPs and homemakers do.

More than one-half of home care workers have family incomes of less than \$30,000 annually. Homemakers fare the worst economically: 42 percent have family incomes of less than \$20,000 annually. In contrast, 23 percent of LNAs and only 4 percent of the state’s workers overall report family incomes this low. Further, one-half of single home care workers live on less than \$20,000 annually. Despite the low pay, many cite the rewards of the job as reasons for continuing. One worker sums it up for many: “What I do makes a difference in other people’s lives. That’s the most important thing to me.”

TABLE 2. JOB CHARACTERISTICS OF HOME CARE WORKERS, NH 2008

	JOB TITLE			
	All	LNA	PCSP	Homemaker
Hours work				
Full-time (35 or more)	29	40	29	19
Average hours	24	27	24	22
More than one job	41	51	41	29
Full-time at all jobs	46	58	47	30
Average hours at all jobs	33	37	33	27
Number of clients				
1	53	24	71	23
2–5	29	37	25	32
6 or more	18	39	4	46
Care for:				
Family	18	10	23	12
Friend	17	12	21	6
Previously unknown	65	81	58	70
Employer size				
Less than 20 employees	6	18	2	5
20–100 employees	25	32	13	57
More than 100 employees	69	50	86	39
Time worked with agency				
Less than 6 months	22	20	22	21
6–11 months	12	13	11	13
12–23 months	16	13	16	14
24–35 months	14	10	17	9
36 or more months	37	45	34	43
Average months	41	57	33	52
Shifts worked				
Days	89	92	85	95
Weekends	44	54	50	15
Nights	30	30	37	7

Source: NH Direct Care Workforce Survey, 2008.
 Note: All numbers are percentages unless otherwise noted.

Job Characteristics

Most PCSPs provide services to only one person (see Table 2). Large proportions of homemakers, however, provide services to six or more people. This variation in number of clients likely derives from differences between consumer-directed models and agency-directed models. In consumer-directed models, the person receiving care typically knows the home care worker (usually a PCSP), as many are family members, friends, or neighbors. In con-

trast, in agency-directed models, the agency is responsible for scheduling workers and typically hires all three types of workers to care for clients, who generally are previously unknown to the worker.¹¹

Despite desiring more hours, fewer than one-third of home care workers work full-time hours (35 or more) in a typical week. On average, they work 24 hours per week. Although 40 percent of LNAs work full-time, only 19 percent of homemakers do. To make up for this lack of full-time work, many work more than one job. By cobbling together part-time jobs, 46 percent of home care workers attain full-time hours, but as we will show, they lack benefits and face a wage disadvantage compared with those who have full-time hours at their home care agency.

Some people require care around the clock, including weekends. Many home care workers are working nonstandard hours. Forty-four percent regularly work weekends and 30 percent regularly work nights. It is common for home care workers to combine shifts, working days and weekends or days and nights, and about one in five work all three shifts. Even though days are the most common shift across job type, large proportions of LNAs and PCSPs work all three shifts regularly. In contrast, homemakers tend to work days only and rarely work weekends or nights.

One-fifth of home care workers have been with their agency for fewer than six months, but on average workers have been with their agency for 41 months. LNAs have the longest tenure with their agency (57 months), followed by homemakers (52 months), and PCSPs (33 months). On average, full-time workers have been with their agency longer than part-time workers (66 months compared with 31 months).

The majority work for large agencies with 100 or more employees, driven primarily by the large agencies that primarily employ PCSPs. However, 6 percent work for small agencies (fewer than twenty employees). Fully 86 percent of PCSPs work for a large agency, compared with 50 percent of LNAs and 39 percent of homemakers. Seventy-one percent of part-timers work for a large agency.

New Hampshire's home care workforce work for established agencies; 68 percent have been in existence for 20 or more years. More than one-half are private, not-for-profit agencies; one-quarter are private, for-profit agencies; and the remainder are publicly owned or part of a hospital or health system.

Wages

The median hourly wage for home care workers in New Hampshire is \$10 (see Table 3).¹² Although higher than the state minimum wage of \$7.25 per hour, it falls short of the 2008 livable wage needed to cover basic expenses for a single person (\$11.55), for a dual-earner married couple with two

TABLE 3. WAGES PAID TO HOME CARE WORKERS, NH 2008

	MEDIAN HOURLY WAGE
Total	\$10.00
Job title	
LNA	\$11.77
PCSP	\$10.00
Homemaker	\$8.98
Education	
High school or less	\$10.00
Some college	\$10.00
College graduate	\$10.00
Region	
Northern	\$9.75
Western	\$10.00
Central	\$10.00
Hillsborough	\$10.00
Seacoast	\$10.00
Hours worked per week	
Full-time	\$10.25
Part-time	\$10.00
Shift worked	
Day	\$10.00
Weekend	\$10.00
Night	\$10.00
Day only	\$10.00
Weekend only	\$10.00
Night only	\$10.25

Source: NH Direct Care Workforce Survey, 2008.

FIGURE 2. DISTRIBUTION OF HOURLY WAGE BY JOB TITLE, NH 2008

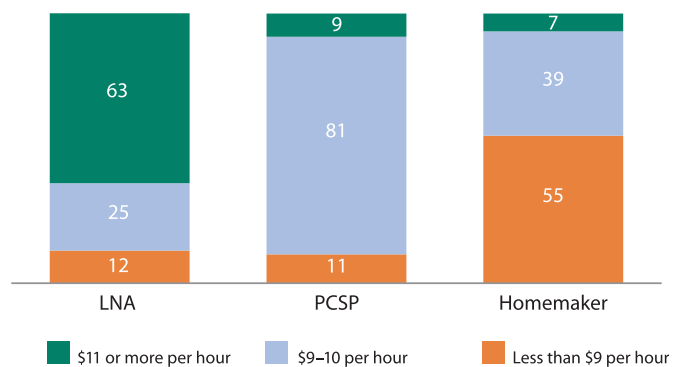
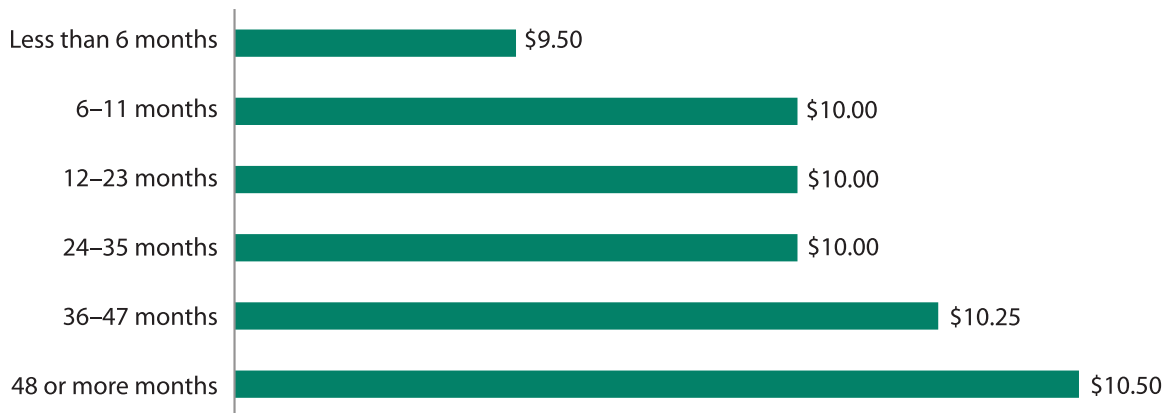


FIGURE 3. MEDIAN WAGE BY TIME SPENT WORKING WITH CURRENT DIRECT CARE AGENCY, NH 2008



children (both would need to earn \$12.19), and for a single mother with one child (\$17.68).¹³ The median hourly wage for all New Hampshire workers is \$16.48.

Full-time home care workers earn \$10.25 per hour, or \$20,500 for a full-time, year-round position.¹⁴ The median annual salary of New Hampshire full-time workers is \$40,000. Home care workers commonly cited better pay as a factor that would make their job better: “It’s hard to pay the bills. If I wasn’t on Social Security, I couldn’t afford to work at this job.”

“Better pay would improve my job. It’s hard to pay the bills. If I wasn’t on Social Security, I couldn’t afford to work at this job.”

—Homemaker, 63-year-old part-time worker

LNAs earn the highest median hourly wage, at \$11.77 per hour, almost \$2.00 more per hour than PCSPs and almost \$3.00 more per hour than homemakers. Even larger discrepancies appear when examining the distribution of wages (see Figure 2). Fully 63 percent of LNAs earn \$11 or more per hour, a far greater proportion than the 9 percent of PCSPs or the 7 percent of homemakers. Hourly wages for PCSPs are relatively uniform, with 81 percent earning between \$9 and \$10 per hour.

Typically in jobs, median earnings increase with education, but this is not the case with home care workers in New Hampshire. Median hourly wages (the wage at which half of all workers earn more and half earn less) are \$10 per hour regardless of education. However, when looking behind the median levels, home care workers with more than a high

school degree are more than twice as likely to earn \$11 or more (26 percent) than those who have less education (12 percent).

Reimbursement levels for services may determine wages, particularly among agencies that rely on Medicaid reimbursement. This, some argue, works as a cap on wages. Recall that home care workers with some college education were more likely to work as LNAs, who receive higher wages and may perform services that reimburse at higher levels.

Home care workers living in the North Country earn \$.25 less per hour than their colleagues in other regions of New Hampshire. This amounts to a \$520 annual earnings disadvantage for northern full-time, year-round workers. Another important factor that influences wages is the number of hours worked per week. Full-time workers earn, on average, \$.25 more per hour than those who work fewer than 35 hours per week for the agency. More full-time workers earn \$11 or more per hour than part-time workers (36 percent and 13 percent, respectively). Workers earn, on average, \$.25 more per hour for working nonstandard hours but just for the 4 percent who *only* work the night shift.

Earnings also increase modestly with time spent working for the agency (see Figure 3). In fact, 84 percent of agencies report that they have scheduled wage increases, which rewards tenure. For example, workers who have been with their agency for fewer than six months earn \$9.50 per hour. Once they have passed the six-month mark, they get a pay increase to \$10.00 per hour. Not until workers pass their three-year anniversary with the same agency do they see another pay raise, to \$10.25 per hour. Finally, workers who have stayed with their agency for four or more years earn a median hourly wage of \$10.50. This represents an increase of \$1.00 per hour in four years.

Benefits

Health Insurance

Ironically, one-third of home care workers in New Hampshire lack health insurance (see Table 4), which is higher than all female workers in New Hampshire (16 percent).¹⁵ The principal reason given for not having health insurance coverage is that it is too expensive (see Figure 4). The average cost per month for individual coverage for a full-time worker is \$91, while the monthly employer contribution is \$357 (see Figure 5). The cost rises sharply when considering family coverage for a full-time worker: the average monthly employee contribution is \$613 and the employer contribution is \$727. Considering that home care workers earn \$10 per hour, these monthly contributions are likely out of reach, especially since this cost does not include any deductible or cost sharing that many health insurance plans require. One home care worker comments, “Having affordable health insurance would improve my job. Our health insurance has a rather high deductible.”

Other reasons given among home care workers for not having health insurance are that the employer does not offer health insurance or the workers are ineligible. Nearly three-fourths (74 percent) of employers report that they offer health insurance to their direct care staff, but many

base eligibility on time spent at the agency and minimum hours per week (that is, they offer insurance only to full-time employees). For example, 48 percent offer health insurance to workers after three months on the job; 7 percent require two months, 32 percent require one month, and 13 percent do not have a waiting period. Although a wide range exists regarding the required minimum hours worked per week to be eligible for health insurance (from 15 to 40 hours), on average, employers require 30 hours per week. Since many workers desire full-time hours but do not get it from their direct care employer, these workers are doubly disadvantaged: their overall take-home pay is lower, unless they seek a second job, but due to their part-time status, they are not eligible for health insurance benefits.

“Having affordable health insurance would improve my job. Our health insurance has a rather high deductible.”

—LNA, 23-year-old full-time worker

PCSPs are more likely to lack health insurance (40 percent) compared with LNAs and homemakers (30 percent and 21 percent, respectively). Twenty-two percent of homemakers rely on public health insurance. Working in a large

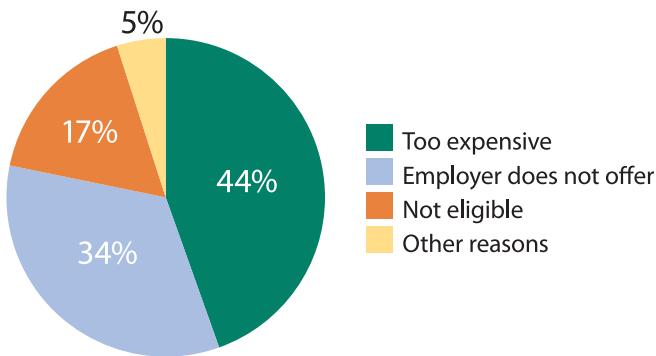
TABLE 4. HEALTH INSURANCE COVERAGE AND PAID LEAVE BENEFITS AMONG HOME CARE WORKERS, NH 2008

	JOB TITLE				HOURS WORKED		NUMBER OF EMPLOYEES		TIME SPENT WITH AGENCY	
	ALL	LNA	PCSP	Homemaker	Full-time	Part-time	Less than 100	100 or more	Less than 3 years	3 or more years
Health insurance coverage										
Private sector	53	62	47	61	58	51	58	51	48	61
Direct care employer	19	38	13	16	52	6	24	16	12	30
Spouse's employer	34	30	36	35	22	39	35	34	33	35
Public sector	16	10	17	22	7	20	20	15	17	15
No health insurance	34	30	40	21	36	33	26	38	38	28
Paid leave benefits										
Paid sick leave	13	25	7	19	28	6	18	10	7	22
Paid vacation leave	15	32	7	24	30	10	23	12	9	26
Paid holidays	18	31	10	30	31	12	28	13	12	28
Earned time	22	45	10	40	36	17	43	13	17	30
One or more types of paid leave	33	64	15	59	53	24	59	21	24	47

Source: NH Direct Care Workforce Survey, 2008.

Note: All numbers are percentages.

FIGURE 4. REASONS HOME CARE WORKERS LACK HEALTH INSURANCE, NH 2008



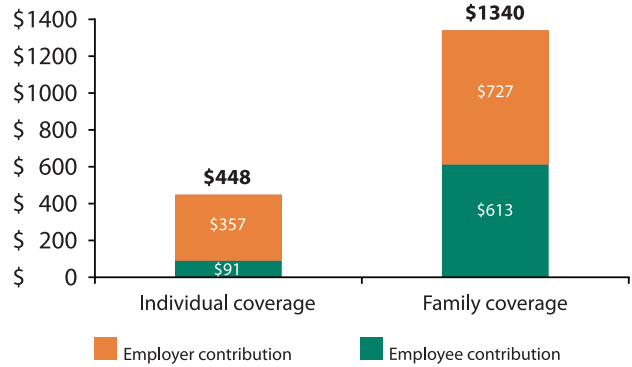
agency (100 or more employees) and working for an agency for fewer than three years both increase the likelihood of lacking health insurance.

More than half of home care workers are covered by health insurance through a private sector provider (see Table 4). Yet, fewer than one in five home care workers are covered by health insurance through their direct care employer. LNAs are more likely to have health insurance through their employer than PCSPs or homemakers, as are full-time workers. More than half of full-time workers, but only 6 percent of part-time workers, are covered through their direct care employer. Home care workers who have worked with their employer for more than three years are more likely to have health insurance through their employer than are those who have worked less time (30 percent compared with 12 percent). It is more common for home care workers to be covered by health insurance through their spouse or partner’s employer than their own.

Paid Leave

Very few home care workers receive paid time off, either paid sick leave (13 percent), paid vacation (15 percent), paid holidays (18 percent), or earned time (22 percent) (see Table 4). Only one-third of workers have at least one of these types of paid leave options. The lack of paid time off translates into not taking time off for many home care workers. As one worker aptly puts it, “I haven’t had a vacation in seven years because I can’t afford to take the time off.”

FIGURE 5. MONTHLY EMPLOYEE AND EMPLOYER CONTRIBUTIONS TO HEALTH INSURANCE PREMIUMS FOR FULL-TIME HOME CARE WORKERS, NH 2008



“I haven’t had a vacation in seven years because I can’t afford to take the time off.”

—PCSP, 49-year-old full-time worker

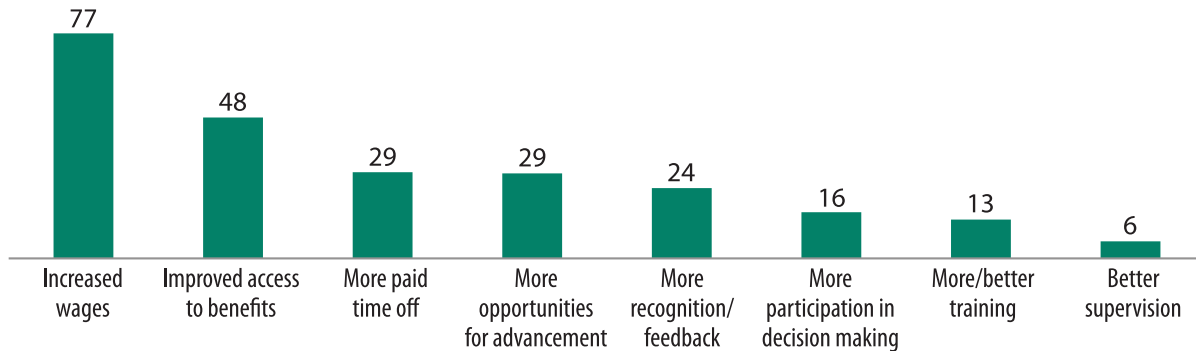
Many of the same predictors of health insurance apply to paid leave. Full-time workers are twice as likely to have paid leave than part-time workers. Nearly 60 percent of workers with a smaller agency (fewer than 100 employees) and nearly one-half who have worked with their employer for three or more years receive some paid time off. LNAs are much more likely to have some type of paid leave than PCSPs. Contrary to the patterns with health insurance, however, nearly 60 percent of homemakers, who are not likely to receive health insurance through their employer, do receive some paid leave.

Job Satisfaction

Home care workers were asked to name all the features that would make their job better. Not surprisingly, higher wages was the leading factor (see Figure 6). Better access to benefits, such as health insurance, was the second most popular factor, followed by more paid time off and more opportunities for advancement. A greater share of LNAs preferred more opportunities for advancement than PCSPs or homemakers.

Workers travel from client to client, typically in their own vehicle. Many commented on the high cost of gas (the survey was conducted during the summer of 2008, when gas prices reached record highs and the economy was in recession). Many, therefore, would like to be reimbursed for mileage or receive higher rates of reimbursement. Over eight in ten agencies provide mileage reimbursement. The federal

FIGURE 6. FACTORS HOME HEALTH CARE WORKERS STATE WOULD IMPROVE THEIR JOB, NH 2008



reimbursement rate in June 2008 was \$.505 per mile, and in July 2008 it jumped up to \$.585 per mile. Among those agencies who reimbursed for mileage, there was a wide range (between \$.25 per mile and \$.585 per mile), and the average reimbursement rate was \$.49 per mile. However, when considering all agencies, the average amount reimbursed for mileage was \$.41 per mile, a rate that may better reflect the reality facing the home care workforce. Behind this average, we see that 40 percent of all agencies reimbursed at between \$.505 and \$.585 per mile, closely aligned with the standard federal rate at that time. In contrast, 22 percent reimbursed at a rate between \$.42 and \$.50 per mile, and 38 percent reimbursed at a rate lower than \$.42 per mile or did not reimburse at all.

Job Turnover

Job turnover is a major and costly problem in the direct care industry, and New Hampshire is no exception.¹⁶ Only 13 percent of agencies state that job retention is not an issue. Fifty-three percent acknowledge turnover as a minor problem, and 35 percent state it is a somewhat serious or a serious problem. Further, 81 percent state they need to hire one or more home care workers to meet service demands. Agencies are more likely to report workers leaving their agency (92 percent) than joining (86 percent) in the prior 12 months.

Turnover is costly for employers, who must recruit and train a replacement worker. With paid caregivers, turnover means a lack of continuity in care for the care recipient. Low wages are linked to high turnover in the direct care profession.¹⁷ Improving the quality of these positions through increased wages, benefits, and working conditions is key to

recruiting and maintaining a quality direct care workforce.¹⁸ This message is loud and clear from one home care worker: “To improve this job they need to provide full-time work with benefits. If they can’t get the work at a full-time level, they get a smaller paycheck and no benefits. They move on.”

“To improve this job they need to provide full-time work with benefits. If they can’t get the work at a full-time level, they get a smaller paycheck and no benefits. They move on.”

—PCSP, 46-year-old with some college education

Although we cannot directly analyze turnover with our survey, we can compare those who have worked with an agency for several years with those who are new to the agency to gain insights on those workers who remain with their agency.

On average, home care workers have worked with their agency for 41 months. Many, of course, have worked in the home care field for much longer but for various reasons have not stayed with the same agency. Homemakers and LNAs have worked with their current employer longer than PCSPs. Full-time workers have worked for their agency for 66 months, on average, with more than one-half working there for four or more years. This is much longer than part-time workers, who on average have worked with their agency for 31 months.

As noted, workers with seniority are more likely to have workplace benefits, such as paid sick days, paid vacation days, or earned time. However, they are not more likely to have health insurance.

How to Improve Home Care Work and Reduce Turnover

Research links high turnover to lower-quality services and care and negative effects on those receiving care. Improving the quality of these paid care-giving positions through higher wages, expanded benefits, and better working conditions is key to recruiting and maintaining a quality home care workforce.¹⁹

Wages

Although raising the minimum wage is a frequent policy recommendation, even a large increase of the minimum wage by \$1 per hour would only directly increase the wages of 9 percent of home care workers in New Hampshire. Another option is to examine the state's Medicaid reimbursement structure to ensure that home care workers receive a livable wage and have access to benefits, such as health insurance and paid leave, through the establishment of a rational rate-setting process and a reimbursement incentive structure based on benchmarks (refer to NH Coalition for the Direct Care Workforce, endnote 5, for more details).

Although gas prices have declined since the summer of 2008 (when this survey was in the field), reimbursement for mileage is still important to decrease work-related expenses among the home care workforce. Pegging mileage reimbursement rates to the federal rates would reduce work costs for many, particularly for those in agencies that do not pay any mileage reimbursement.

Steady, Full-time Employment

Among the 71 percent of home care workers who do not work full-time at their direct care agency, many desire more hours and take on a second job to make ends meet. Their part-time status often makes them ineligible for health insurance coverage and cuts in half their likelihood of having paid leave. Increasing work hours to full-time for those who want more hours could improve job quality, increase take-home pay, and improve access to benefits.

Health Insurance and Paid Leave Benefits

The primary reason given for not having health insurance among the uninsured is that the employee premiums are too expensive. For a home care worker earning \$10 per hour, paying \$613 per month for family coverage is out of reach. Therefore, considering ways to lower out-of-pocket costs among the home care workforce would go a long way to improve job quality. In addition, exploring the means for employers to reduce the overall cost of family health insur-

ance, as their monthly contribution is high as well, could infuse cost savings. One option for making health insurance more affordable is to include funding for insurance in the Medicaid reimbursement rate, with the increased reimbursement only to be used to purchase an affordable health insurance plan.

Two-thirds of home care workers do not have any paid leave benefits. This becomes particularly troublesome in the event that they become sick and forces a hard decision: stay home and lose wages or possibly even your job, or go to work sick and put the health of your clients at risk. Some workers expressed concern about taking time off because there was no one else to provide care for their clients. Having a pool of competent replacement workers to fill in during paid time off would ensure quality care, reduce contagion, and decrease burnout.

Opportunities for Advancement

Finally, creating ladders for advancement within the direct care profession and the home care agency can improve the quality of these professions. Not all home care workers seek to become nurses, so creating opportunities within the direct care occupation is useful. Increased training, peer mentors with additional pay and responsibility, and tuition supports to encourage workers to pursue an LNA license could provide opportunities for advancement.

Conclusion

If New Hampshire is serious about its desire to reduce turnover among the home care workforce, meet the projected needs of the aging population, and provide the quality care necessary to help keep Granite Staters in their homes as they age, then the road map is clear and adeptly articulated by the home care workers themselves: increase wages, increase hours, increase access to health insurance and paid leave, and increase opportunities for advancement.

Data

The data for this brief come from the New Hampshire Direct Care Workforce Survey, developed in partnership between the Carsey Institute, the New Hampshire Institute for Health Policy and Practice, the New Hampshire Coalition for the Direct Care Workforce, and the University of New Hampshire Survey Center and funded by the Administration on Aging-Aging and Disability Resource Center (AoA-ADRC) project. During the summer of 2008, researchers surveyed employers and employees of home care agencies that provide

home and community-based services and received reimbursement from Medicaid, Medicare, and other federal and state funded programs. Researchers identified sixty-one agencies to survey. One refused to participate. Of the sixty remaining agencies, thirty-eight completed the agency survey, resulting in a response rate of 63 percent.

For the employee survey, researchers drew a stratified random sample of one-third (20) of all agencies and distributed surveys to 2,029 workers. Stratification was based on agency size. Researchers administered the employee survey through the agencies, given that employee lists were unavailable. Among the employees, 579 completed surveys for a response rate of 29 percent. Researchers sent several reminders in employee paychecks and raffled twenty gas cards worth \$100 each to boost response. Data presented are not weighted. Data on the New Hampshire workforce come from the 2007 American Community Survey (ACS) analyzed by the author.

Endnotes

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9. Bernadette Wright, "Direct Care Workers in Long-Term Care" (Washington, DC: AARP Public Policy Institute, 2005).
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11. The survey results confirm that these models are working as expected—PCSPs are more likely to care for friends and neighbors than LNAs and homemakers.
12. The Bureau of Labor Statistics (BLS) reports that home health aides in New Hampshire earn a median wage of \$10.97 per hour. The small discrepancy is likely owed, in part, to the inclusion in BLS figures of home health aides who work in hospitals and nursing homes, industries that pay higher wages than home care settings. In addition, the study's sample includes only agencies that the state reimburses for Medicaid, which likely pay lower wages.

13. The 2008 livable rates are calculated by applying the Consumer Price Index (CPI) for the Northeast region to the 2007 livable wage rates produced by Daphne Kenyon and Allison Churilla, “Many New Hampshire Jobs Do Not Pay a Livable Wage,” Issue Brief No. 10 (Durham, NH: Carsey Institute, University of New Hampshire, 2008).

14. This calculation is based on \$10.25 for 40 hours for 50 weeks. Recall that only 29 percent of home care workers have full-time positions.

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