



SETTING THE AGENDA: DATA DRIVEN ADVOCACY TO ADDRESS HOME CARE AIDE POLICY

Tufts Health Plan Foundation

Grantee

Home Care Aide Foundation

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The Home Care Aide Council and Foundation

The Home Care Aide Council (Council) is a non-profit trade association with over 150 members throughout Massachusetts committed to enhancing quality of care throughout the home care industry by focusing on the advancement of the home care aide workforce.

Home care aides are the heart of the Commonwealth's home care system, providing personalized and supportive services that enable our elders and disabled children and adults to remain at home. The Council works with state agencies, the Legislature, the media, and the general public, providing timely information and education on home care services and advocating for priority home care issues and initiatives.

Throughout our history, the Council has brought together providers from certified home health, homemaker, and private pay agencies to ensure that quality home care aide services are delivered throughout Massachusetts. The Council has been the leader in setting standards for home care aides and is proud to serve as the question and referral source for standards of practice.

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Executive Summary

Despite a growing demand for elder care, particularly care provided in the home, the supply of home care workers is falling short. The instability of the home care workforce, caused by high turnover, increasing vacancy rates, and shortages of quality home care aides, is leading to a crisis in the long-term services and supports system (Seavey & Marquand, 2011). With over 1 million new home care aide positions needed by 2026 to meet the needs of the country's aging boomers, the supply of workers will not meet the demand (PHI, 2017). The older U.S. population is anticipated to grow by 128% between 2010 and 2050, yet labor force participation by women aged 20-64, the traditional source for direct care workers, will only increase by 1.2 million from 2014-2024. This is in stark contrast to the growth from 2004-2014, which was nearly 7.3 million. Without the supply of new workers available to bring into the industry and the serious deficit in home care agency's ability to retain those who are currently employed, there will soon be a serious care gap facing our country's older adults and people with disabilities.

No state-level data currently exists to describe this workforce, let alone identify barriers to entering the workforce and create mechanisms for retention. Without information, we are unable to answer the question "why" when discussing the enormous problems of recruitment and retention. The necessary changes needed to solve this impending crisis rely on setting priorities for action, driven by data, and innovative policy initiatives.

To address this need, The Home Care Aide Foundation (hereto referred to as the Foundation) was awarded a Policy and Advocacy Community Investment grant from the Tufts Health Plan Foundation in January 2016 to generate an evidence-based policy agenda to guide the Massachusetts State Home Care Program, as well as the home care industry as a whole. This agenda specifically identifies and prioritizes areas for policy change and legislative action and can be found on the Home Care Aide Council's website. The results from the assessment efforts to gather timely and relevant data on the industry used to develop the policy agenda are detailed in this report.

Method

Two surveys were developed, pilot-tested and administered by the Foundation in 2016. One survey was directed at home care agencies in order to describe and characterize the industry as a whole. Thanks to the support provided from the Executive Office of Elder Affairs and the University of Massachusetts Medical School, the Home Care Agency survey was embedded in the online system that administered the 2016 Homemaker Notice of Intent to Contract (NOI) Application. This application is the means by which home care agencies apply to participate in the State Home Care Program. The 2016 application period was a unique opportunity to collect survey data from all home care agencies. Though the NOI was required, the Agency Survey was voluntary. In the end, 135 agencies had contracts to work within the State Home Care Program and **58 of these completed the survey**, resulting in a 43% response rate.

The second survey was developed to survey home care aides in Massachusetts about their work experience and perception of the industry. This survey was available in four languages: English, Spanish, Haitian Creole, and Russian. A stratified random sample of ten home care agencies that responded to the

Home Care Agency Survey (N=58) was used to select agencies for participation in the Home Care Aide Survey. Agencies were stratified by geography to account for anticipated differences in home care aide experiences depending on their location. Initially, ten agencies were selected, but the Western region was underrepresented, so an additional agency was chosen. A total of **656 home care aides responded to the survey** during the late summer, early fall 2017, resulting in a 22% home care aide response rate.

Finally, three stakeholder focus groups were conducted with provider organizations, academic and government agency representatives, and aging network stakeholders (N=24) and four focus groups with home care workers (N=30) were conducted. The focus groups assisted in contextualizing the results from the surveys and in identifying barriers that could be alleviated through changes in policy, as well as providing specific recommendations for changes to policy and practice.

Findings

Description of Respondents

- The home care agency responders were made up of primarily non-Medicare Certified agencies (74%) and had an average of 153 home care aides on staff who provided care to 478 clients.
- The home care aide workforce is a part-time or per diem workforce, with 65% of the agency's home care aide workforce being part-time and home care aides working on average 26 hours per week
- Over 40% of the home care aide workforce has been with their current agency for less than one year, though the aides overall are quite experienced, with nearly half having worked as a home care aide for five years or more
- Home care aides rely heavily on MassHealth for their health insurance with only 5% stating that they access insurance through their employer. Agencies report a slightly higher take-up of their health insurance, on average 11% of their home care aide workforce access their insurance
- 47% of home care aides have more than one job, either working as a home care aide at multiple agencies, working as a CNA or PCA in another health care setting, or working in another industry outside of health care
- Home care aides are primarily female (96%), with an average age of 48, with limited education (50% have a high school diploma or less), and 48% were born outside the United States
 - Nearly 80% have household incomes below \$40,000 per year
 - 48% have an outside caregiving responsibility, caring for a child, other family member, or friend
 - On average, among those with children under 18, one day of work is missed per month due to a child's illness, medical appointment or lack of childcare

Challenges to the Home Care Industry

- Recruitment of qualified aides is the number one challenge related to the home care aide workforce reported by home care agencies in the survey.

- One challenge to recruitment is cost related to training new workers due to the lack of reimbursement for such training. Among responding agencies, 51% offer homemaker, 37% offer personal care homemaker, and 35% offer home health aide.
- Retaining home care aides already employed is also a major concern. The average quarterly turnover rate is 16% and agencies are only netting three new employees every three months when accounting for those that left.
 - Though home care aides report being relatively satisfied with the job, a large proportion intend to leave within the year.
- The average rate of pay reported by home care aides was \$12.77. Home care aides report high dissatisfaction with the pay and note it as one of the largest challenges with staying in this workforce.
- Home care aides also report that the lack of benefits available to them through their job make it challenging to stay. Only 63% of agencies offer vacation time to their full-time aides, and 53% to their part-time workers. Retirement and disability are much less frequently offered, at 32% and 21% for retirement to full-time and part-time workers respectively, and 16% and 14% for disability.
- The schedules and hours of home care aides appears to be a major problem for agencies and the aides that fill the positions. Agencies report challenges filling both weekend and weekday cases. Aides state that the one-hour shifts, and variable schedules make it hard to maintain a consistent schedule and work only one job. The short shifts also require additional travel, which on average, home care aides are already spending over 40 minutes of their day doing
 - 42% of home care aide report wanting to work more hours than they currently are
 - Of the 54% who are on at least one public benefit (including MassHealth), 31% state they have reduced their hours to become or remain eligible for the benefits
- Home care aides report not feeling appreciated and not having opportunities for training and advancement in their job. They also often do not have the information they need about their clients to be successful in their work. Better integrating them into the care team and providing them with up-to-date information would help to show the value of their work.

Recommendations

Increase Recruitment Efforts

To address the need for increasing recruitment of home care aides, the following changes to policy or practice are recommended:

- *Recommendation #1:* Identify mechanisms to make initial training low-cost or free to individuals interested in pursuing a career in home care
- *Recommendation #2:* Improve the supports provided to trainees and new workers to ease the transition into work
- *Recommendation #3:* Develop innovative partnerships with community-based organizations to recruit and support younger and non-traditional workers into the field

Improve Retention

To address the high rate of turnover among home care aides, the following changes to policy or practice are recommended:

- *Recommendation #1:* Work with the Massachusetts' Legislature to increase wages and improve the benefits offered to home care aides employed by home care agencies
- *Recommendation #2:* Invest in programs and pilot innovative partnerships and models that support home care aides to manage the personal and work life challenges that threaten their ability to remain on the job

Maximize Hours Currently Worked

To address the need to better utilize currently employed home care aides, the following changes to policy or practice are recommended:

- *Recommendation #1:* Address the rise in short shifts by increasing rates to support the differentials paid to aides for these undesirable shifts and provide consistent, higher reimbursement for travel
- *Recommendation #2:* Work across state agencies to review various program requirements and engage in a system wide approach to address the benefit cliff issues that force home care aides to limit their hours

Stabilize Schedules

To address the need to stabilize the schedules of home care aides, the following changes to policy or practice are recommended:

- *Recommendation #1:* Develop innovative ways to better cluster clients to improve scheduling and decrease travel
- *Recommendation #2:* Adopt and adequately reimburse agencies for full-time home care aide positions

Up-Skill and Integrate

To address the need to advance the professional skills of the current workforce, arm them with adequate information, and embed them in the wider healthcare team, the following changes to policy or practice are recommended:

- *Recommendation #1:* Invest in the creation of new up-skilling opportunities for home care aides and ensure that state-level workforce funding is designed to support the ongoing training needs of the home care aide workforce
- *Recommendation #2:* Increase the information provided to home care aides through the use of technology

- *Recommendation #3:* Improve the training provided to home care aide supervisors to ensure aides are properly supported and communication is enhanced
- *Recommendation #4:* Partner with managed care entities to begin to build new models for care delivery that include the home care aide as an integral team member

Section 1. Background

The instability of the home care workforce, caused by high turnover (between 40%-60%), increasing vacancy rates, and shortages of quality home care aides, is leading to a crisis in the long-term services and supports system (Seavey & Marquand, 2011). With an anticipated 1.1 million new direct care positions needed by 2018 to meet the needs of the country's aging boomers, the supply of workers will not meet the demand. By 2050, the older U.S. population is anticipated to reach 88 million, nearly doubling from its size today of 47.8 million (He, Goodkind, & Kowal, 2016). However, labor force participation of women aged 20-64, the traditional source for direct care workers, will increase by only 1.2 million throughout the next decade (PHI, 2017). Without the supply of new workers available to bring into the industry and the serious deficit in home care agency's ability to retain those who are currently employed, there will soon be a serious care gap facing our country's older adults and people with disabilities.

Massachusetts struggles with similar workforce challenges like the rest of the nation, such as an increasing demand for home care aides to care for individuals in community-based settings, but a shortage of available workers. Throughout the Commonwealth, the demand for Home Health Aides is expected to increase by 38% from 2014 to 2024, or an annual percent change of 3.24%, making it the fastest growing occupation in the state. Home care aides (HCAs) are not far behind, with the demand anticipated to grow by 25% (2014-2024). In contrast, jobs overall during this time period are expected to increase by only 3 percent (Bureau of Labor Statistics, 2017).

The purpose of the project, "Setting the Agenda: Data driven advocacy to address home care aide policy" was to execute a Massachusetts home care workforce and industry study to understand the current status of the State Home Care Program workforce and industry, as well as identify priority areas for policy change or legislative action.

The mixed method data collection included 7 focus groups and 2 surveys. The agency survey tool was developed based on the State Profile Tool-Direct Service Worker Survey (DSWS), conducted in April 2012 to gather data on the direct-service workforce in the state. Additional questions tailored to the home care workforce (as opposed to the direct-service workforce more broadly) were added to evaluate the challenges and successes home care agencies experience. Building on this industry-survey, a home care aide-level survey was developed and distributed among this workforce. Three stakeholder focus groups with provider organizations, academic and government agency representatives, and aging network stakeholders and four focus groups with home care workers were conducted. The focus groups assisted in contextualizing the results from the surveys and in identifying barriers that could be alleviated through changes in policy, as well as providing recommendations for changes to policy and practice.

Two reports were written at the conclusion of the project; the data report included here and a report outlining policy recommendations which align the findings from the multiple data sources. The Recommendations Report can be found on the Home Care Aide Council's website: www.hcacouncil.org.

Section 2. Home Care Agency Survey

Survey Development

The purpose of the Home Care Agency Survey was to collect agency-level information about the organization, such as the service they offer and the state or federally funded programs they participate in, and the home care aides they employ (see **Addendum A** for a full copy of the survey). The goal of the survey data was to help inform the home care network, policymakers and key healthcare leaders about the current status of the home care industry as it relates to the home care workforce. Initially, questions were drawn from the State Profile Tool- Direct Service Worker (DSW) Survey conducted in April 2012 to gather data on the DSWs in the state. Because this survey tool was developed for a broader population of workers, the questions were then tailored for the home care industry. A Project Advisory Committee was established to review the survey tool and make suggestions. In addition to review by the Project Advisory Committee, the Home Care Aide Council's Standards Committee and the Council's Board also reviewed the survey questions and provided feedback. Outside of the Council's member agencies and their staff, three representatives from Aging Services Access Points were consulted, along with a representative from the Executive Office of Elder Affairs (EOEA), University of Massachusetts Boston Gerontology Department, and University of Massachusetts Medical School. The survey was pilot tested with five home care agencies of varying sizes and geographic locations. The final version of the survey included 29 questions and was anticipated to take the home care agency approximately 30 minutes to complete.

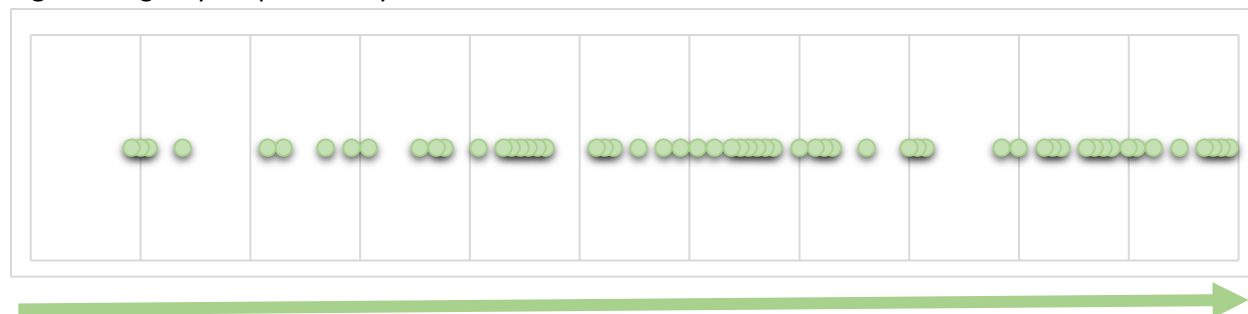
Data Collection

Because of the complexity of the home care industry, the Foundation was intentionally explicit about the target agency population for this assessment. Though there are numerous other home care agencies, such as those who work with private pay clients only or provide services through Medicare as a Certified Home Health Agency, the goal of this survey was to collect current information from those home care agencies that currently have contracts with ASAPs to work within the State Home Care Program. The timing of our survey happened to correspond with the launching of a new system through EOEA, resulting in all home care agencies (even those with current contracts) to submit a full NOI application. In most years, agencies that already had contracts were only required to go into the system and update their information. But, with the launching of the new site, all agencies had to access the program within a particular time period, offering us a unique opportunity to draw the attention of these organizations. Thanks to the support provided from EOEA and the University of Massachusetts Medical School, the Home Care Agency survey was thus embedded in the online system which housed the 2016 Homemaker Intent to Contract Application. Upon entering the site, agencies were prompted to complete the survey. The survey was not required of agencies and they could submit the NOI application without completing the survey. The survey was available for agencies to complete on this system from August 1, 2016 through February 1, 2017. This time period was not set in advance but the survey was closed when very few new surveys were being submitted. During this time, the Home Care Aide Foundation was available via phone or email for questions or to assist agencies in completing the survey.

Results

In total, 106 home care agencies completed the Home Care Agency Survey. Of these, 58 had current contracts to work within the State Home Care Program. The other 48 did not have a current contract but were applying to be eligible to secure a contract with an ASAP. At the time of the data collection, 135 agencies had current contracts to work within the State Home Care Program. The list of agencies with current contracts was obtained from EOEA and was then cleaned for duplicates (due to mergers or name changes) or closers by the research team. This resulted in a 43% response rate for home care agency responders with current ASAP contracts. Also obtained from EOEA was the volume of State Home Care Program business (percent) for all home care agencies with at least one contract with an ASAP. **Figure 1** shows the distribution of the survey responders in terms of volume of ASAP business. The responder agencies accounted for 54.6% of all ASAP volume across the state. Additionally, 12 of the largest 20 agencies responded to the survey. Though our response rate was under 50%, we are encouraged that the volume of business for our responders was higher, showing that those who participated make up a large share of the State Home Care business, giving a relatively accurate picture of the home care industry landscape.

Figure 1. Agency Responders by Volume

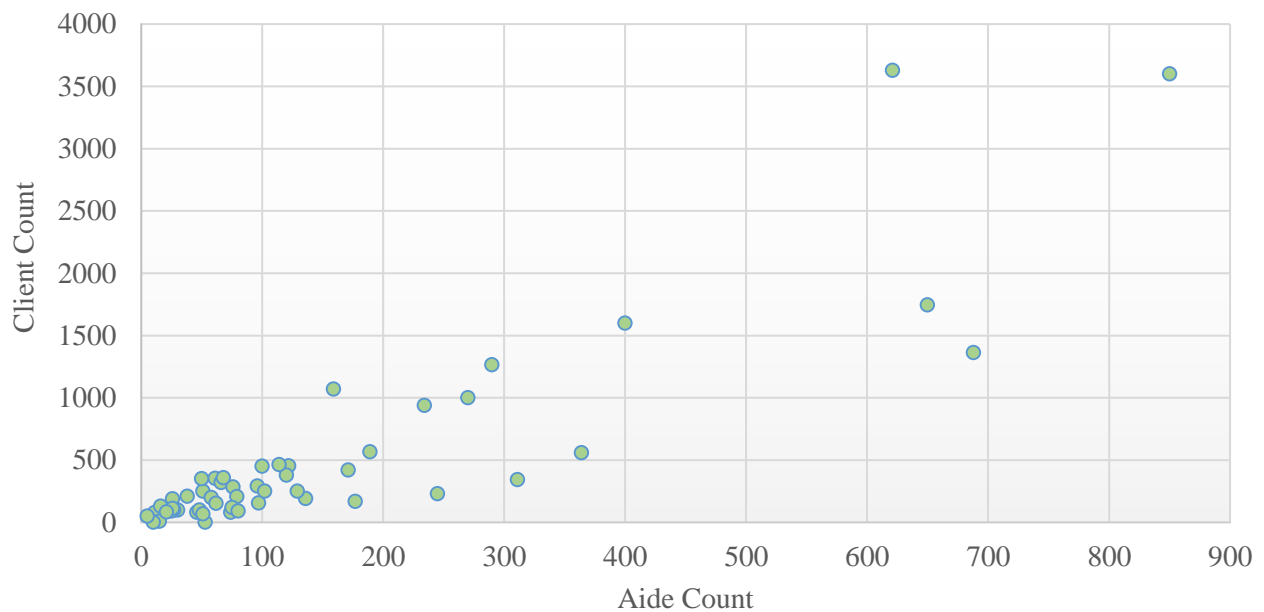


Smallest to Largest Agencies by Volume

Description of Home Care Agency Respondents

As shown in **Figure 2**, the agencies varied considerably in size, determined by the number of clients they provide services to and the number of home care aides they employ. However, the majority of the agencies fall in the 'small' agency category, with fewer than 500 clients and less than 100 home care aides. The average client count for the agencies was 478 clients, with 153 home care aides on staff. At the time of the survey, the sample of agencies employed was 9,302 home care aides. When looking at the change in clients over time, the majority of agencies reported relative stability in their numbers, with an average of three additional clients over a one month period.

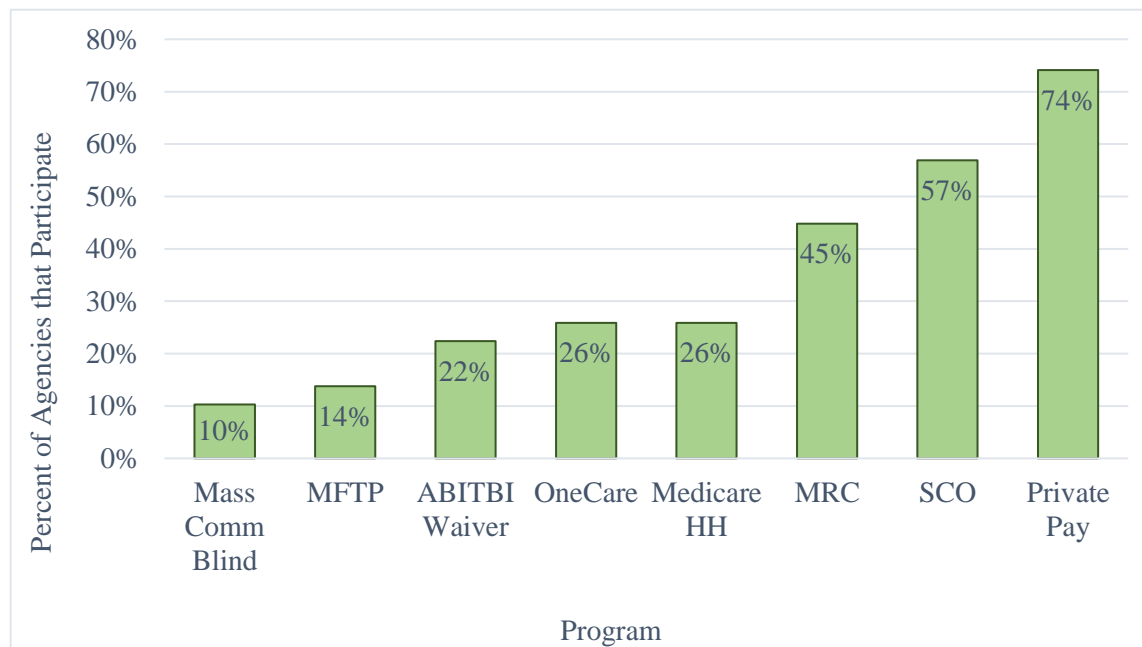
Figure 2. Size of Agency by Client and Aide Counts



Although all of the agencies participate in the State Home Care Program, the majority also participate in other state or federal programs in addition to offering private pay services (**Figure 3**). Across all of the responder agencies, an overwhelming 74% have a private pay side of their business, offering home care services to consumers directly for a fee. In addition to private pay, 57% also have contracts to provide services to older adults with Senior Care Options (SCO). Under this program, the elder must receive all of their health-related services from within their Senior Care Organization's network. SCO primarily serves older adults who are dually eligible for Medicare and Medicaid and provides them with comprehensive services including long-term services and supports (LTSS). The home care agency becomes a provider within one of the five Senior Care Organization's networks to provide these LTSS services to those elders that require them. Further, 45% of the agencies contract with the state through the Massachusetts Rehab Commission's Community Living Division to provide disabled adults with homemaking services. Many certified home health agencies (26%) that have contracts to receive funding and provide services to individuals with Medicare also participate in the State Home Care Program. Additionally, 26% of the agencies participate in the OneCare program, designed for individuals under age 65 who are dually eligible for Medicare and Medicaid. Like with the SCO program, agencies contract with the One Care provider to offer LTSS services to individuals that need them. Over one fifth of the agencies (22%) participate in the Acquired Brain Injury and Traumatic Brain Injury waivers, offering homemaking and personal care to individuals who qualify through the Massachusetts Rehab Commission Community Based Services department and MassHealth. A demonstration program, Money Follows the Person (MFP), has the goal of assisting older adults and people with disabilities on MassHealth to move from facility settings back into the community. Within this sample, 14% of agencies contract to provide services to those who participate in the program and return to the community. Since the time of the survey, the MFP demonstration stopped enrolling new enrollees (August 31, 2016) though services can still be delivered

to those in the program until the final end date of the demonstration on December 31, 2017. The program with the lowest participation among the agency responders are those services offered by the Massachusetts Commission (MCB) for the Blind. 10% of the agencies have contracts to provide services to individuals that qualify through the MCB.

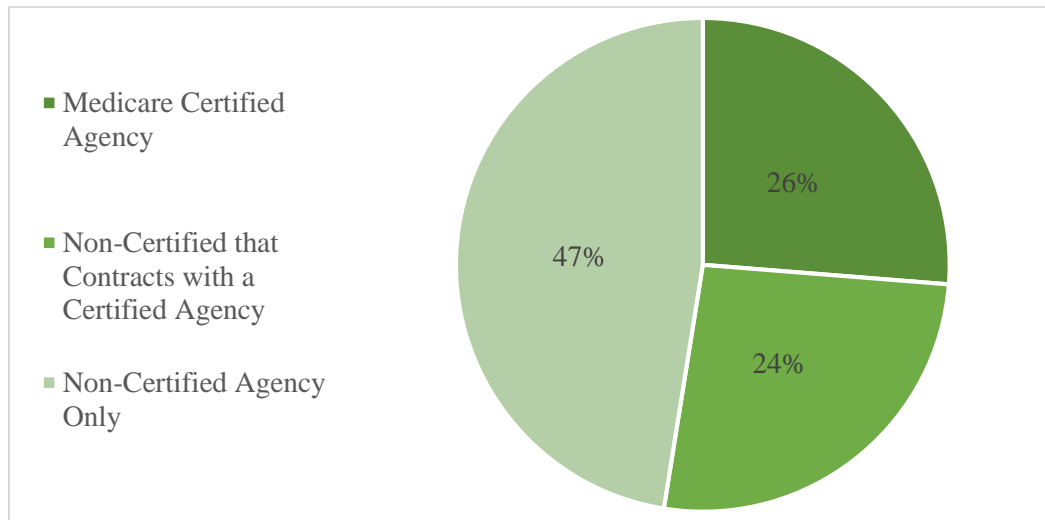
Figure 3. Current Contracts, Percent of Agencies



*Respondents were instructed to 'select all that apply' and therefore responses do not sum to 100%.

As noted above, 26% of the home care agencies that participate in the State Home Care program are Certified through the Department of Medicare and Medicaid to provide home health services to individuals in Massachusetts that have Medicare (**Figure 4**). Recently, many of these certified agencies primarily employ professional staff, such as nurses, physical therapists and occupational therapists, and have moved away from employing home health aides on staff. A large number now contract with non-certified home care agencies to provide the services required of home health aides. From this sample, 26% of the agencies fall into this category, meaning that they are not certified to provide Medicare funded services, but have contracts with certified agencies to provide these services. The remaining 47% of the agencies are not certified nor do they contract with certified agencies to provide home health aide services.

Figure 4. Types of Home Care Agencies



In addition to finding out information about the types of agencies that participate in the State Home Care program, it was also important to understand the types of services that the agencies offer to clients (**Table 1**). 100% of the agencies provide homemaker and personal care services and 86% offer companion services or home health. Nearly 70% of the agencies have Alzheimer’s Supportive Home Care Aides (SHCAs) on staff and are able to offer this service, though only 53% of agencies have the equivalent Mental Health SHCA service available. Finally, 41% of the agencies offer chore services to clients in the community (See **Addendum B** for a full description of each of the services).

Table 1. Services Offered by Agencies

Service	Percent (%)
Homemaker	100%
Personal Care	100%
Companion	86%
Home Health	86%
Alzheimer’s Supportive Home Care Aide	69%
Mental Health Supportive Home Care Aide	53%
Chore	41%

To better understand the training being offered to home care aides by agencies, responding agencies were asked to report on which trainings they currently offer or make available to new or incumbent home care aide employees. Nearly 60% of the agencies offer the Alzheimer’s Supportive Home Care Aide (SHCA) training to their home care aides (**Table 2**). Following this SHCA training, the most commonly offered agency-based training is the 40-hour Homemaker training (50.9%). Few agencies make available the Mental Health Supportive Home Care Aide training (38.6%), the 60-hour Personal Care Homemaker

training (36.8%), or the 75-hour Home Health Aide training (35.1%). 26.3% of the agencies reported that they offered 'Other' training, which was most often written in as monthly in-services or on-going continuing education.

Table 2. Trainings Offered by Agencies to their Home Care Aide Employees

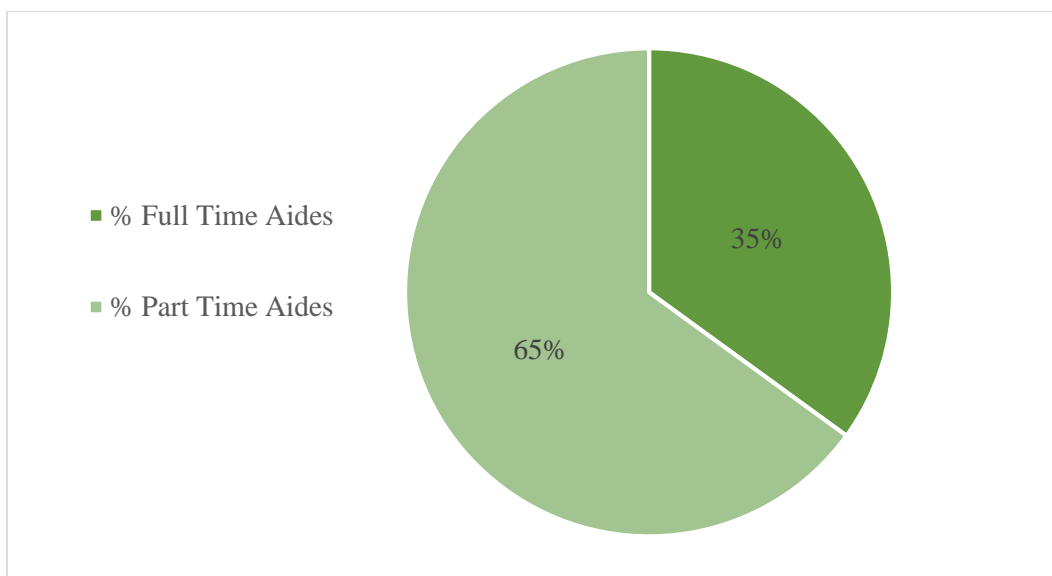
Training	% Offering Training
Alzheimer's Supportive Home Care Aide	57.9%
Homemaker	50.9%
Mental Health Supportive Home Care Aide	38.6%
Personal Care Homemaker	36.8%
Home Health Aide	35.1%
Other	26.3%
Chore	41%

*Respondents were instructed to 'select all that apply' and therefore responses do not sum to 100%.

Home Care Aide Workforce

Agencies were asked to report on characteristics of their home care aide workforce in order to better understand the work experience of these aides, as well as how home care agencies are utilizing them at their agency. The majority of the agency's home care aide workforce works part-time, 65%, with 35% working full-time (**Figure 5**). The definition for full-time varies from agency to agency, with the majority, 60%, considering 30-35 hours full-time and the remainder of agencies considering greater than 35 hours full-time.

Figure 5. Percent of Full-Time versus Part-Time Home Care Aides, Mean



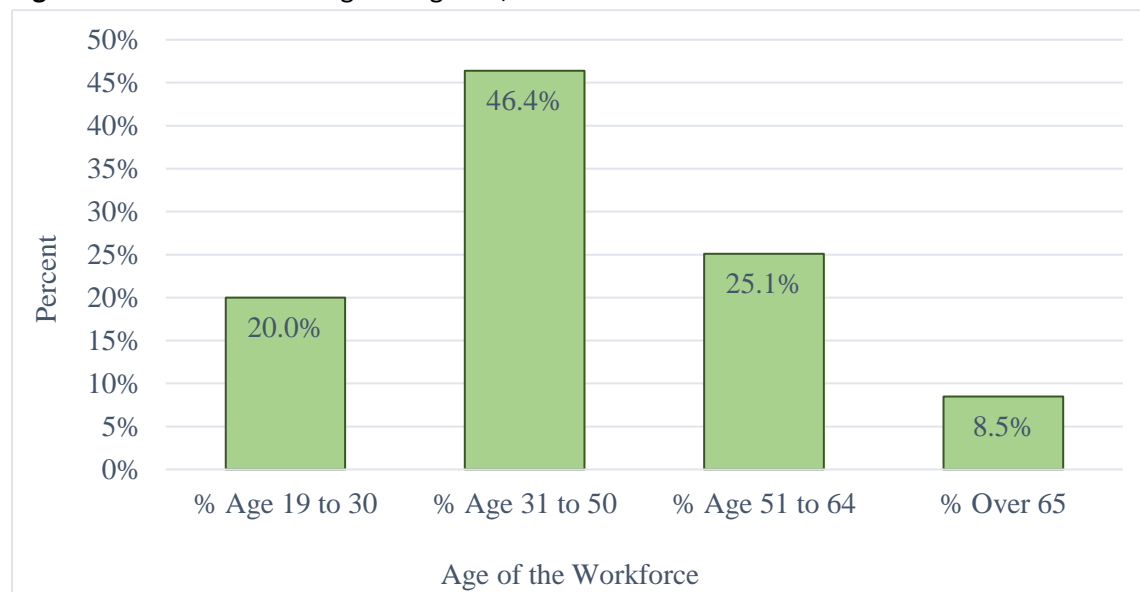
On average, 58.2% of the home care aides employed at the agency had been there for more than one year, but a large percent were new hires (**Figure 6**). 22.7% had been employed at their agency from six to twelve months and 19.1% had been employed for less than six months. The relatively high rate of new employs could be an indication that the agency has increased recruitment efforts to grow their workforce and increase the total number of aides they employ overall. Unfortunately, the data indicates that it is more likely that the agencies actively recruit and bring in new aides to primarily replace those that have left due to voluntary and involuntary turnover.

Figure 6. Length of Home Care Aide Employment, Mean



The Massachusetts home care aide workforce is older than the workforce nationwide. Nationally, 5.9% of the labor force is made up of people over the age of 65 (BLS, 2017), whereas 8.5% of the home care aide workforce falls in this age category (**Figure 7**). In total, over a third, or 33.6% of the home care aide workforce, is over the age of 50. Nationwide, the home care aide workforce typically draws older workers, and the findings from this survey support this trend.

Figure 7. Home Care Aide Age Categories, Mean



Agencies were asked to report the average starting wages and the highest wages of their employees in each of the five types of home care aide positions: companion, homemaker, personal care homemaker, home health aide, and supportive home care aide. Unsurprisingly, the wages of each of the jobs rose with the advanced positions in both starting and highest wages (**Figure 8**). The exception to this was the highest wages for supportive home care aides, which, on average, was lower than home health aides highest wage by \$0.15. The average wage indicated in Figure 9 is an average of the starting and highest wages. This data is similar to the Bureau of Labor Statistics data for June 2016 reporting that home care aides in Massachusetts make on average \$13.59, compared to the average reported by our agencies of \$12.94 for homemakers and \$13.20 for personal care homemakers. The BLS reported an average rate of pay of \$14.04 for home health aides, also close to the rate reported by the home care agency responders of \$13.87 for home health aides and \$14.12 for supportive home care aides (who would be classified as home health aides in the BLS data).

Figure 8. Home Care Aide Starting and Highest Wages, Means

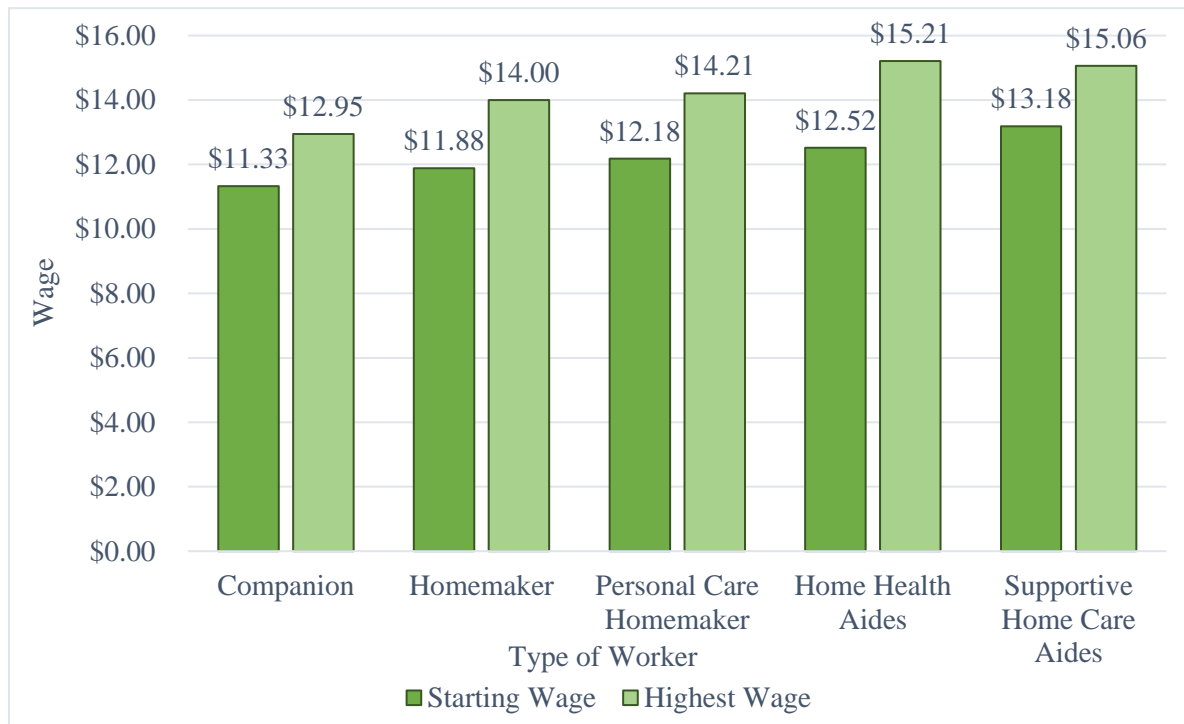
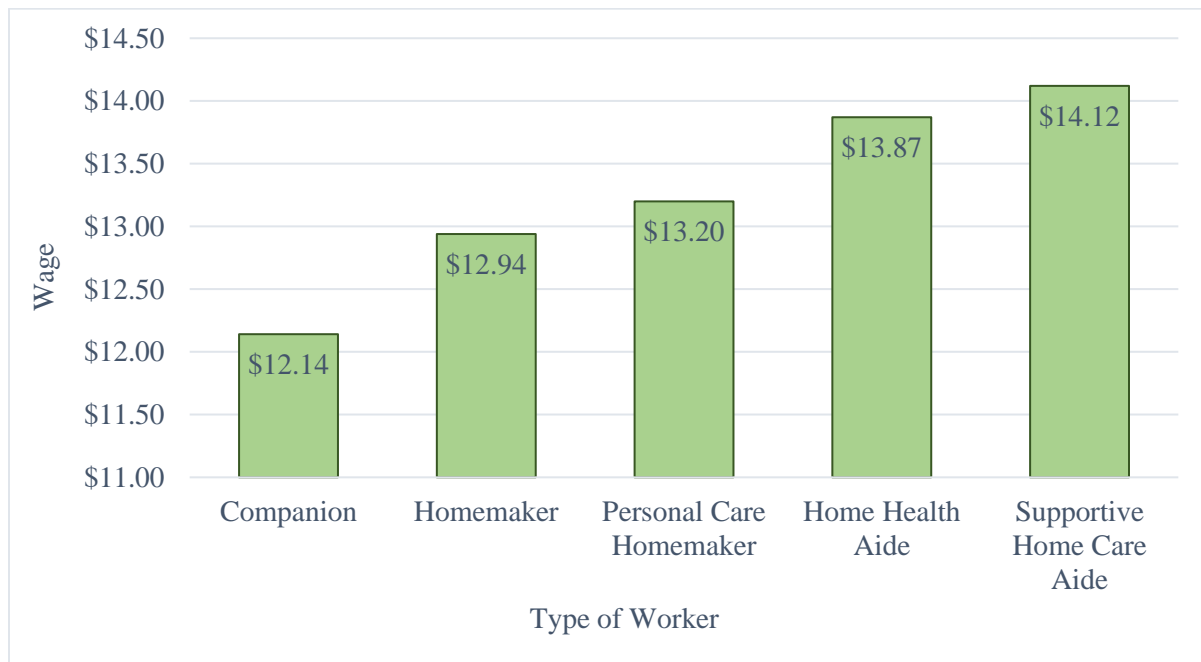
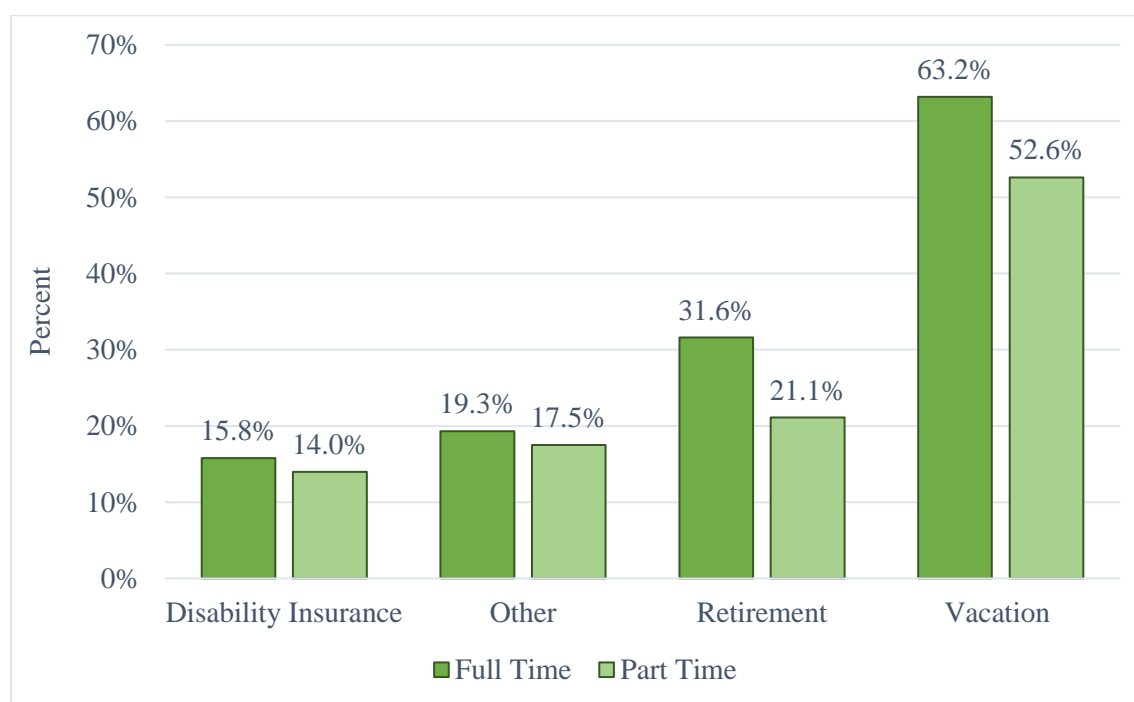


Figure 9. Average Hourly Wages, by Type of Worker



Massachusetts requires that all employers offer full-time employees health insurance, but other benefits are not required. On average, home care agencies do offer other benefits including vacation time, retirement, disability insurance and others (**Figure 10**). The most often offered benefit to both full and part-time home care aides is vacation time, with 63.2% offering it to their full-time aides and 52.6% offering it to their part-time aides. Second to vacation is retirement benefits or 401k plans, with 31.6% of agencies offering the benefit to their full-time aides and 21.1% making it available to part-time aides. Though home care agencies are required to offer health insurance to their employees, the uptake among home care aides is extremely low. On average, only 10.9% of the home care aide workforce receive health insurance benefits through their agency employers. Though, 70% of the agencies only have 6% or less of their home care aide workforce enrolled in their company offered health insurance plans.

Figure 10. Percent of Agencies Offering Benefits to Home Care Aides



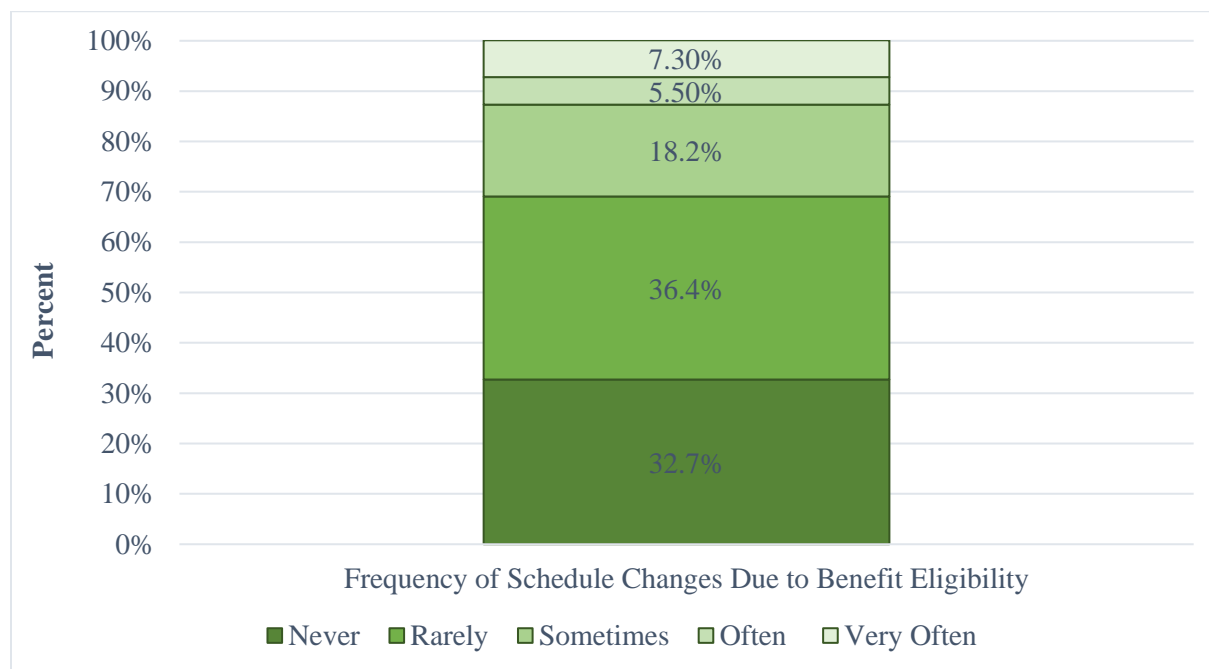
*Note: Agencies are required to offer health insurance, so benefits listed are those in addition to health insurance offering.

Home Care Aide Supply and Demand Challenges

A major challenge regularly reported by home care agencies and aides directly relates to the number of hours they work and their hourly pay; this is known as the 'cliff effect'. This issue emerges from income eligibility requirements of the varying state and federal needs-based programs, such as housing and daycare vouchers. Many home care aides rely on these supports to make ends meet because of the low pay and irregular hours within the home care industry. However, for home care aides to ensure that they remain qualified, they often have to continuously adjust their schedules to not cross over the number of hours worked threshold and become ineligible for the benefits. This is called the 'cliff effect' because

when individuals hit a particular income point, they ‘fall off the cliff’ and become completely ineligible for these programs and services. When asked how frequently home care aides make schedule changes due to benefit eligibility, over 30% reported that this happened ‘sometimes’, ‘often’, or ‘very often’ (**Figure 11**).

Figure 11. Frequency of Schedule Changes due to Maintenance of Public Benefit Eligibility



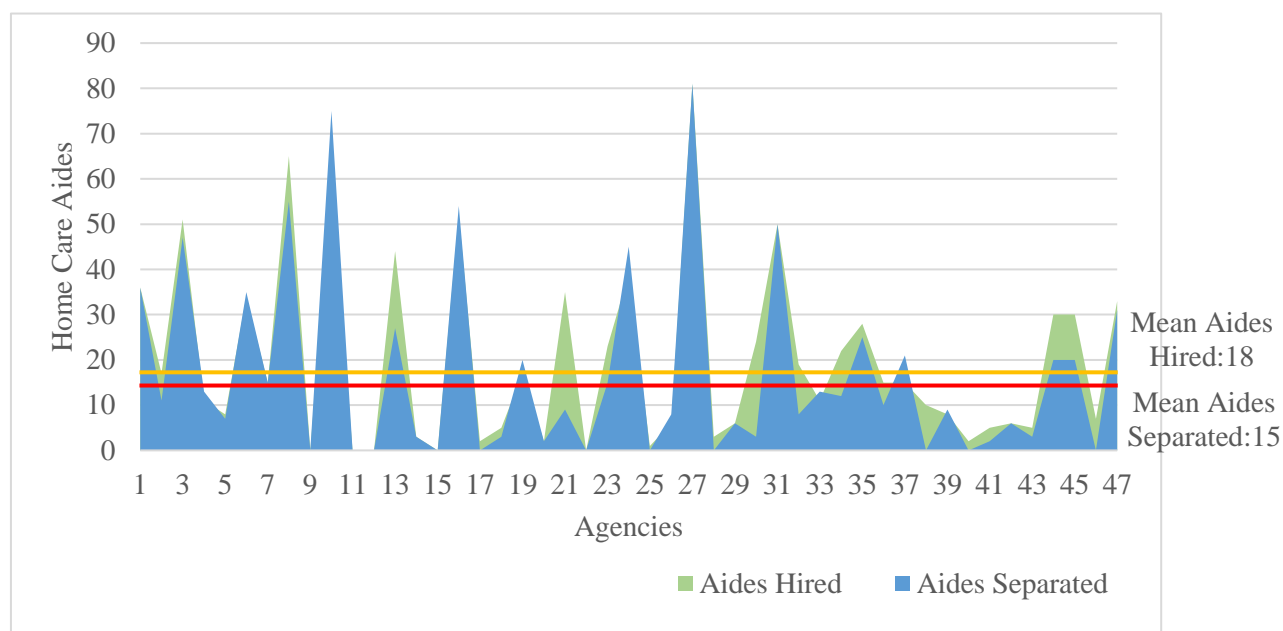
The growth in the demand for home care aides in Massachusetts is well established, with the rapidly expanding aging population who will require the services. This is often considered to be a concern for the future, but home care agencies report difficulty now with finding qualified home care aides to fill the open shifts they have available. In particular, weekend shifts appear to be most challenging, with 12.3% stating that they experience difficulty filling these cases ‘very often’ and 7% reporting it happens ‘often’ (**Figure 12**). Yet, supply challenges are not just being felt when it comes to off-hour shifts. 7% of the agencies reported that they experienced difficulty filling weekday cases ‘very often’, 10.7% reported it was ‘often’ and 28.6% stated it happened ‘sometimes’. Overall, 46.3% of the home care agencies reported difficulty in filling (either ‘sometimes’, ‘often’, or ‘very often’) weekday cases and 45.6% stated that they had difficulty filling weekend cases. Clearly, this is already a major concern for home care agencies in Massachusetts and it is only anticipated to become much more challenging as demand increases in the near future.

Figure 12. Frequency of Difficulty with Staffing Cases



To better understand the current workforce supply challenges of home care agencies, agencies were asked to report their home care aide counts at the beginning and end of a three-month period, as well as document the number of new hires and separations they had over the course of that same time-period. Separations refer to the number of individuals that left the company, whether voluntarily (quitting) or involuntarily (being terminated). The data presents an illustration of the supply problem home care agencies face in large part due to low recruitment and high turnover (**Figure 13**). Though the size of the agencies varies considerably (mean= 153 aides), on average, the home care agencies in our sample reported hiring 18 new home care aides over the course of a three-month period (range= 0-81 home care aides). On the other hand, home care agencies lost a large number of home care aides during the same time period, 15 on average per agency, 10 of which left due to termination. This data indicates that, on average, agencies are only adding three additional people to their home care aide workforce once those who leave are taken into account. With the growing demand for home care services, three additional employees a month will not be nearly enough to meet the workforce needs.

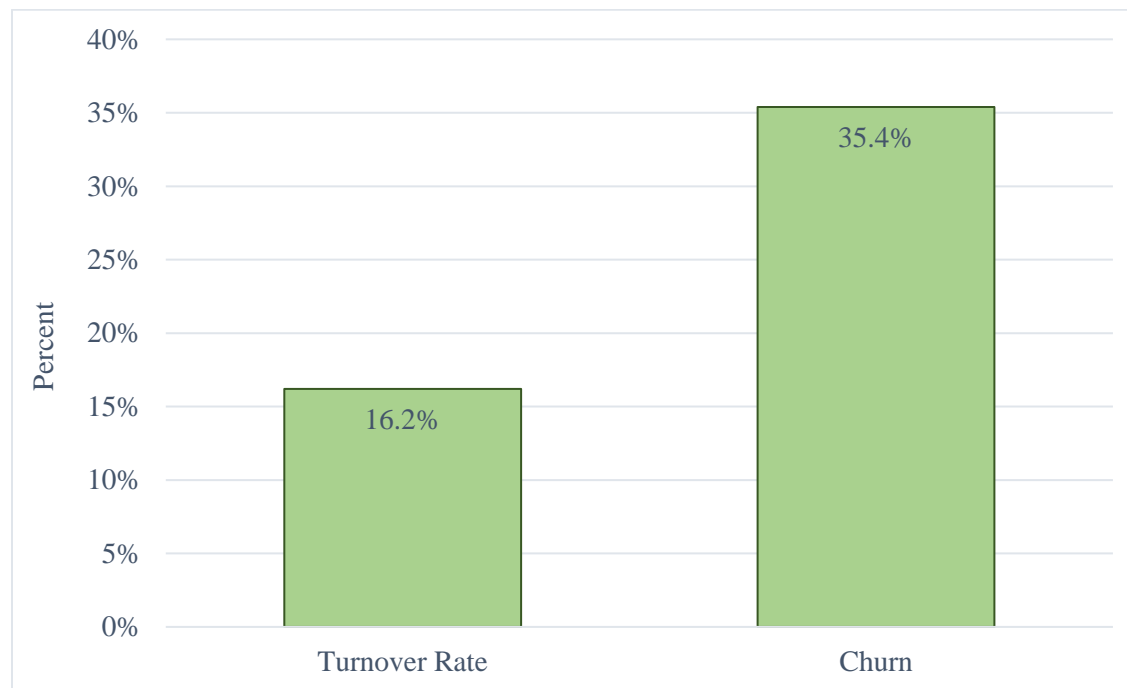
Figure 13. Hires and Separations by Agency Over Three Months



Another way to understand the challenges facing the home care agencies related to home care aide supply, is to look at the number of the agency's home care aide employees that left the agency as a proportion of their total home care aide workforce. This measure is the agency's turnover rate. For the purposes of calculating the turnover rate, two methods were applied. Agencies were asked to report the number of home care aides that were terminated over a three-month time period. Using this number, divided by the average number of employees the agency employed over the same time period, the average turnover rate across the participating agencies was 7%. However, turnover rates typically include all employees that have left the company, not just those that were terminated. To determine a more global turnover rate, including all employees that separated from the agency during the three-month time period, the reported home care aide count at the start of the time period, the count at the end, and the number of aides hired were used to determine the number of aides that separated, or left the company for any reason during the time period. This new separation number was then divided by the average aides employed over the time period, to produce the turnover rate. The average turnover rate for all separated home care aides across all agencies was 16% for the quarter (January to March 2016) (**Figure 14**). Compared to the average turnover rate for all industries nationwide, which is 3.6% annually, this rate is extremely high (BLS, 2017). Even more concerning is the range of rates across the agencies, with the lowest reporting 0% and the highest reporting a 200% turnover rate. Another way to look at the data to understand the current supply challenge for home care agencies related to their home care aide workforce, is to look at the 'churn', defined as the amount of change in the workforce that takes place over a specific time period. Using the more global measure for employee separations, the average churn for home care agencies in this sample was 35%, meaning that over a three-month time period, 35% of their home care aide workforce was either newly hired or left the organization. This is an important

measure as it can indicate the level of instability within an organization, as well as provide some insight into the challenges an agency faces in dealing with volatility in their workforce. For instance, with the occurrence of many new hires, terminations and voluntary separations, the human resources staff at the agency may be overwhelmed, not to mention the training staff and nursing supervisors who are required to oversee the onboarding of new aides. This also may impact the home care aides left behind and affect the overall culture of the organizations. High turnover may place an added burden on those ‘stayers’ who must either pick up the slack of those who have left or assist to support those who are new.

Figure 14. Agency Average Quarterly Turnover and Churn Rates



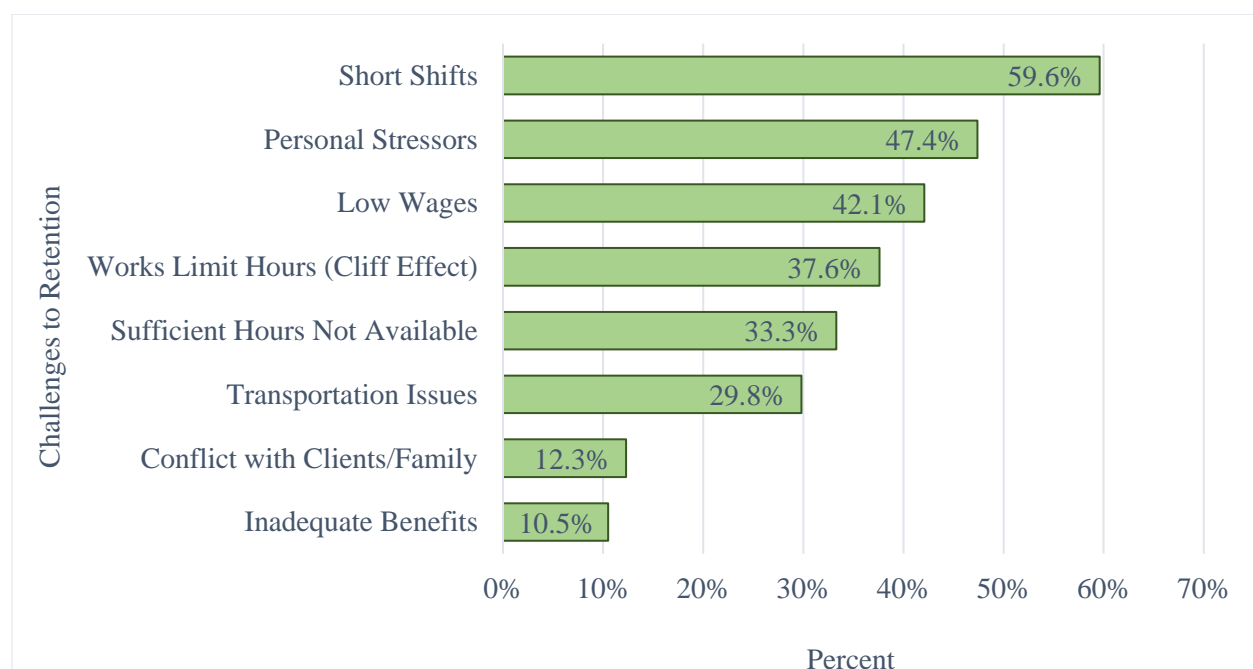
When agencies were asked to identify the top challenges they face related to their home care aide workforce, the 87.7% selected ‘finding qualified home care aides’ as the most pressing issue facing their organization (**Table 3**). Second to finding qualified aides, 49.1% of the agencies identified ‘home care aide communication/professional skills competence’ as the next most pressing issue, followed closely by home care aide turnover at 45.6%. These challenges echo what is often discussed industry wide as being the primary threats to home care: recruitment, retention and training of the workforce.

Table 3. Top Three Home Care Agency Challenges Related to the Home Care Aide Workforce

Challenge	% of Agencies Selected
Finding qualified home care aides	87.7%
Home care aide communication/professional skills competence	49.1%
Home care aide turnover	45.6%

Agencies were asked what the most pressing issues related to the retention of their home care aide workforce. The top reported challenge reported by 59.6% of the agencies was short shifts (**Figure 15**). These one to two-hour shifts, often authorized by the Aging Services Access Point (ASAP) overseeing the case, are seen as a threat because they are undesirable shifts. Agencies report that aides much prefer longer shifts, which allows for more time to accomplish the required tasks, as well as time to get to know and build a relationship with the client. Additionally, longer shifts cut down on the amount of travel that aides are required to do throughout the day. With so many of the shifts available being short, agencies are concerned that aides will leave their agency to go to another agency that has longer shifts available or will leave the industry entirely to pursue employment in a field that can guarantee a consistent schedule with longer shift hours. Second to short shifts, 47.4% of agencies felt that the home care aides' personal stressors were a major challenge to keeping the aides employed. Issues such as lack of child care or other family caregiving responsibilities, inconsistent transportation (which is often required for this job, particularly in rural areas), or other personal life issues like housing or general financial problems all negatively impact a home care aide's ability or desire to stay in their job. The third most frequently identified issue that agencies felt threatens home care aide's interest in remaining in their job is the low wages associated with the position. Particularly when the economy is good and unemployment is low, home care aides often have a number of alternative employment options, many that offer higher salaries and more consistent, regular schedules. Home care agencies struggle to compete with these other industries and often lose employees because they are limited in their ability to change scheduling, and have no control of the reimbursement rates set by state and federal programs, such as Medicare and Medicaid.

Figure 15. Challenges to Retention of Home Care Aides



*Respondents were instructed to 'select all that apply' and therefore responses do not sum to 100%.

Other Home Care Agency Challenges

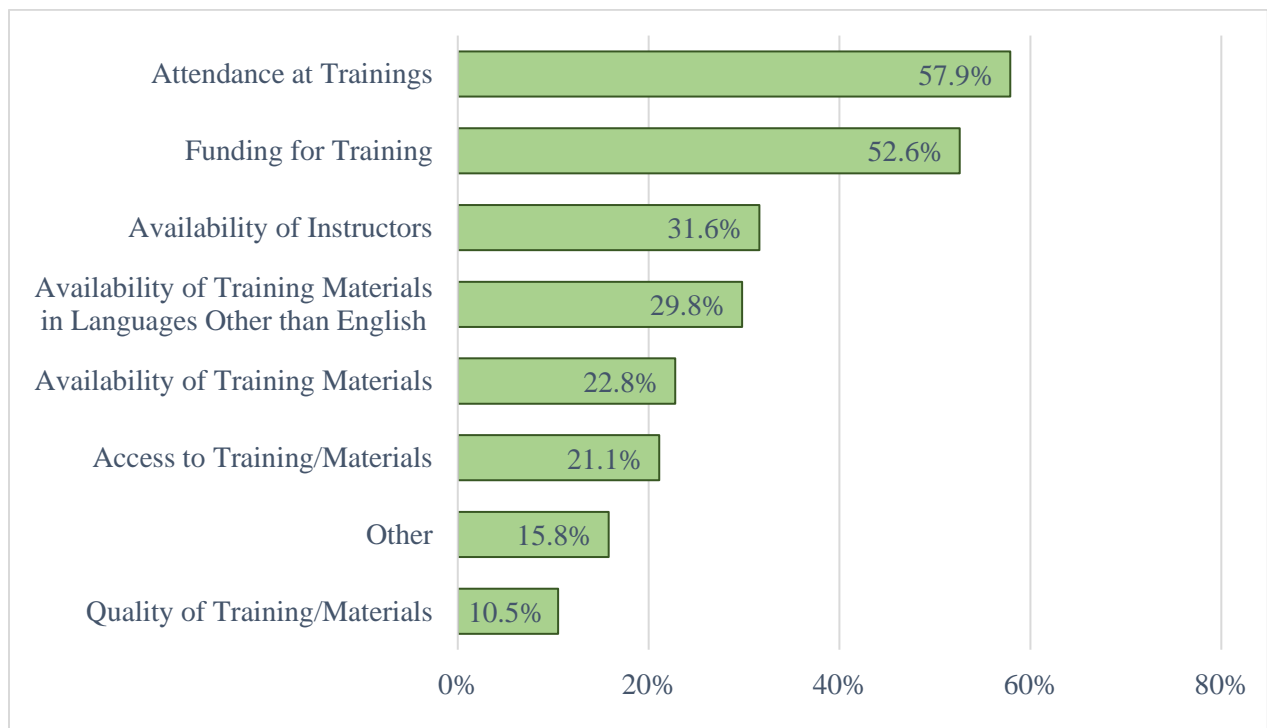
A related challenge to the supply and demand issues facing the home care industry is creating a qualified and prepared workforce to meet the needs of an ever-increasingly complex client population. There is no designated funding stream available to home care agencies to provide training to their staff because this cost is considered to be included within the ASAP reimbursement rate to agencies for home care services. Training requirements are included in the contracts home care agencies sign with the ASAPs, outlined in Table 4. Home care agency responders were asked about the challenges they face related to the training of their home care aide workforce. Nearly 60% of the agencies identified home care aide attendance as their biggest problem (**Figure 16**). Meeting the required in-service training hours can be difficult to achieve because agencies must arrange for home care aides to come into the office to attend trainings, and many times this forces the aide to give up a shift to attend the training. Second to attendance, agencies identified funding for training as a major challenge. As previously stated, there is no funding available to home care agencies to support the cost of training, which can include paying a trainer, securing space (if not available at their office), supplies for the training, paying the aides to attend, covering the aides shifts (replacement costs) and administrative costs related to scheduling and organizing the training. This is incongruous with other direct care positions and settings, where money is set aside for the purpose of training staff. Personal Care Attendants in the MassHealth Consumer Directed PCA program have free training made available to them through the Homecare Training Benefit, offered by 1199SEIU and the PCA Workforce Council with funding from MassHealth. Skilled nursing facilities have a user fee which provides the industry with available funds to support rate enhancements that go to increase wages and training for the Certified Nurses' Aides.

Agencies also stated that the availability of training instructors (31.6%) and training materials in languages other than English (22.8%) are both major challenges for them in providing training to their aide workforce. Instructors, often nurses who also have significant clinical responsibilities beyond training, are becoming more difficult to recruit. Those that are employed as trainers must juggle and manage many different responsibilities, and pulling nurses off client cases can be challenging for agencies. Additionally, having access to training material in the native language of the workforce is a crucial need within the industry. Given that 38% of home health aides and 29% of personal care aides were born outside of the United States, it can be implied that many would benefit from having training material available in their primary language. Many of the agencies identified 'other' challenges related to training (15.8%), which were categorized and are listed in **table 5**.

Table 4. Training Requirements for Home Care Aide Positions

Position	Initial Training Required	Yearly Required In-Services
Homemaker	40 hours	6 hours
Personal Care Homemaker	60 hours	6 hours
Home Health Aide	75 hours	12 hours
Supportive Home Care Aide	87 hours	12 hours

Figure 16. Challenges Related to Training



*Respondents were instructed to 'select all that apply' and therefore responses do not sum to 100%.

Table 5. "Other" Challenges Related to Training

Other
Scheduling trainings
Transportation
Space with needed equipment
Covering shifts of aides while attending training
Instructors who can teach in other languages
Training that emphasizes home care scenarios
Funding to pay for aides for training

Key Findings and Conclusions: Home Care Agency Survey

The data collected from Massachusetts home care agencies that provide services within the State Home Care Program provide important insights into an industry that is often overlooked and under studied. In a time when the older adult population that will rely on long-term services and supports continues to expand rapidly, home care aides and the agencies that employ them provide a critical service that cannot be undervalued. Yet, the industry face significant challenges to ensure ongoing high-quality care to the

clients they serve. The instability of the home care aide workforce is substantial. Quarterly, agencies lose 16% of their workforce, and though they add new aides at a rapid pace, the replacements barely keep pace with those that are leaving. With an average addition of three new aides per quarter, after accounting for separations, the home care aide supply will not keep up with the impending demand. Additionally, the variability in turnover at the agency-level is large, with some agencies reporting 200% turnover in just three-months. Agencies with such a high proportion of their home care aides leaving will struggle to provide services to clients and may experience disruption in care and quality challenges. Turnover of home care aides must be addressed, as no level of potential recruitment will ever be able to both replace the aides that are leaving while also meeting the growing demand for services anticipated in the coming years. Agencies identified a number of job and personal characteristics that contribute to the high aide turnover. First were the short shifts prevalent in the State Home Care system. Requests for services are often made for one to two hours at a time, and this results in an immense amount of daily travel (moving from one client to the next), and less time with each client to complete their work tasks and build relationships. Agencies report that aides frequently turn these shifts down in hopes of getting longer shifts with one client and often move from agency to agency seeking longer shifts. After short shifts, agencies identified personal stressors in the lives of home care aides as presenting major barriers to their remaining at the job. Given the nature of the workforce, challenges related to finances, housing, child care, health, transportation, and other issues, can all lead to home care aides leaving their jobs entirely, missing work, or being fired due to poor performance or missed shifts. An essential approach to solve these issues is to improve home care aide wages and enhance benefits, as well as connect aides to community resources. Wages was the next most often cited challenge related to home care agency's ability to retain home care aides in their jobs. The low wages of this workforce greatly threaten agency's abilities to recruit new workers and to keep those they have. Since the responding agencies all participate in the State Home Care Program, they are reimbursed for their services at predetermined rates set by the ASAP, which include the wages for the home care aides, limiting their ability to increase the pay for these workers.

In addition to confronting the turnover issue, innovative approaches to improving recruitment for the home care industry must be implemented. On average, home care agencies are hiring 18 new home care aides per quarter, barely enough to cover those that have left during that same period. Home care agencies currently report a home health aide vacancy rate of 8.1%, compared to a 4.8% vacancy of all other Massachusetts occupations (Executive Office of Labor and Workforce Development, 2013). Nearly 20% of the agencies reported frequent difficulty with filling weekend cases, with another 26% stating that they often had challenges. These vacancies and resulting challenges in filling needed cases will increase rapidly if new people are not brought into the field to fill open positions. Nearly 90% of the agencies reported that their top workforce challenge was finding qualified home care aides. Encouraging individuals to pursue home care work is challenging, given the difficulty of the work and the low pay. However, recruitment is especially challenging when the economy is strong, and a number of better paying job options are available. An issue directly related to recruiting new workers into the field and ensuring they are qualified is making trainings available to those who want to pursue a career in home care. Unfortunately, only 50% of home care agencies offer the 40-hour initial homemaker training, only 37% offer the 60-hour personal care homemaker, and only 35% offer the 75-hour home health aide

training. While these trainings, predominately home health aide, are available at community-based training centers or community colleges, they are cost prohibitive to individuals that wish to enroll. Over 50% of agencies identified the lack of funding available for training as a major challenge related to offering and providing training to their staff. In order to bring new people into the industry, as well as retain those who are already employed, offering free initial and on-going training is imperative.

Section 3: Home Care Aide Survey

Survey Development

The purpose of the Home Care Agency Survey was to collect agency-level information about the organization, such as the services they offer, the state or federally funded programs they participate in, and the home care aides they employ (see **Addendum C** for a full copy of the survey). The goal of the survey data is to help inform the home care network, policymakers and key healthcare leaders about the current status of the home care industry as it relates to the home care workforce.

The second phase of the ‘Data Driven Advocacy’ industry and workforce assessment following the completion of the Home Care Agency survey was a survey designed and disseminated among home care aides employed by agencies that have contracts to work within the State Home Care Program. Over the fall and winter months of 2016, the Foundation developed the initial draft of the survey by drawing upon previous direct care worker surveys conducted nationally or in other states and working with the advisory board to determine the appropriate questions to include. The draft survey was then pilot tested within three home care agencies with a total of 25 home care aides. In addition to the pilot testing, the Foundation worked with a number of consultants who have expertise in survey methodology and/or the direct care workforce. Dr. Christine Bishop from Brandeis, who sits on the project’s advisory committee and is an expert in the direct care workforce, served as one of these consultants. We also sought assistance from the University of Massachusetts Medical School’s Survey Research Center to review the survey and provide guidance on selecting an appropriate sample that would yield the most representative results. We worked with Abbie Averbach and Robert Gucci, two experienced researchers who provided us with critical guidance on improving the survey as well as suggestions for selecting a sample. During this time, the survey was also reviewed by the Advisory Committee, once again, with direction sought from the home care agency representatives on particular questions that required editing.

The survey included questions related to the home care aides’ demographics (age, race/ethnicity, marital status, primary language, income, education, government benefits), work history (reason for becoming a home care aide, current jobs, length of employment), work characteristics (pay, benefits, hours, training), and work experience (perceptions of the job, satisfaction, support, control, job demands, intent to stay).

Data Collection

The sampling strategy for collection of home care aide surveys was to solicit participation from home care agencies that completed the Agency Survey. A stratified random sample of ten home care agencies that responded to the Home Care Agency Survey (N=58) was used to select agencies for participation in the Home Care Aide Survey. Initially, ten home care agencies were selected from among those agencies that had responded to the Home Care Agency Survey. Agencies were stratified by geography to account for anticipated differences in home care aide experiences depending on their location. Because agency office location does not accurately indicate the geographic coverage of the agency, the agencies were designated by the areas they served, using five geographic regions. Due to this stratification method, agencies could fall into multiple regions, thus as agencies were selected they were subsequently dropped from the list of remaining regions. Initially, two agencies in each geographic region were selected. The geographic distribution of the ten selected agencies were examined and compared to the distribution for all home care agencies that have ASAP contracts. From the initial ten, the western region was underrepresented, so one additional agency was randomly selected for this region. The final geographic coverage of the selected agencies was as follows: 73% cover the Central region (compared to 52% of all agencies), 36% cover the Southern region (compared to 43% of all agencies), 45% cover the Northern region (compared to 41% of all agencies), 64% cover the Greater Boston area (compared to 42% of all agencies), and 36% cover the Western region (compared to 31% of all agencies).

The agencies that were randomly selected for participation (N=11) were contacted via email and through a phone call to invite them to participate. From the initial eleven agencies that were solicited for participation, three refused due to being too busy or lack of interest and two were never reached (after two emails and two phone calls). Replacement agencies were randomly selected from the same region and contacted for participation. Of the originally drawn agencies, 55% agreed to participate, and 100% of the replacement agencies agreed to participate. Any home care aide employed by these agencies, no matter their position or hours, was eligible to take the survey (See **Addendum B** for a list of home care positions). The home care aide survey was linked to the agency where the aide was employed at the time of the survey. Therefore, it is possible to integrate agency specific data with the home care aide data included in analyses. The name of the agency was clearly stated on the survey and the questions pertaining to their experience on the job, referenced the agency from which the survey was sent.

After agreeing to participate, the agencies were asked to distribute the survey to their home care aides by emailing the survey link, providing paper surveys in their offices, and mailing the survey out to their aides. Two agencies opted not to mail the survey to their aides' home believing that they could elicit a higher response from email and in-office survey completion. The remaining nine agencies chose to participate in the mailing. All surveys (mailed and in the office) included pre-paid postage to be immediately returned to the study coordinator. The survey was made available in English, Spanish, and Haitian Creole, with one agency translating the survey into Russian for their staff in both paper and online versions. The research staff were made available to assist with completion over the phone if needed by participants. Survey data was collected from the mid-summer through the early fall of 2017. The survey

was open for responses for approximately two months, though the dates varied across agencies depending on when the agency officially opened the survey to their staff.

All outreach and survey material were submitted to the University of Massachusetts Boston Institutional Review Board (IRB) in the Spring of 2017. The project was determined to be exempt from review under the guidelines: 101(B)(2) Educational surveys/anonymous surveys. The survey included clear language indicating that the home care aides' participation was voluntary, that all information would remain confidential, and that the survey was being collected for research purposes. The survey also described the respondents' rights as a research participant.

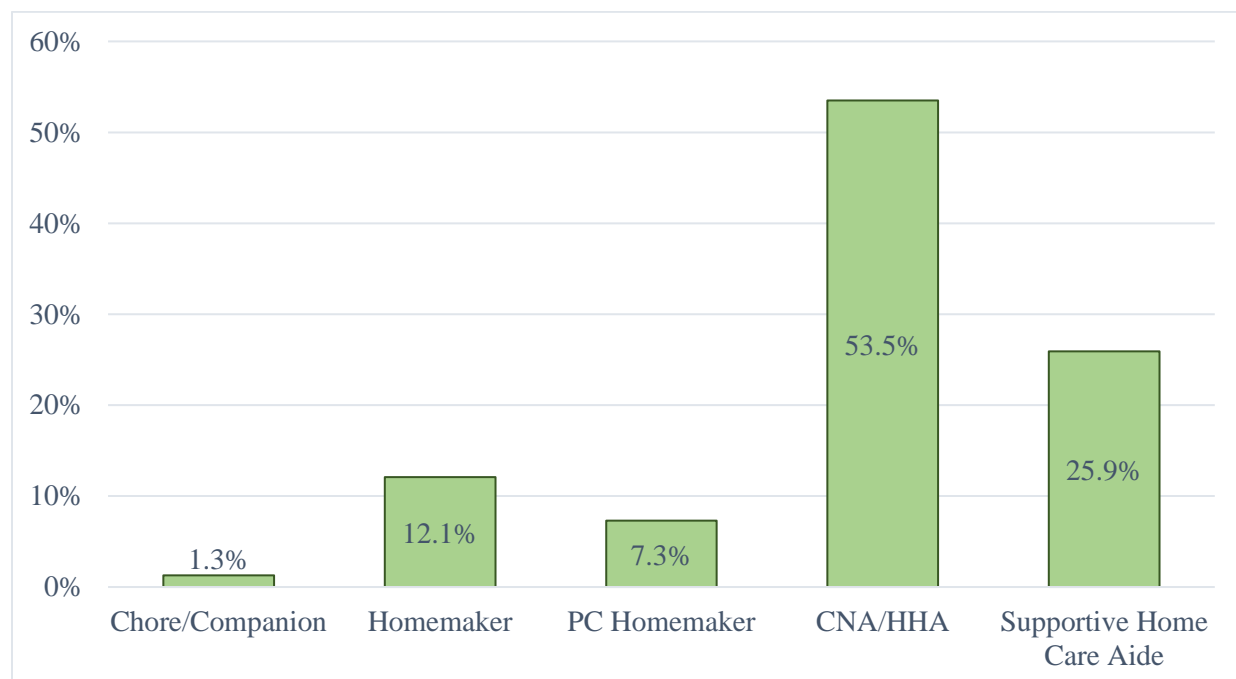
Results

Survey data was collected through online and paper surveys. 3,007 home care aides were eligible to participate in the survey through the eleven home care agencies. 656 total home care aides responded to the survey, resulting in a 21.8% response rate. The majority of the surveys were completed on paper (57.5%), though 45.5% were completed online.

Description of Home Care Aide Respondents: Work Background

The majority of the home care aides that responded to the Home Care Aide Survey identified as receiving training as either a Home Health Aide (HHA) or Certified Nursing Assistant (CNA) (53.5%) or a Supportive Home Care Aide (SHCA) (25.9%) (**Figure 17**). Given that only 35% of the home care agencies that responded to the Agency Survey reported offering the HHA training to either new or incumbent workers, it appears that many of these aides receive the HHA training from other sources, such as community-based training providers or community colleges. Conversely, the SHCA training is offered more frequently, with nearly 60% of agencies reporting that they offer the Alzheimer's SHCA class and 39% offering the Mental Health SHCA training program. A much smaller proportion of the responders reported receiving training as a personal care homemaker (PC Homemaker) (7.3%), homemaker (12.1%), or a chore/companion worker (1.3%). For a full description of each of these types of workers, see **Addendum B**.

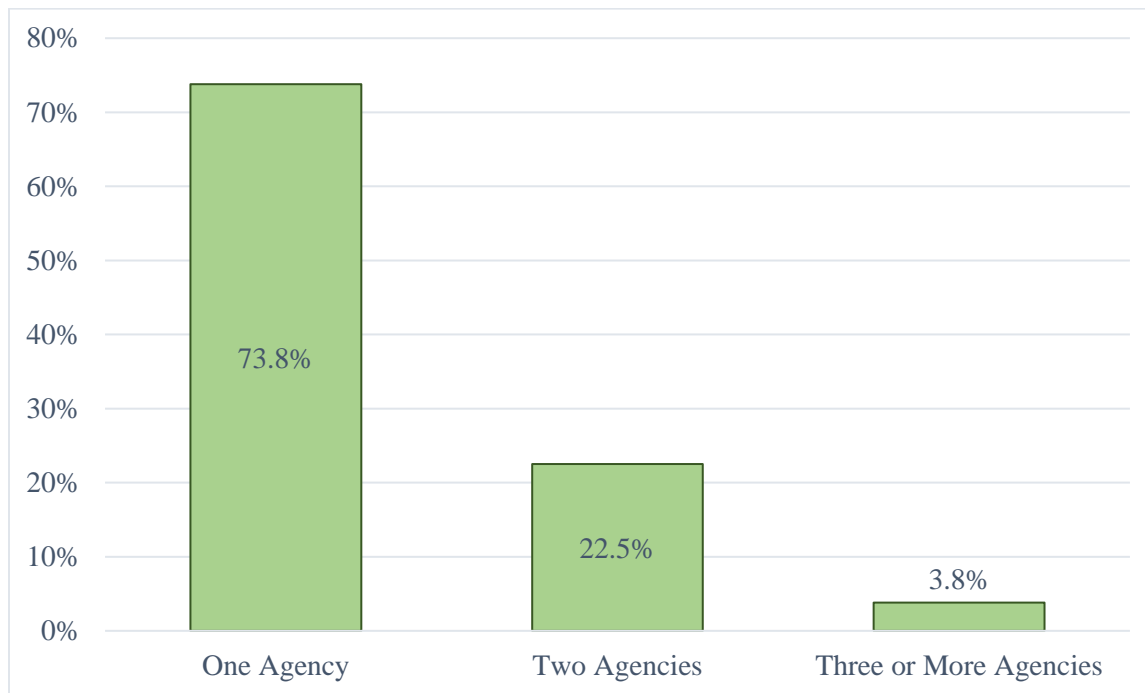
Figure 17. Position held by Home Care Aide Respondents (N=645)



*Respondents were instructed to 'select all that apply' and their highest position was selected for inclusion in the figure.

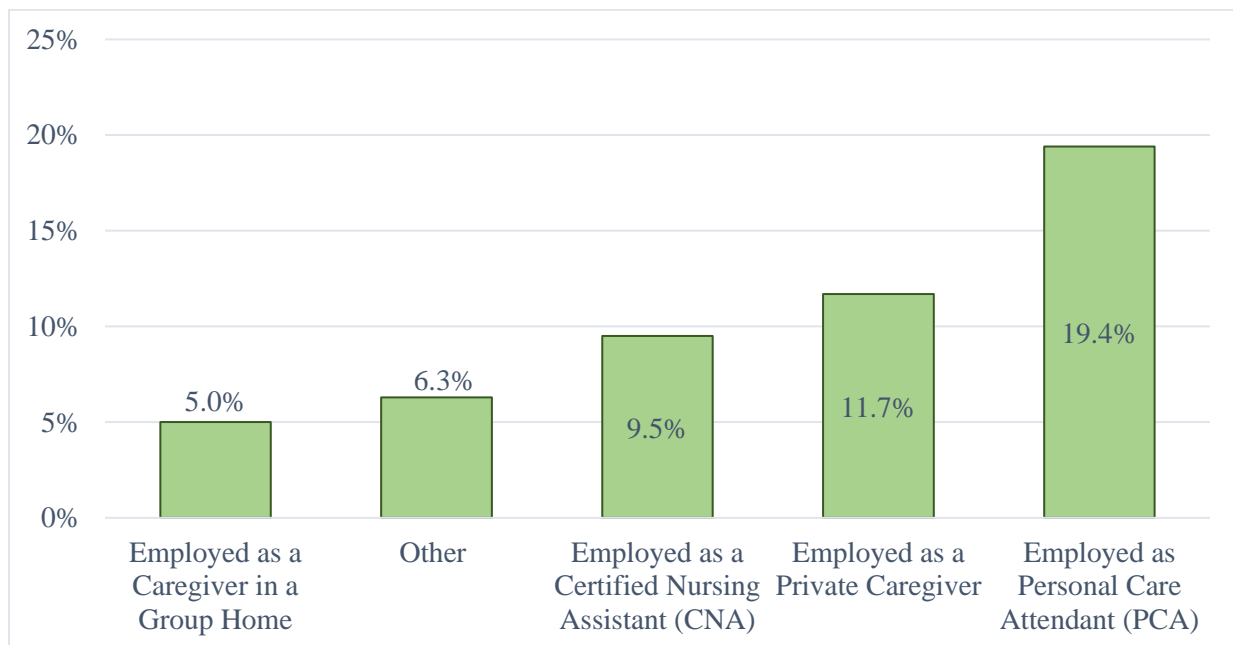
Though most home care aides only work for one home care agency (73.8%), 22.5% are employed by two, and the remaining 3.8% employed by three or more (**Figure 18**). Because of the low wages and inconsistent schedules that are common among this workforce, home care aides often report having to work multiple jobs to meet the needs of their family. Some, as reported here, work for multiple home care agencies to ensure that they receive the hours that they need. Another common approach is to gain employment in other, similar caregiving jobs while also working as a home care aide for an agency. In this sample, 35.3% reported having at least one other caregiving job outside of their position as a home care aide. The most common job was working as a Personal Care Attendant (PCA), with 19.4% of the full sample reporting that they are also currently working as a PCA (**Figure 19**). Additionally, aides reported being employed as a private caregiver (11.7%), as a CNA (9.5%), in another caregiving position (6.3%), or as a direct care worker in a group home (5%). Finally, 19.2% of home care aides across the total sample work outside of direct care (**Figure 20**). 'Other' industries (9.8%) and food service (5.2%) were the most frequently reported industries that home care aides had jobs, followed by hospitality (3.9%), retail (2.5%), and childcare (2.3%). The top industries responders wrote in under the 'Other' category were as follows: cleaning services, administrative or office staff, security, education, tax preparation or book keeper and real estate. Across all employment options provided in the survey, 47% of the full sample reported having at least one other position, as a home care aide, another caregiving position, or a job in another industry.

Figure 18. Proportion of Respondents Employed by One or More Agencies (N=592)



*Range of employment: Between 1 and 7 agencies.

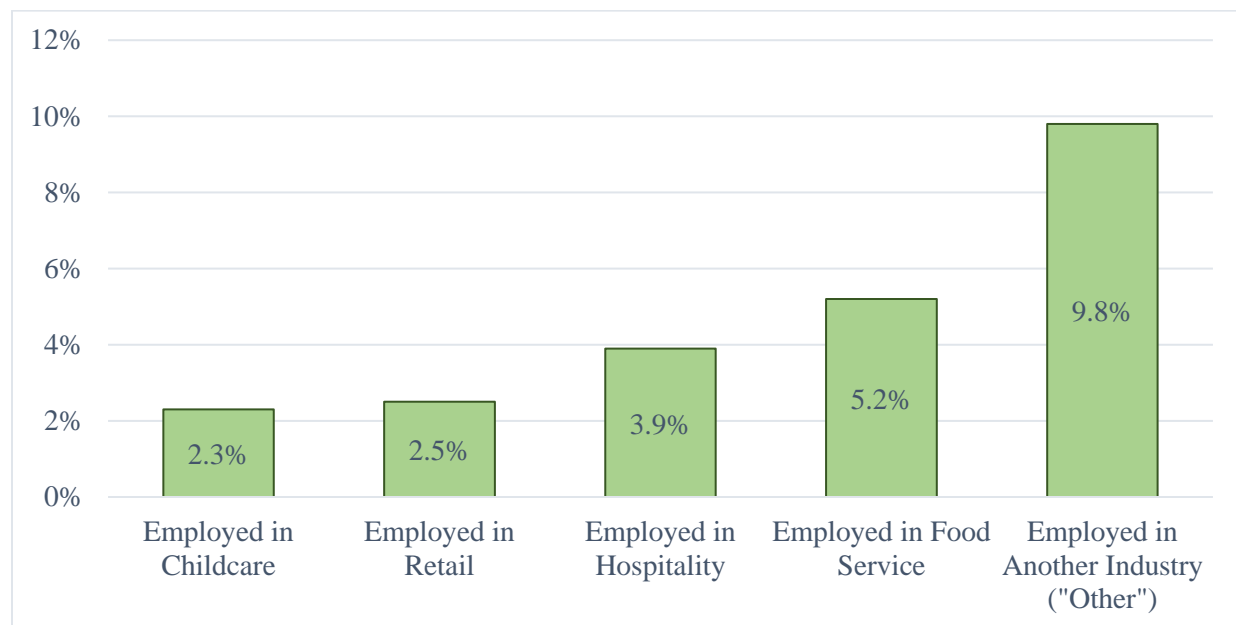
Figure 19. Proportion of Respondents Employed in Other Caregiving Roles (N=623)



*Respondents were instructed to 'select all that apply' and therefore responses do not sum to 100%.

**35% of responders reported having at least one caregiving job beyond their job as a home care aide; 65% of responders reported not having a job outside of their home care aide position(s)

Figure 20. Proportion of Respondents Employed in Industries Outside Direct Care (N=612)



*Respondents were instructed to 'select all that apply' and therefore responses do not sum to 100%.

**19% of responders reported having at least one job outside of direct care; 81% of responders reported not having a job outside of direct care

Nearly half (47.6%) of the home care aides in the sample have been working as a home care aide professionally for five or more years, with another 23.8% having worked in the job from two to five years (**Figure 21**). This high rate of long-term home care aides is both good and bad for the industry. It illustrates the significant experience and strong knowledge-base within the workforce that is currently out in the market. However, it also indicates that there are not nearly enough new aides coming into the field, with only 28.7% saying that they have been a home care aide for two years or less. The picture changes when looking at home care aides' employment from the perspective of their current agency. Due to the high turnover and the frequent hiring of new home care aides that occurs within home care agencies, it is unsurprising to see that a higher proportion of the workers, or 30.3%, have been with their agency for one year or less and another 16.1% have only worked at their agency for one to two years (**Figure 22**). This proportion is not as high as what was reported by the home care agencies; on average they responded that nearly 42% of their home care aide workforce had been employed for under 12 months. Looking at only those agencies that participated in the Home Care Aide Survey, the proportion of their workforce employed for under a year is even higher at 46%. This may indicate that the home care aide responders to the survey were longer-term home care aide employees compared to their peers.

Figure 21. Length of Total Time Working as a Home Care Aide (N=610)

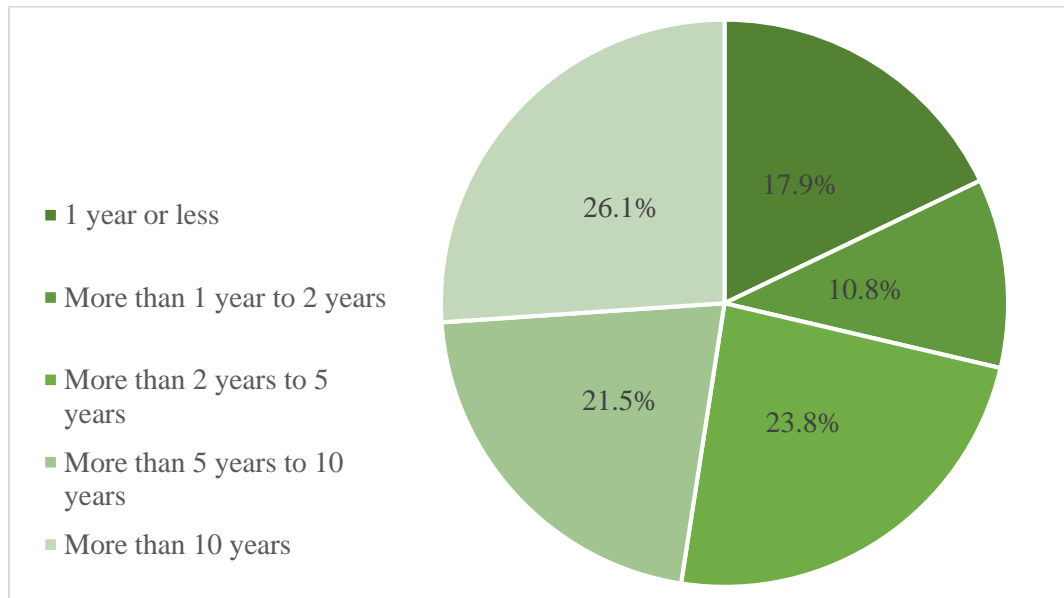
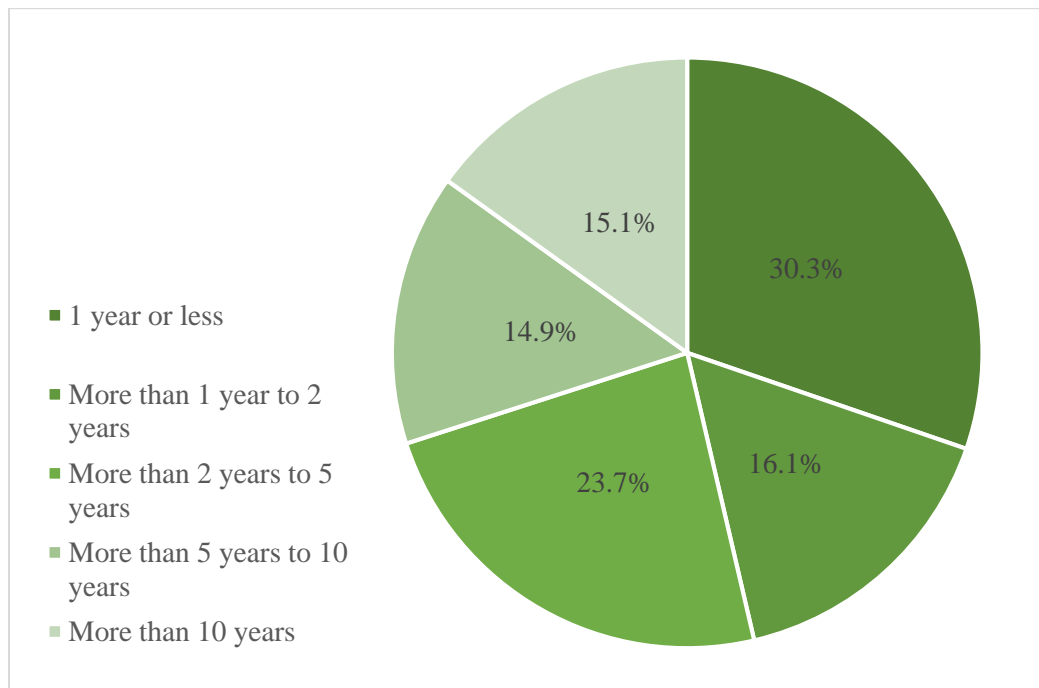


Figure 22. Length Employed at their Current Agency (N=598)



Description of Home Care Aide Respondents: Demographics

The home care aides that responded to the survey were overwhelmingly female (96%), and had an average age of 48 years old, though they ranged in age from 19 to 80 years old (**Table 6**). The majority of the aides were either married (38%) or divorced/separated (23.1%), with 23.3% having never been married. The home care aides in the sample have limited education; 50% of respondents have a GED, high school diploma or less, and 27% of respondents have some college, trade school or industry recognized certification. Despite the overall low educational attainment, 23% have obtained their associate's, bachelor's, master's degree, or more.

There is no state-level data source that captures the exact workforce that participated in the Home Care Aide Survey, making it impossible to compare the responders to the entire population of home care aides that work within the State Home Care Program. However, using state-level data that is available for the entire direct care workforce in the state through Commonwealth Corporation & the Center for Labor Markets & Policy, Drexel University (2016) analysis of the American Community Survey (ACS), the responders to the Home Care Aide Survey are relatively similar to the larger state workforce. A larger proportion of the study's sample are female (Nursing, Psychiatric and Home Health Aides, 87%, Personal Care Aides, 78%, Home Care Aide Survey Sample, 96%) and are a bit older on average (Nursing, Psychiatric and Home Health Aides, 42 years old, Personal Care Aides, 43 years old, Home Care Aide Survey Sample, 48 years old). The study responders are more likely to be married or living with a partner (Nursing, Psychiatric and Home Health Aides, 41%, Personal Care Aides, 33%, Home Care Aide Survey Sample, 46%) and are less likely to be never married (Nursing, Psychiatric and Home Health Aides, 38%, Personal Care Aides, 43%, Home Care Aide Survey Sample, 23.3%), but had similar levels of education (high school diploma or less: Nursing, Psychiatric and Home Health Aides, 48%, Personal Care Aides, 48%, Home Care Aide Survey Sample, 50%).

Table 6. Home Care Aide Demographics

M (or %) (Range)		
	Female	96%
	Age	48 (19-80)
Marital Status	Married	38%
	Never Married	23.3%
	Divorced/Separated	23.1%
	Living with a Partner	8.1%
	Widowed	7.4%
Educational Status	GED, High School Diploma, or Less	50%
	Some College, Trade School, or Certification	27%
	Associate's Degree	11.9%
	Bachelor's Degree	9%
	Master's or Above	2.1%

Nearly half of the home care aides that responded to the survey were born outside of the United States (**Figure 23**). The majority of those born outside the United States, reported being born in the Caribbean (55%), with 18% stating they were born in Africa and 13.6% born in Asia. The proportion of the sample born within each continent among those born outside of the United States can be found in **table 7**, as well as the primary countries within each continent. Though prior data has also shown a strong immigrant presence within the workforce, ACS numbers for Nursing, Psychiatric, and Home Health Aides show 38% are foreign born and Personal Care Aides are 29% foreign born, the extremely large proportion born outside of the United States reported within this data is significantly greater (Commonwealth Corporation & the Center for Labor Markets & Policy, Drexel University, 2016).

Figure 23. Location of Birth (N=553)

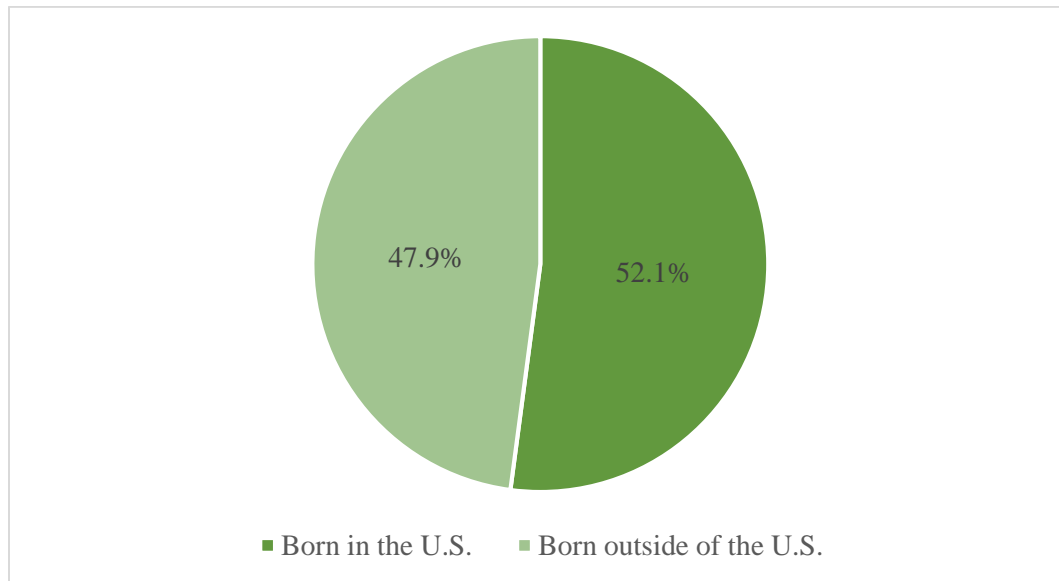


Table 7. Locations of Birth Outside the United States, Top Five Countries

% of Full Sample	
Haiti	27%
Dominican Republic	12%
Puerto Rico	8%
China	6%
Cape Verde	6%

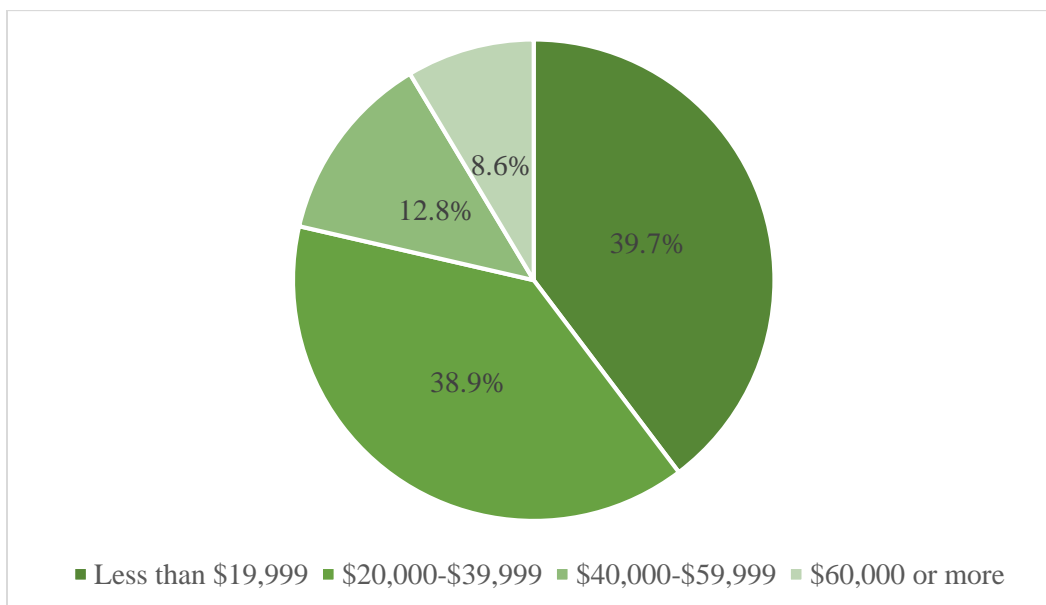
Given the high proportion of the sample born outside of the United States, the race breakdown is not surprising, though the percent that report being white, non-Hispanic is lower than what has been reported in previous data sources. The most frequently reported races include: White (34.5%), African American (12%), Haitian (9%), Puerto Rican (8.2%), Dominican (4.9%), and Multi-Racial (selection of two or more races or ethnicities) (3.2%) (**Table 8**). Respondents were asked to report their primary language and select only one language, yet many chose more than one language. All data was included and the top spoken languages are reported: 55.8% reported speaking English, 13.3% speak Spanish, and 9.8% speak Creole.

Table 8. Race, Ethnicity, and Language

		M (or %)
Race	White Non-Hispanic	34.5%
	African American	12%
	Haitian	9%
	Puerto Rican	8.2%
	Dominican	4.9%
	Multiple Races/Ethnicities	3.2%
Languages Spoken	English	55.8%
	Spanish	13.3%
	Creole	9.8%

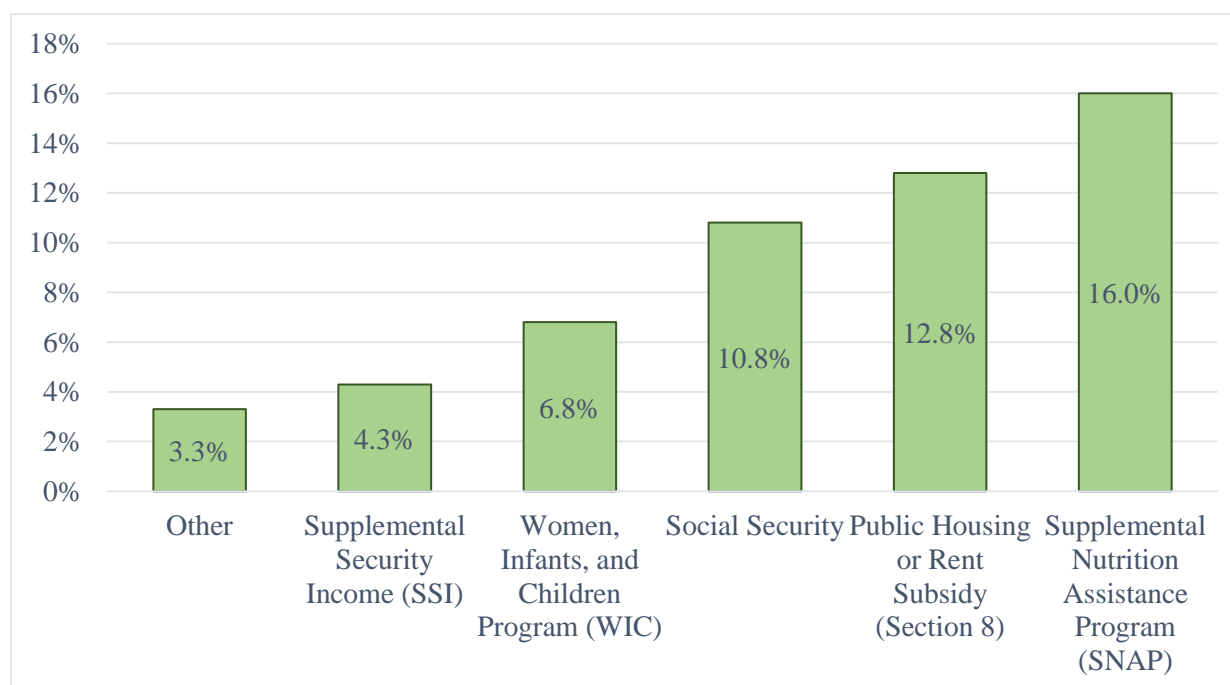
Though it is commonly understood that, due to the low wages of the position and the inconsistent schedules often found in home care, home care aides are a low-income workforce, **Figure 24** shows that it is not only the worker themselves that is low-income. Likely impacted by the high rate of non-married respondents, 78.6% of the home care aides report that their household income is below \$40,000 per year. Nearly 40% fall below the federal poverty line for a family of three, which in 2017 was \$20,420 (ASPE, 2017).

Figure 24. Annual Household Income (N=525)



Given the high proportion of the sample with household incomes below the federal poverty level, the high participation rate in public benefits is expected. Across all of the public benefits included in the survey, 34.1% of the home care aides reported receiving at least one. Among the options, food vouchers from the Supplemental Nutrition Assistance Program (SNAP) (16%), public housing or rent subsidy (12.8%), and social security (10.8%) were the most often utilized (**Figure 25**). When Medicaid (MassHealth) is added to the public benefits, the number of individuals that access at least one benefit increases to 54%. This is slightly higher than that reported in the ACS for Personal Care Aides, 50%, which only included Medicaid, SSI, TANF, and SNAP in their list of public benefits (Commonwealth Corporation & the Center for Labor Markets & Policy, Drexel University, 2016).

Figure 25. Receipt of Public Benefit (N=601)

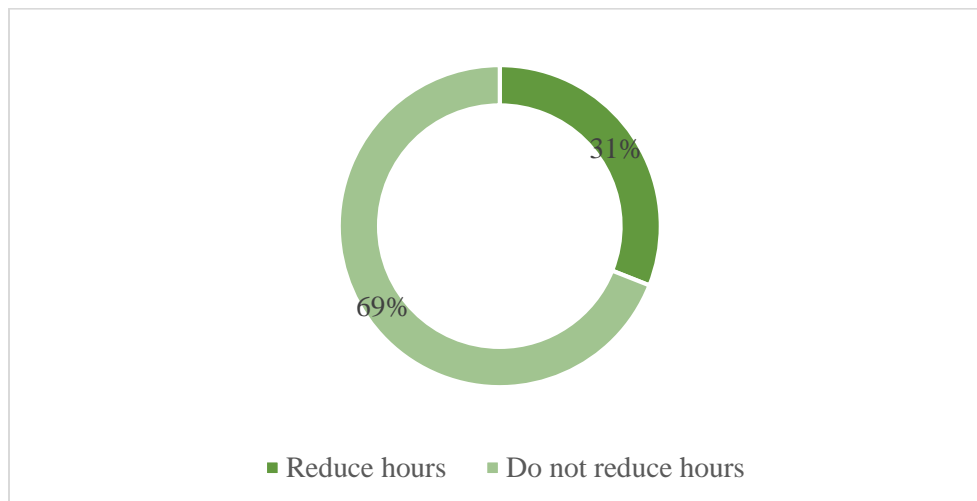


*Respondents were instructed to 'select all that apply' and therefore responses do not sum to 100%.

**34% of the home care aide responders report receiving at least one public benefit

A common concern among home care agencies is how the strict eligibility requirements of these public assistance programs can discourage individuals from working. Agencies report that home care aides will often decrease their hours to remain eligible for their benefits, since many programs will cut off the benefit if the individual reaches a certain income threshold. Yet, because the wages of the position are often not enough to cover the costs of housing, childcare, food, and other necessities, home care aides will not make enough to cover the lost benefit. One goal of the survey was to determine the prevalence of home care aides decreasing their hours to remain eligible for public benefits. Among those who reported currently receiving benefits, 31% stated that they had reduced their hours to meet eligibility requirements (**Figure 26**).

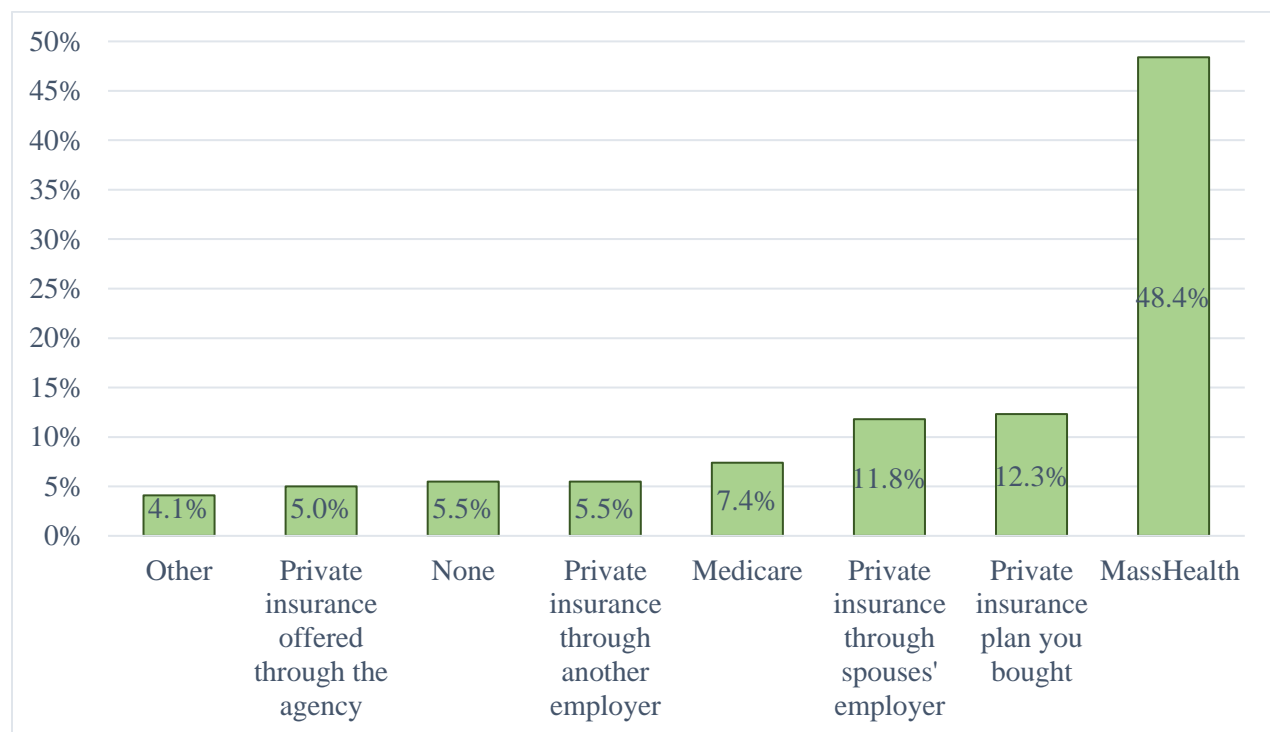
Figure 26. Report Reducing Hours to Remain on Benefits (N=192)



*Of those who are currently receiving some form of public benefit

Though employers in Massachusetts are required to offer health insurance to their employees, it is clear that within the home care industry, most of the home care aides do not receive their insurance through their employer. The findings in the aide survey are supported by the Home Care Agency Survey, which found on average only about 10% of the agency's home care aide workforce received health insurance coverage through the agency. Just over 30% of the agencies reported that none of their home care aides currently accessed health insurance through the agency offered plans. Nearly half of the home care aides reported being on MassHealth, likely the most affordable option for them (**Figure 27**). Following Medicaid, home care aides stated they have health insurance through a private plan that they purchased (12.3%) or through their spouses' employer (11.8%).

Figure 27. Health Insurance Coverage (N=543)



To determine home care aides' responsibilities outside of work, a series of questions about caregiving were asked (**Table 9**). Ranging from one person to eleven, the average number of people living in the household over 18 was two (2.25). The majority did not have children under 18 in the home that they were responsible for (63.9%), though the remaining 36.1% did have children. Of those who reported having at least one child under 18, 11.1% had one child under the age of five and another 3.5% had two or more children under the age of five. Among those who had a child under 18 they were responsible for at the time of the survey, on average, they had to miss one day of work over the last 30 days due to the child's illness, medical appointment(s), or lack of childcare. In addition to child care responsibilities, the survey inquired about the home care aide's other caregiving responsibilities, such as caring for adult family members or friends. Over a quarter reported that they currently had these responsibilities in addition to their job as a home care worker. 48% of the home care aides report providing some form of caregiving, either being responsible for children under the age of 18 and/or supporting a family or friend, highlighting the intense demands placed on these individuals both within the job and at home.

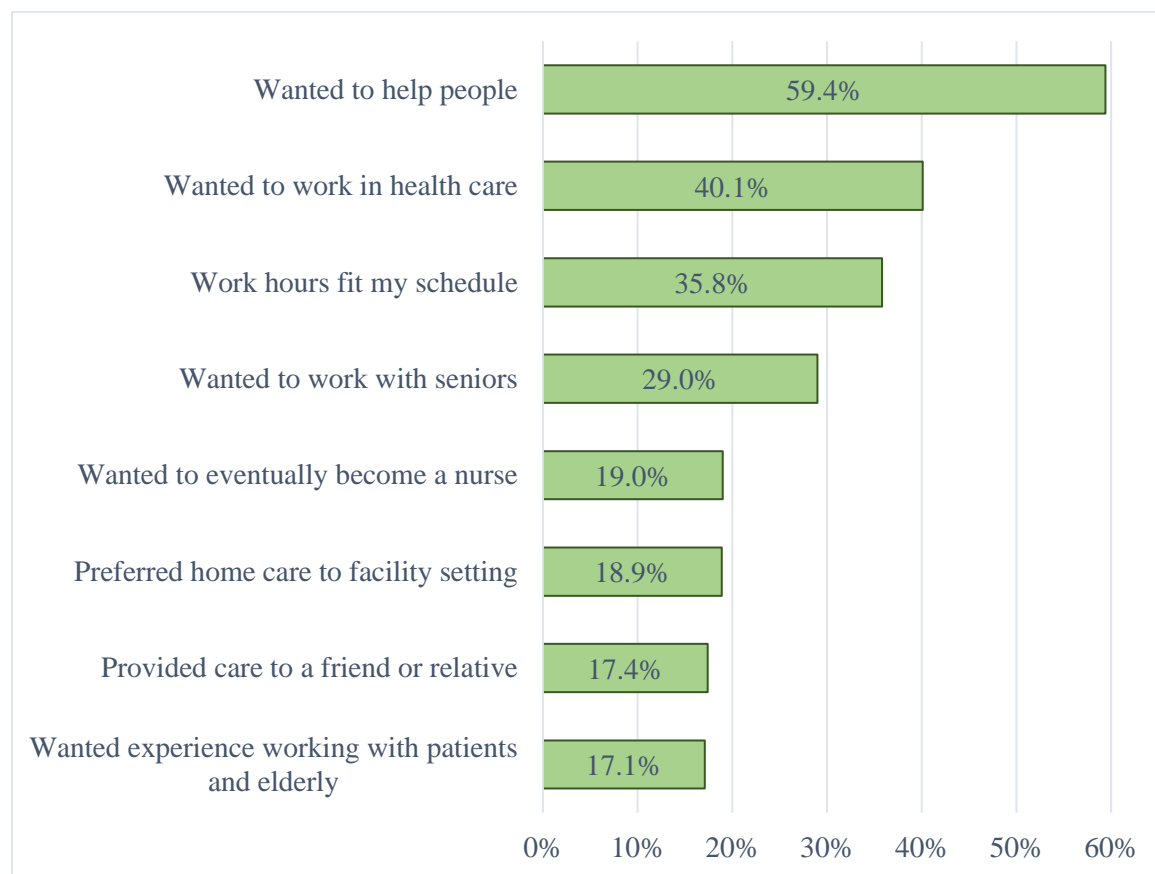
Table 9. Personal Caregiving Responsibilities

	M (or %) (Range)
Number of people in the household over 18 (including self)	2.25 (1-11)
Number of children in the household under 18 (responsible for)	.81 (0-5)
Percent with zero children	63.9%
Percent with one child	16.3%
Percent with two children	13.1%
Percent with three or more children	6.7%
Number of children under the age of 5 (*Of those with children under 18)	.5 (0-3)
Percent with zero children under 5	85.4%
Percent with 1 child under 5	11.1%
Percent with 2 or more children under 5	3.5%
Days of work missed due to child's illness, medical apt., or lack of childcare in the last 30 days (*Of those with children under 18)	1 day (0-30)
Percent currently caring for a family member, relative or friend who has a disability or health problem	25.5%

Home Care Aide Responders: General Work Experience

Another aim of the survey was to explore background information about employee's experiences working as a home care aide generally, assuming that many had been working in the profession for a significant amount of time and had been employed at more than one agency. The home care aides were asked to provide the reasons why they had initially chosen this type of work when they had first started (**Figure 28**). The most often reported response was that they chose this work because they wanted to help people (59.4%). Second to that, the respondents reported that they wanted to get into healthcare (40.1%), and third was that the work hours fit their schedule needs (35.8%).

Figure 28. Reasons Why the Home Care Aide Chose this Type of Work (N=650)



*Respondents were instructed to select their top three.

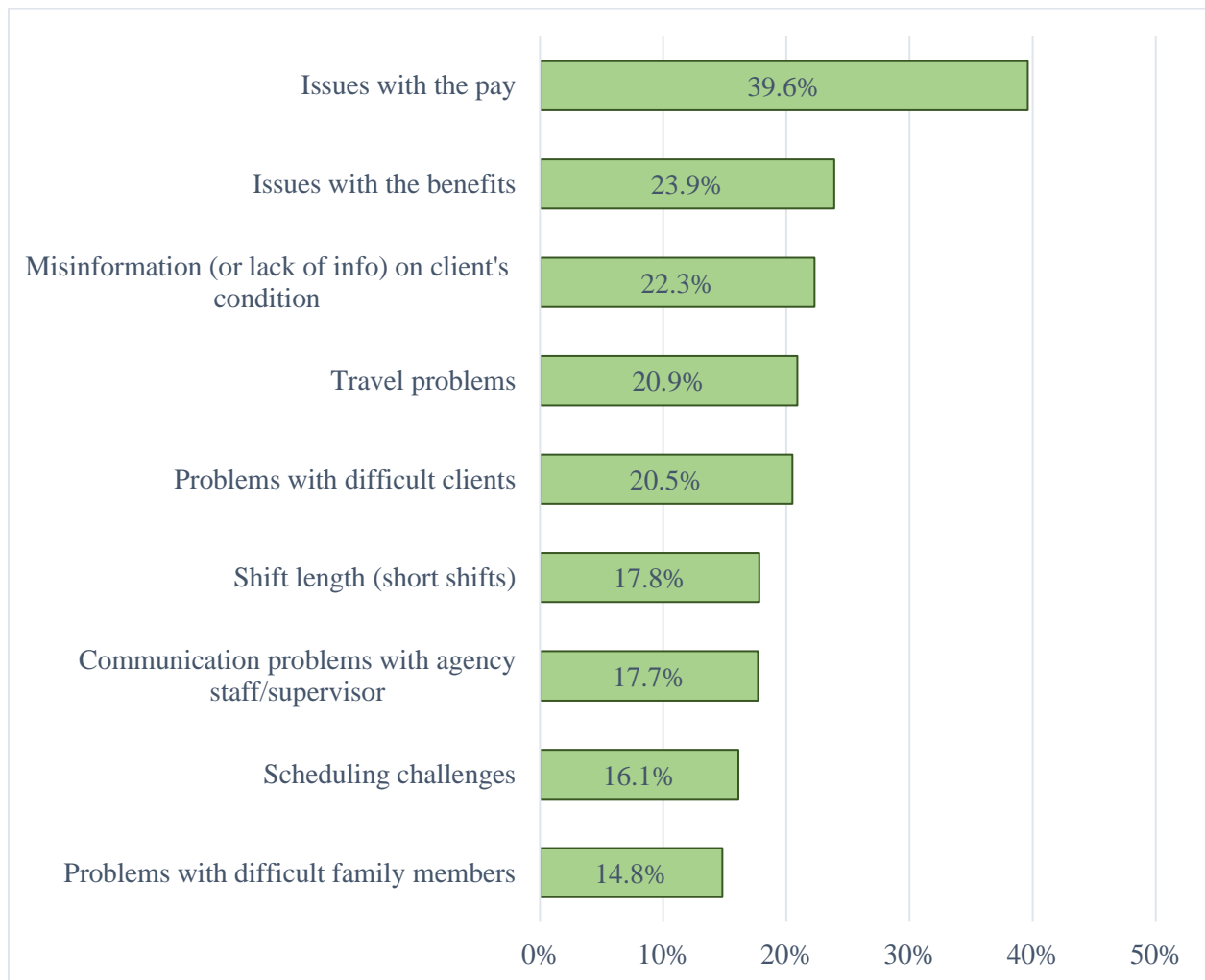
To better understand the training needs of home care aides, the respondents were asked to rank their confidence with several caregiving tasks. Overall, the aides reported a high level of confidence across all of the tasks, though there were several that had lower levels than others (**Table 10**). Working with consumers with mental health or behavioral challenges, caring for consumers with dementia and/or Alzheimer's disease, understanding client death or coping with grief, and working with consumers from different cultures and ethnic backgrounds were relatively high in aides' reporting of 'not at all' or 'somewhat confident'; 28.7%, 18.3%, 14.7%, and 13.5% respectively.

Table 10. Confidence with Home Care Aide Job Skills

	Not at all or Somewhat Confident	Confident or Very Confident
Patient care skills, such as helping with eating, bathing, dressing, transferring and toileting	9%	91%
Talking with consumers	5.4%	94.6%
Working with consumers' family	9.9%	90.1%
Caring for consumers with dementia/Alzheimer's disease	18.3%	81.7%
Working with consumers with mental health or behavioral challenges	28.7%	71.3%
Preventing personal injuries at work	7.5%	92.5%
Assisting with instrumental activities of daily living, such as meal prep or cleaning	4.5%	95.5%
Understanding client death or coping with grief	14.7%	85.3%
Recognizing abuse and neglect	7.4%	92.6%
Working with consumers of different cultures and ethnic backgrounds	13.5%	86.5%

To understand what drives home care aides to become dissatisfied with the job and leave, the survey asked respondents to select what they liked least about their position as a home care aide (**Figure 29**). The most frequently reported issue with the job is problems with pay (39.6%). The remaining top five were issues with benefits (23.9%), misinformation or lack of information on clients' conditions (22.3%), travel problems such as the distance to/from clients, the amount of time that is required for travel, and lack of parking (20.9%), and problems with difficult clients including those that are demanding or that have unrealistic expectations (20.5%). These issues highlight the major challenges that confront home care aides on a regular basis in their jobs. First, despite the high demand for these workers and the difficult nature of the work, the pay and benefits are seriously inadequate. Navigating the complex layers within the home care system, and ultimately gaining access to the information they need to provide high quality care, is a consistent complaint of home care aides. Lack of information or misinformation hampers the aides' abilities to meet the needs of their clients. Though many home care aides reported that they were drawn to the position and continue working as a home care aide because of the job flexibility, problems and frustration related to travel remain. Given the amount of required travel time, over 40 minutes per day (see **Table 10**), it is understandable how these issues could become burdensome. Finally, though most aides report high satisfaction with their clients, managing those that are demanding or challenging can be exhausting and may lead to burnout.

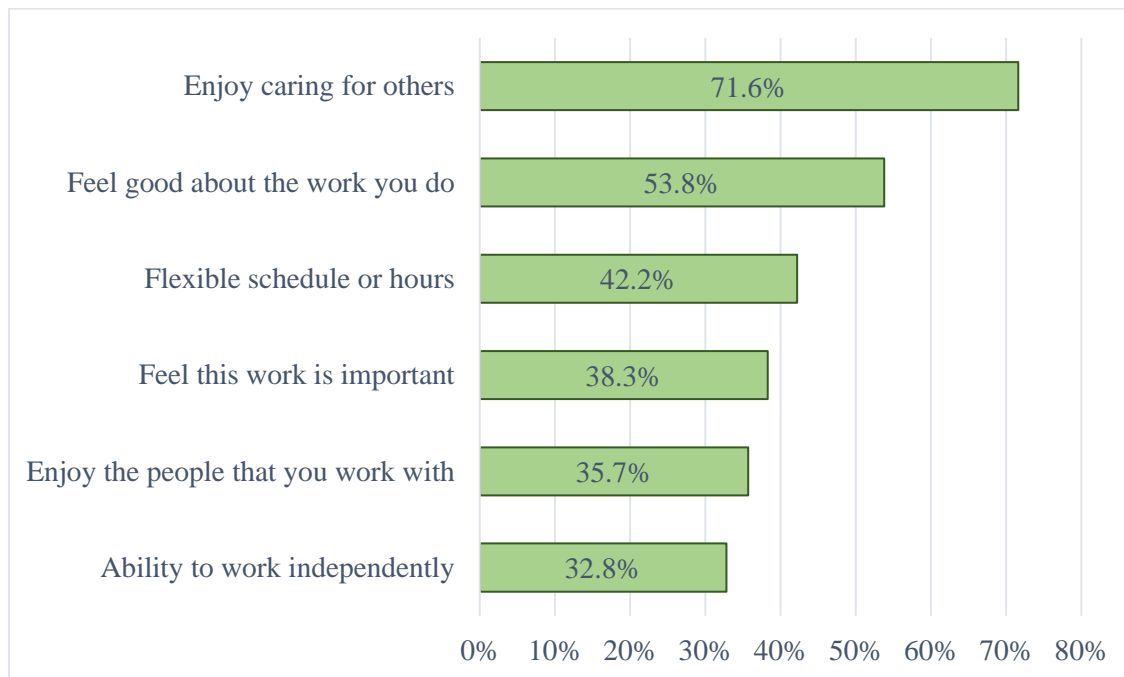
Figure 29. Aspects of the Job that that the Home Care Aide Likes Least (N=627)



*Respondents were instructed to select their top three.

Next, the respondents were asked to report on the aspects of their home care aide job that they liked the most. Among the response options provided, enjoying caring for others (71.6%), feeling good about the work you do (53.8%), and having a flexible schedule or hours (42.2%) were the top three selected responses (**Figure 30**). This matches anecdotal stories that are often shared by home care aides, who report that they do this work because they enjoy giving back and helping others. Feeling that this work is important (38.3%), enjoying the people that you work with (35.7%), and having the ability to work independently (32.8%) were also responded to positively.

Figure 30. Aspects of the Job that that the Home Care Aide Likes Most (N=651)



*Respondents were instructed to select their top three.

Overall, the home care aides reported being satisfied with their job as a home care aide. Only 8.8% reported being somewhat or extremely dissatisfied with their job (**Figure 31**). Despite this fact, a larger proportion, one third of respondents, report that they intend to leave their job as a home care aide within the next year (**Figure 32**). Additionally, 15.3% stated that they are currently looking for a new job and another 31% said they are thinking about looking for a new job. This totals 46.3% respondents who are either currently looking or thinking about looking for a new job (**Figure 33**). Though most report wanting to remain in health care (**Figure 34**), these numbers point to the challenge facing the industry. Even though the majority of home care aides are satisfied with their job, the negative aspects of the job, outlined in **Figure 29**, outweigh the benefits and drive home care aides to leave the industry.

Figure 31. Level of Job Satisfaction with the Home Care Aide Job Generally (N=612)

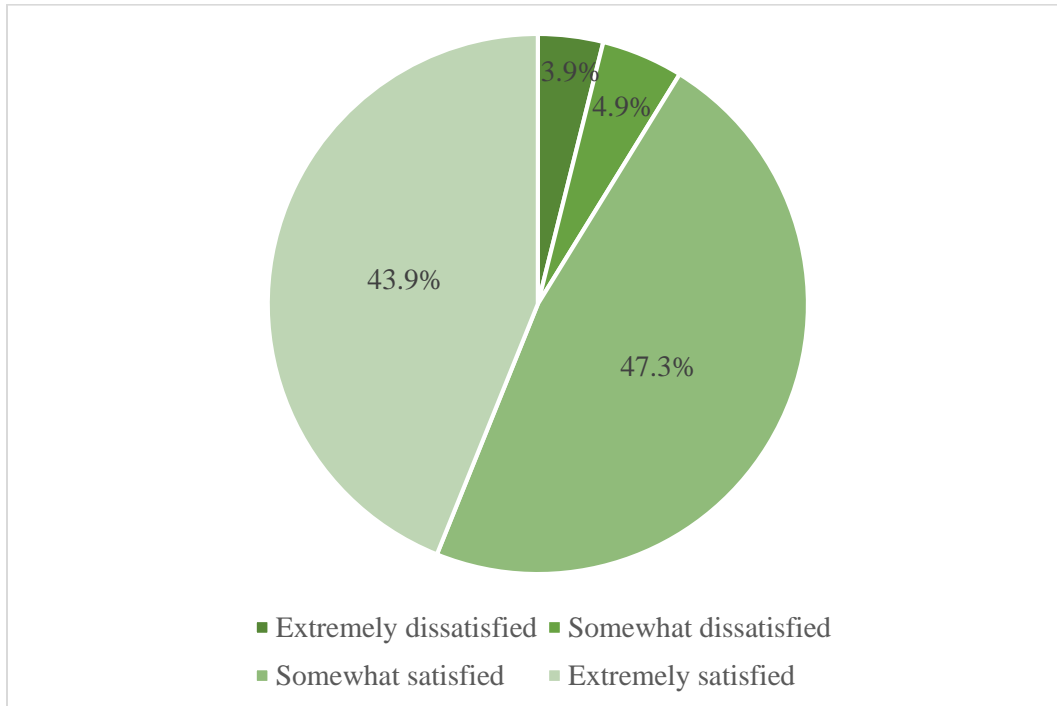
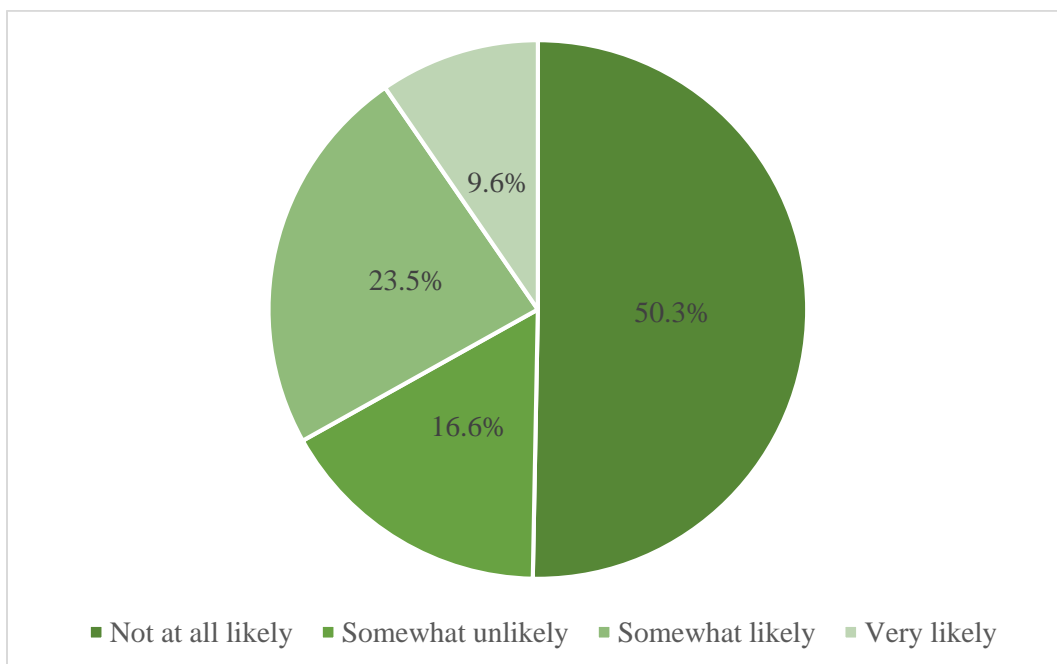


Figure 32. Home Care Aide's Intent to Leave their Job as a Home Care Aide (N=603)



*Likelihood of leaving their job *as a home care aide* within the next year

Figure 33. Proportion of Home Care Aides that are Currently Looking for a Different Job (N=609)

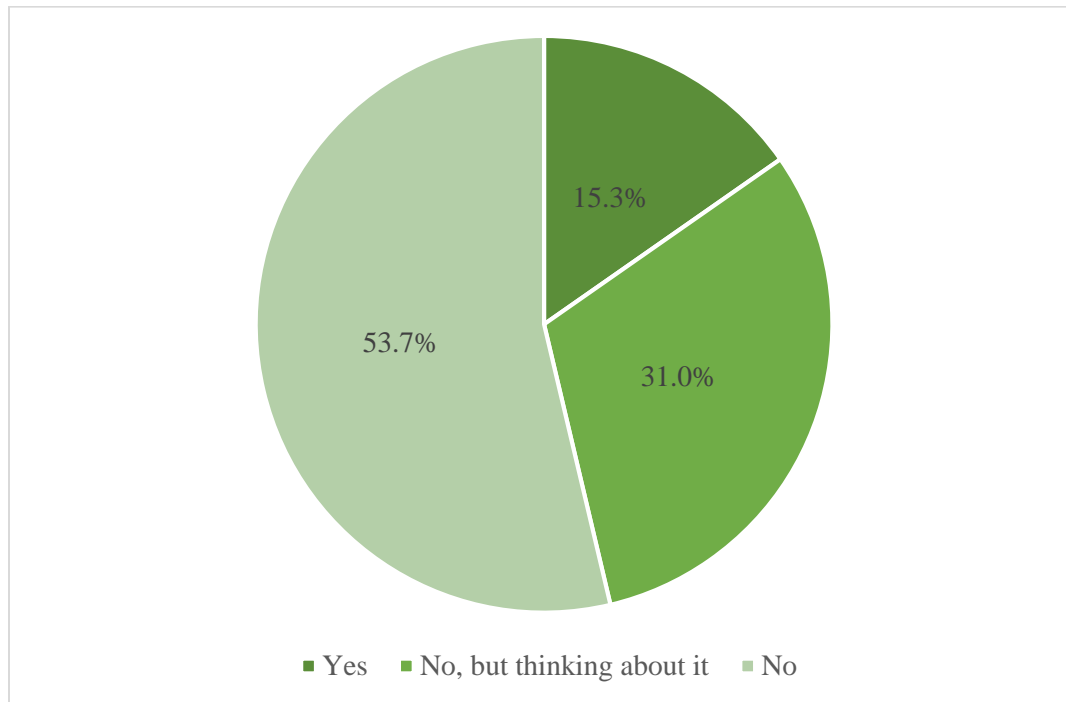
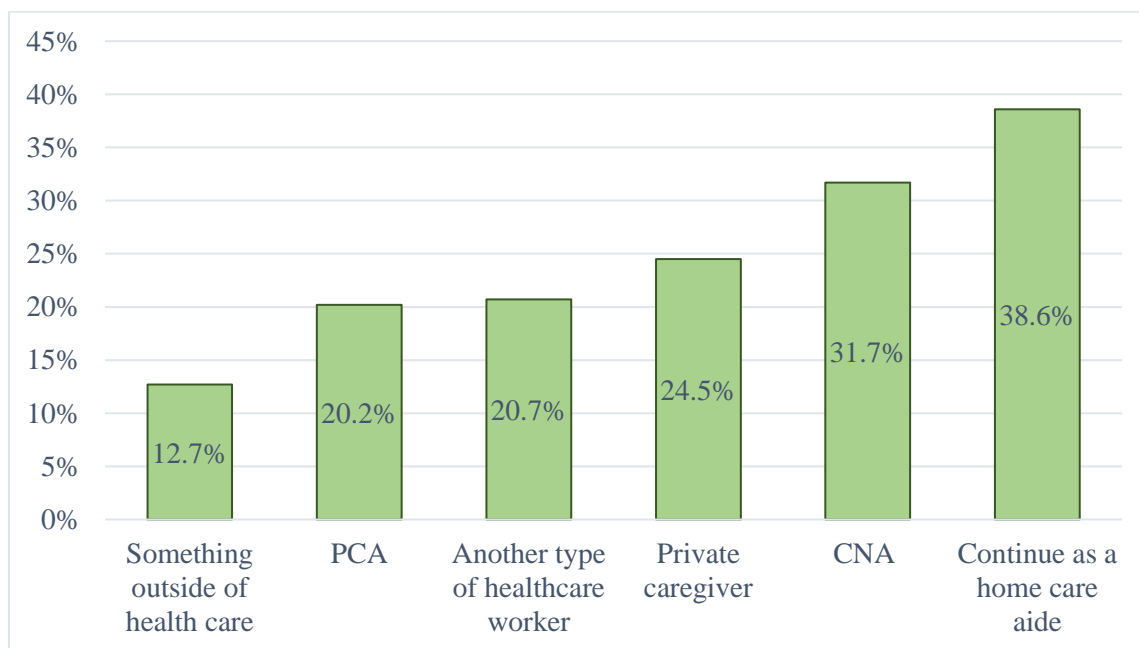


Figure 34. Type of Work They are Looking For: Those Who are Currently Looking or Thinking about Looking (N=346)



*Respondents were instructed to 'select all that apply' and therefore responses do not sum to 100%.

**Among those who stated they are currently looking or are thinking about looking for a new job

Home Care Aide Responders: Current Agency Experience

The home care aide survey sought to find out about not only the home care aides' general experience working as a home care aide, but also their specific experience at their job within their current agency. Since it is understood that home care aides can, and often do, have jobs at multiple agencies, the name of the agency was clearly stated on the survey so they responded consistently. The aides from the eleven agencies that participated reported that on average, they work 25.8 hours per week, though the work hours ranged from zero to 64 hours (**Table 11**). Because of the nature of the work, home care aides are required to travel, sometimes extensively, throughout their work day. Reporting for the last day they worked, the home care aides reported traveling 41.2 minutes per day from client to client (not including travel to their first client or home after their last). In a given week, home care aides visit five clients on average. The hourly wage ranged from \$11.00/hour to \$17.00/hour, with the mean being \$12.77. The average wage for each position were: homemaker, \$12.27, personal care homemaker, \$12.49, home health aide, \$12.79, and supportive home care aide, \$13.09. Also, 43% of the aides reported that they had received a wage increase since they had started work at their current agency. The vast majority of responders reported no injuries on the job in the past 12 months, though 10% stated that they had experienced an injury. Due to the diversity of the workforce, as well as the clients receiving services, a question was asked about how frequently the home care aide experiences difficulty communicating with the client because of a language difference. 22% responded to have experienced that challenges at least some of the time. Finally, the client's care plan can be a critical source of information about the client's care needs. However, because home care aides work in client's homes, they often struggle with obtaining adequate and timely information about their clients. When asked about care plan availability, 31.6% of the aides reported that the care plan was either 'never' or only 'some of the time' available for review when they first started a new personal care or home health aide case.

Table 11. Current Agency Employment Background

	M (or %) (Range)
Number of hours work per week (average)	25.8 (0-64)
Travel time per day (average in minutes)	41.2 (0-480)
Number of clients to visit per week (average)	5 (0-31)
Hourly rate of pay	12.77 (11.00-17.00)
Homemaker	12.27 (11.00-16.39)
Personal Care Homemaker	12.49 (11.00-16.00)
Home Health Aide	12.79 (11.00-17.00)
Supportive Home Care Aide	13.09 (11.00-17.00)
Received a wage increase since starting at agency (Percent that responded “yes”)	43%
Number of injuries experienced on the job over the past 12 months	.16 (0-3)
Percent with zero injuries	90.1%
Percent with one injury	8%
Percent with two or more injuries	2%
Percent reported experiencing difficulty with communicating with clients due to language differences	22%
Frequency of a care plan being available to review when starting a new case (Percent that responded “never” or “some of the time”)	31.6%

Given that home care agencies already face challenges filling cases, the survey sought to understand whether currently employed aides were interested in working more hours than they already work. Though the majority of the aides were happy with their current schedule, 41.7% of the aides stated that they would like to be working more hours (**Figure 35**). **Table 12** examines this more closely to understand who is interested in more hours and shows that both full-time (30 hours or more) and part-time aides provided similar responses, with 40% and 43% respectively wanting more hours.

Figure 35. Schedule Preferences (N=580)

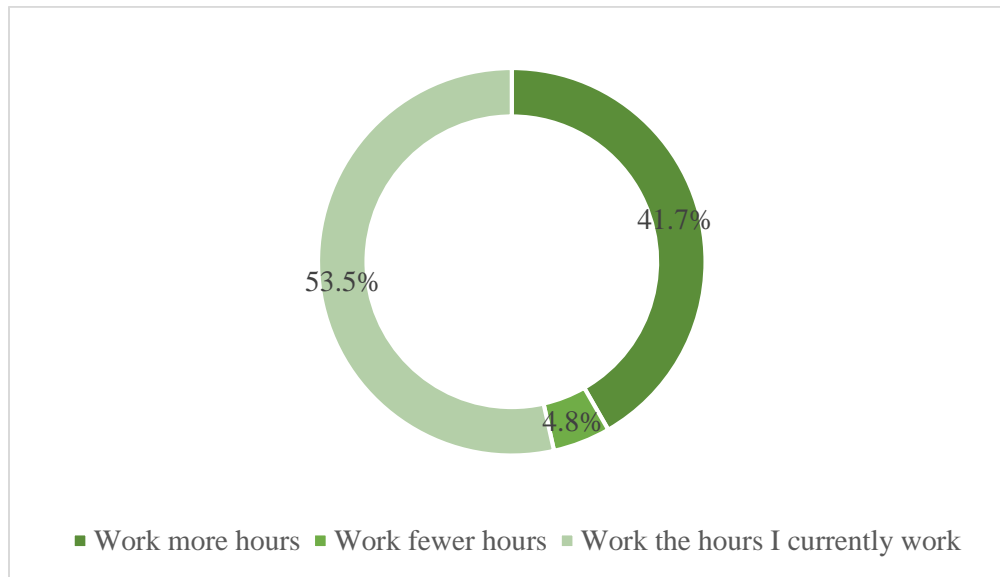
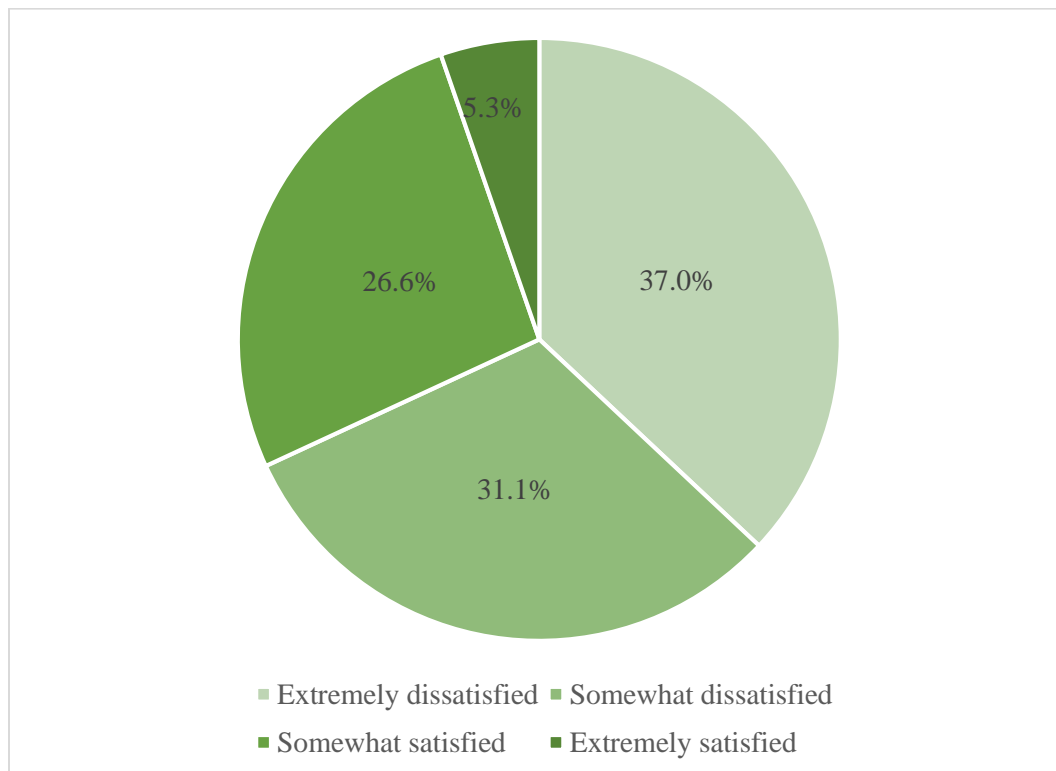


Table 12. Schedule Preference, by Current Employment Status

	Full-Time (Work 30 hrs or more)	Part-Time (Work less than 30 hrs)
More hours	40%	43%
Less hours	6%	4%
Current hours working	54%	53%

Overall, the home care aides were largely dissatisfied with their pay, with 68.1% reporting being ‘somewhat’ or ‘very dissatisfied’ (**Figure 36**). According to Commonwealth Corporation & the Center for Labor Markets & Policy, Drexel University (2016), direct care workers’ wages have remained flat since 2004, despite wages for workers in other industries rising 8%. Without competitive wages, home care aides will be pulled away from the industry to other jobs that have more consistent and reliable schedules with fewer physical demands.

Figure 36. Satisfaction with Current Pay (N=586)



In an effort to understand whether the care plans for the clients matches what the home care aides witness in the home, the survey asked whether the aides' felt that they had enough time to complete their caregiving tasks. Overall, the home care aide responded that they had either enough (69.6%) or more than enough time (18.1%) to complete activities of daily living (ADL) with their clients (**Table 13**). Similarly, the aides reporting having enough time (70.6%) or more than enough time for instrumental activities of daily living (IADL) (15.6%). Fewer than 14% stated that they did not have enough time to complete the ADL or the IADL with their clients.

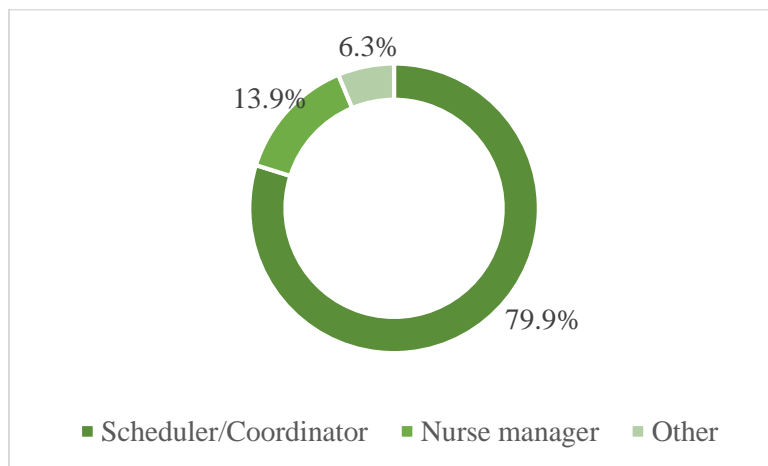
Table 13. Time to Complete Caregiving Tasks

	Not Enough Time	Enough Time	More than Enough Time
Adequate time to complete the necessary activities of daily living	12.3%	69.6%	18.1%
Adequate time to complete the necessary instrumental activities of daily living	13.8%	70.6%	15.6%

*Of those that responded that they completed those tasks (N/A responses removed)

Many times, it is unclear who the home care aides' direct supervisor is within the agency. Because the home care aide speaks most often to the scheduler/coordinator, this individual is often perceived to be the supervisor. However, when it comes to clinical aspects of their work, they are observed and supported by the nursing staff. For this reason, the survey asked who the home care aide perceived to be their direct supervisor (**Figure 37**). The vast majority reported that their supervisor is the scheduler/coordinator (79.9%), though 13.9% reported that it was the nurse, and another 6.3% stated it was someone other than individuals in these two positions.

Figure 37. Identified as Direct Supervisor (N=541)



The supervisor-home care aide relationship has consistently been deemed to be an important indicator of the aides' satisfaction on the job. From the survey, it appears that the majority of home care aides are in agreement that their relationship with their supervisor is a positive one. However, several response options stood out as potential areas for improvement (**Table 14**). The statement 'my supervisor is supportive of me and my career, such as offering me opportunities for training' was rated relatively low, with 22.6% stating that they strongly or somewhat disagreed with the statement. Additionally, the statement 'my supervisor tells me when I'm doing a good job' was rated low compared to the other statements, with 20.9% strongly or somewhat disagreeing with this statement.

Table 14. Experience with Supervisor

	Strongly or Somewhat Disagree	Strongly or Somewhat Agree
My supervisor provides clear instructions when assigning work	11.5%	88.5%
My supervisor provides me with all the information I need about my clients to be successful in my job	14.6%	85.4%
My supervisor allows me to control my job and day-to-day tasks	9%	91%
My supervisor is supportive of me and my career, such as offering me opportunities for training	22.6%	77.4%
My supervisor listens to me when I am worried about a client's care	9.4%	90.6%
My supervisor values my ideas about how to care for the client	11.6%	88.4%
My supervisor is available when I need him/her	13.6%	86.4%
My supervisor respects me as a part of the healthcare team	8.3%	91.7%
My supervisor appreciates the work that I do	10.4%	89.6%
My supervisor tells me when I am doing a good job	20.9%	79.1%

In addition to understanding the aides' experience with their supervisor, the survey also sought to determine their satisfaction with their home care agency (**Table 15**). The two areas with the lowest levels of disagreement were the way employees are recognized for their work (24.2% strongly or somewhat disagree) and opportunities for promotion at my agency (36.8% strongly or somewhat disagree). It appears that both supervisors and agencies could improve the way in which they show appreciation for their employees, as well as provide greater opportunities for further training and career advancement.

Table 15. Satisfaction with Agency Environment

	Strongly or Somewhat Disagree	Strongly or Somewhat Agree
I am satisfied with the way employee complaints are handled at my agency	19.8%	80.2%
I am satisfied with the way employees are recognized for their work at my agency	24.2%	75.9%
I am satisfied with the amount of responsibility I am given at my agency	8%	92%
I am satisfied with my opportunities for promotion at my agency	36.8%	63.2%

In addition to asking about the employee's satisfaction with their job as a home care aide generally, the survey sought to determine their level of satisfaction with their particular job at their current agency (**Figure 38**). Similar to their responses to the general question, home care aides were relatively satisfied with their job at their current agency, with 35.2% stating they were 'very satisfied' and 48.4% stating they were 'somewhat satisfied'. Unfortunately, despite high levels of satisfaction, the aides reported a high intent to leave the job at their agency within the next year, which is higher than their intent to leave generally. Nearly 37% said that they were either 'very likely' or 'somewhat likely' to leave their job at their agency within the next year (**Figure 39**), compared to 33% who stated the same about their intent to leave their job as a home care aide in the next year.

Figure 38. Level of Satisfaction with the Home Care Aide Job at their Current Agency (N=562)

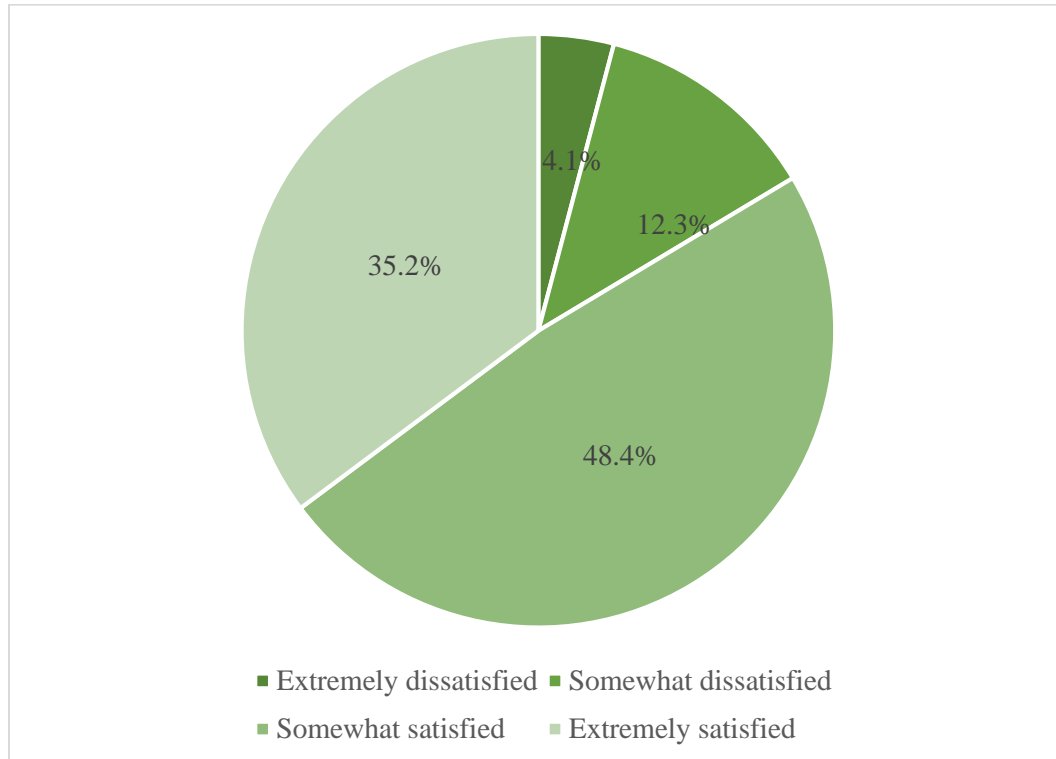
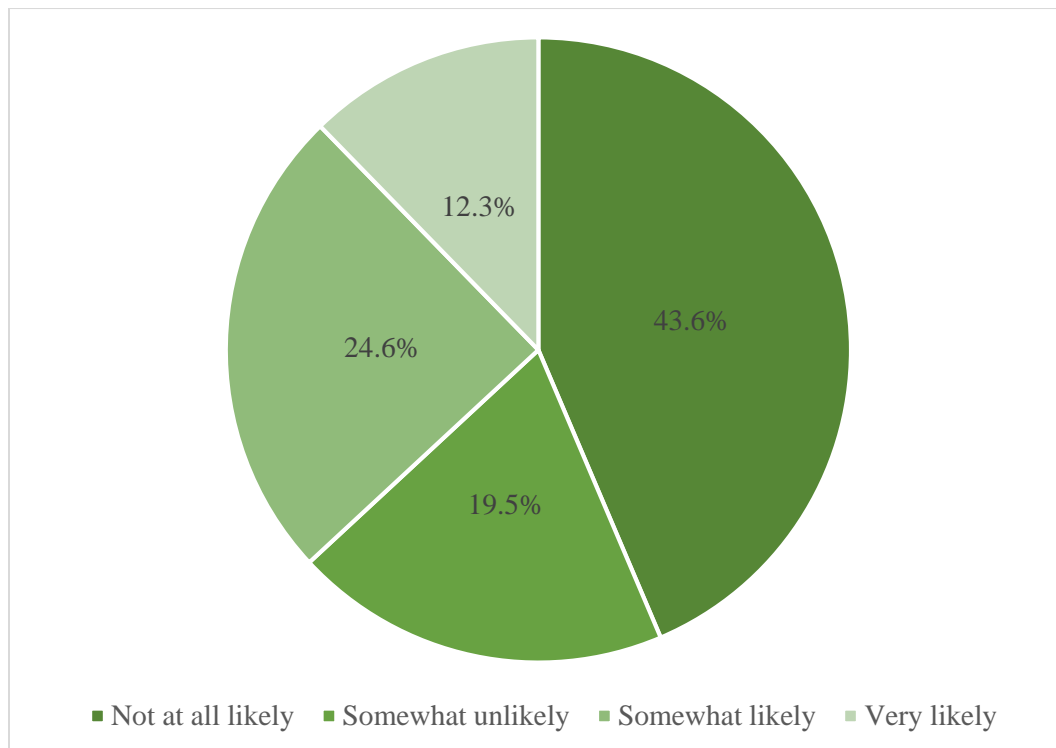


Figure 39. Home Care Aide's Intent to Leave their Job at their Current Agency (N=553)



*Likelihood of leaving their job *at the agency* within the next year

Key Findings and Conclusions: Home Care Aide Survey

Hearing directly from the home care aides who work within the Massachusetts' State Home Care Program is enlightening, given the lack of data available on this workforce. Understanding the challenges they face in their role as a home care aide, as well as who they are demographically, can help the agencies, the larger network, and the state better support them in their work. The home care aides in this sample were overwhelmingly low-wage women, living in low-income households and providing care to children and/or other family members or neighbors. The diversity of the workforce is clear, with nearly half being born outside of the United States and 23 different languages spoken. Knowing who the individuals are that make up this critical workforce is important for both agencies and state-level officials, as their personal and work life are often intertwined. For instance, because of the low wages of the job, a large proportion are on public benefits, with 34% reporting accessing at least one benefit. That proportion increases to 54% when MassHealth is included. Though this is caused by the low wages of the position, the use of public benefits hinders the industry as 31% of those on benefits state that they have reduced their hours to remain eligible. In an industry that is desperate for home care aides, having current workers limiting their schedules to meet qualification requirements is a major blow. Additionally, home care aides with children under age 18 report missing, on average, one day per month due to child related issues. These personal life challenges of the workforce have a direct negative effect on the home care industry by impacting the home care aides' ability to be successful on the job. Finding ways to better support the home care aides with the realities of their personal life challenges will have an immediate benefit, not only for the home care aide individually, but for the agency and the industry overall.

In addition to having a better understanding of the home care aides' personal life and background, the survey provided insights into their work experience. The home care aides, overall, are very satisfied with the job as a home care aide and with their position at their agency. They report being drawn to and enjoying the work for the purpose of it, wanting to help others and feeling good about what they do. They also were interested in the position as an entrée into healthcare and have stayed because of the schedule flexibility. On the other side, the home care aides were extremely dissatisfied with their rate of pay and the benefits available to them. In addition, the lack of information they receive about their clients was brought to light as a major barrier to being successful on the job. The lack of training and promotion opportunities, as well as appreciation received for their work, were also highlighted as major limitations of the job. Additionally, over half of the home care aides report having more than one job, whether that be another home care aide position, a job as another type of caregiver, like a CNA or PCA, or a job in another industry all together. This is likely because of the instability of home care hours, which can fluctuate dramatically from week to week. Their variable schedules and the common short-shifts available to them, were both reported as negative aspects of the job. Improving both the job design and job environment are critical to encouraging these workers to stay. Despite a high satisfaction with the job, nearly 37% said they are either very likely or somewhat likely to leave their job in the next year.

Addressing the low wages of home care positions, particularly for these aides who are serving Massachusetts' most vulnerable and low-income elders, must be a priority. Reimbursement rates are set by the local ASAPs through funds provided by the EOEA. Without rate enhancements to allow for wage

increases, home care aides will continue to have to work multiple jobs, remain on public benefits, and often, leave the industry entirely, to seek out better alternatives. Benefits offered by home care agencies are rare, and most only go to those that are consistently working full-time hours. Expanding vacation time and retirement plans to home care aides may be a way to incentivize them to stay. Though home care agencies are required to offer health insurance to their employees, because of the nature of the work and the background of the workers, the plans are prohibitively expensive, and therefore, as is evidenced by the survey, not chosen by aides (only apx. 5% reported being on their employer's health insurance plan). It is much more cost effective, not to mention offering better coverage, to instead opt for coverage through MassHealth, which 48% have done. Aiding employers to improve the benefits offered to the home care aides must come in either the form of higher reimbursement rates to cover the added costs of adding these needed benefits or having the state step in to either leverage relationships with private insurance companies or provide state-supported benefits as an alternative. In addition to addressing the low wages and lack of benefits, the over value of home care aides as members of the care team should be reevaluated. At the agency, industry, and larger health care network levels, home care aides are viewed as glorified babysitters, not capable of contributing, let alone adding to, the care provided by the larger healthcare team. But, with upskilling, support and inclusion, these workers can be a major resource. Feeling like they have a larger role and feel appreciated for their contribution would make a large impact on their motivation to remain in their job. Finally, in addition to addressing the low wages, in order to truly bring many of these workers out of poverty and make home care aide jobs viable long-term options for people, ways to stabilize the schedules for these workers must be explored. The variability of the work makes it nearly impossible to rely on a consistent pay check, forcing aides to maintain multiple jobs and remain on public benefits. Nearly 42% stated that they wanted to be working more hours. Filling the gap between what they want to work and what they are working, and then making that schedule consistent, needs to be at the center for the shift in the job design of home care positions.

Section 4. Focus Groups

Focus Group Background

The research team conducted seven focus groups to elicit feedback on the survey results and develop recommendations for practice and policy. Four focus groups were conducted with home care aides. Two agencies that participated in the home care aide survey and two that did not participate were selected to partake in the focus groups. The agencies selected represent a wide range of geographic regions and characteristics. Three stakeholder focus groups were conducted: one with home care agency representatives, one with aging services professionals, and one with state home care program professionals, including EOE and ASAP representatives.

During the focus groups, participants were provided with the results of the two surveys and an overview of the findings. Then, the attendees were asked to provide their thoughts about the results. Next, the group was asked to brainstorm and provide ideas for practice or policy change to address the issues or problems that were brought to light through the surveys. Notes were taken by the facilitator during each focus group. The themes that emerged are shared below.

Home Care Aide Results

The home care aides who participated in the four focus groups all completed a brief survey, providing demographic and work information. In total, 30 home care aides participated in the focus groups across four agencies. The majority were either Home Health Aides (55.2%) or Supportive Home Care Aides (41.4%) (**Table 16**). The average age of the participants was 43.5 years old and 93.3% were female. 44.8% identified as white, 31% as Black, 17.2% as Cape Verdean, and 13.8% as Other. Also, 27.6% of all responders identified as Hispanic and 56.7% of the participants were foreign born. Over 70% of the participants had been employed as a home care aide for over two years (71.4%), with only 7.2% having been in the position for one year, and 21.4% having the position for one to two years. The majority had been employed as a home care aide at their current agency for at least two years (56.7%), with 20% being employed for one year or less, and the remaining 23.3% being employed as a home care aide from one to two years.

Table 16. Demographic and Work Background Information: Home Care Aides (N=30)

M (or %) (Range)		
	Female	93.3%
	Age	43.5 (20-68)
Race/Ethnicity	White	44.8%
	Black	31%
	Cape Verdean	17.2%
	Other	13.8%
	Hispanic	27.6%
	Foreign Born	56.7%
Employment as a Home Care Aide	Under 1 year	7.2%
	More than 1 year to 2 years	21.4%
	More than 2 years to 5 years	21.4%
	More than 5 years to 10 years	35.7%
	More than 10 years	14.3%
Employment at Current Agency	Under 1 year	20%
	More than 1 year to 2 years	23.3%
	More than 2 years to 5 years	23.3%
	More than 5 years to 10 years	26.7%
	More than 10 years	6.7%

The recommendations and suggestions shared by the home care aides in the focus groups in response to the survey results are grouped into themes and are presented in **table 17**.

Table 17. Home Care Aide Focus Group Themes

Theme	Description
Rewards of the Job	
Pay Rates	Home care aides consistently raised the issue of the need to increase the wages of this position. Aides reiterated that this was a major impediment to them being totally committed to remaining in their jobs, and also a barrier to getting new workers that come into the field.
Benefits	Several aides voiced they would change employment if a different agency offered better benefits, such as paid vacation time or health insurance, even if the rate of pay was lower. The lack of benefits within the job, particularly the absence of vacation time, makes the aides feel like they can never have a break.
Raises, Incentives	The need for more consistent raises, particularly for those who have been with the company for a long period of time, was also raised by the home care aides. Also, offering incentives, like gift cards or a paid day off, for taking a hard to fill shift or for not calling off for a set amount of time, were offered as suggestions to show aide appreciation while also incentivizing aides to step up and help out.
Client Family Challenges	
Reinforce Boundaries	Despite not emerging as a major challenge within the survey, the difficulties of working with the client's families was brought up repeatedly in the focus groups. The need for agency and ASAP support in reinforcing appropriate boundaries with the client and their families was an area that home care aides felt could be improved.
Education on Aide Role	Aides also reported the need for greater education of the client's family on the role of the home care aide. Providing better guidance to the client and their family about what care the aide is and is not allowed to provide will help the aide, who often is forced to have these difficult conversations themselves. Additionally, reinforcing the appropriate (and inappropriate) tasks with all home care aides may help diminish the frequent issue of some aides doing more than is allowed by the agency.

Schedule Challenges	
More Regular Schedule	The inconsistent nature of home care work results in variable schedules that cause fluctuation in pay. Many of the aides in the focus groups reported that this is a central problem as to why they cannot make this their primary job, and fluctuations in pay force them to have multiple jobs to meet their financial needs. Finding pathways to stabilize schedules and ensure that home care aides maintain consistent hours should be a priority for improving home care aide jobs in the future.
Cutting Hours for Benefit Eligibility	Similar to the survey responders, aides in the focus groups reported cutting hours to remain eligible for public benefits. In an industry that is desperate for workers, current aides who cut their hours to remain eligible for benefits presents a major challenge as well as an opportunity for improvement. Investing in ways to allow low-income home care workers to keep their benefits, or to transition them off of the benefits more slowly, would allow them to continue to work a full schedule, benefitting both the aide and the agency employer.
Travel Challenges	
Consistent and Adequate Reimbursement	Daily travel is a reality for home care aides, with survey responders reporting that they travel on average over 40 minutes per day. However, aides in the focus groups did not complain about the amount of time they had to travel, but about the lack of reimbursement for additional travel expenses they incur, such as tolls, parking, and parking tickets. Also, the low reimbursement for miles was felt to be insufficient to cover the gas and repairs required for vehicle upkeep.
Employee Appreciation & Support	
Incorporate Greater Employee Recognition	Voiced in the survey and reiterated in the focus groups is the need for greater employee recognition and appreciation. Suggestions made by the aides were: awarding an Aide of the Month Award, hosting holiday parties, giving gifts for special occasions or maintain an updated bulletin board in the office where agency and employee information could be shared.
Offer More Opportunities for Support	In addition to greater recognition, aides brought up the desire for more opportunities to provide and receive support. Interacting with peers is a rare occurrence in this job, so offering more meet-ups where home care aides can meet one another, connect, and learn from each other was suggested.

Training Opportunities	
Offer More Chances for New Training	Although aides felt relatively confident in their skills, complaints were made about the training they received. Several areas of continued need were raised, including more training on working with clients with Alzheimer’s disease and other dementias, providing spouse/bed baths, and proper body mechanics. There were also complaints that the training offered is the same topics provided by the same instructor. Aides were eager to have the chance to receive training in new areas. There was also a suggestion to offer a yearly ‘back to the basics’ class, offering a refresher to those who have been out in the field for some time.
Communication	
Improve Agency to Staff Communication	Due to the decentralized nature of the job, frequent communication with the agency and the aides’ supervisor is essential to ensure everyone receives adequate and correct information about client issues or changes. The aides reported that this could be improved as they do not feel as though they receive timely information from their agency or supervisor. Streamlining the communication and information sharing between the agency and aides is an area for improvement, and one that could be relieved by the implementation of new technologies.

Stakeholder Results

Three stakeholder focus groups were held to hear from a variety of individuals both within the home care network and outside of it. The first focus group was with home care agency representatives. The group of nine participants consisted primarily of executives or managers within Massachusetts home care agencies; all of the focus group participants had current contracts to work within the State Home Care program. The second focus group included representatives from a variety of organizations, all with a concentration on older adults. Academic, direct service, and government departments were represented within the group of five. The final focus group was focused on organizations that work within the state home care program, including ASAP and EOEA. Inclusive of both management and direct service staff, these ten participants have experience with the home care program, but they do not directly employ home care aides.

The recommendations discussed by the stakeholders during the focus groups are grouped into themes and shared in **table 18**.

Table 18. Stakeholder Focus Group Themes

Theme	Description
Rewards of the Job	
Pay Rates	Stakeholders both within and outside of the home care network agree that the pay rate of home care aides is too low given their job responsibilities and the high demand for more workers. In particular, the lack of parity in wages across the various direct care workers in the state was a major concern raised by stakeholders. The home care aides and agencies within this study provide services within the state home care program; therefore, they receive reimbursement from the state. Increasing the reimbursement rates to agencies and requiring that these be passed on to home care aides employed, is a key priority.
Benefits	The high reliance of the home care aide workforce on public benefits, including MassHealth, is a serious problem, given that many of the aides limit their hours to remain eligible for these benefits. The low take-up of agency offered health insurance shows that the cost is too high and/or the agency benefits are not as good as the benefits offered by MassHealth. Finding creative ways to support agencies to decrease the cost of health insurance and improve coverage for their employees should be explored. Additionally, tackling the benefit cliff issue, which is a major impediment to home care aides working at their full capacity, is another priority.
Schedule Challenges	
Increase Hours	The survey highlighted an interesting problem: a large proportion of home care aides want to work more hours than they currently work. However, home care agencies report that they lack enough aides to fill available shifts. This discrepancy between aides and agencies should be addressed. Stakeholders suggested trying to investigate this problem more deeply to find out why either workers are not taking the hours offered to them or the workers are not being offered the hours that are available. Another need is to address the dissatisfaction with short shifts (1 hour or less) by increasing the pay differential for short shifts versus long shifts to incentivize workers to take the less desirable, shorter shifts.
Cutting Hours for Benefit Eligibility	Another major problem is that while home care agencies are in desperate need of employees, they lose potential work hours from aides who cut their hours to remain eligible for benefits. Exploring ways to ameliorate this problem should be a priority for the industry (e.g., the argument that increasing the reimbursement rate to raise wages so employees can come off of public benefits will save state and federal funds).

Travel Challenges	
Consistent and Adequate Reimbursement	Ensuring a fair and adequate reimbursement rate across all agencies for all travel related costs could address several challenges related to travel costs and shift length. Home care aides reported disliking the short shifts (1 hour or less) that are frequently offered. An issue with short shifts is that they require increased travel time. Higher travel reimbursement may solve two problems: increase aides' willingness to take short shifts while also addressing their general concern about low travel pay and reimbursement.
Employee Appreciation	
Offer More Opportunities for Support	Stakeholders feel that a greater investment should be made in the supervisors of home care aides in order to provide higher levels of support and promote employee success. First, the variability in who the aide identifies as their supervisor deserves greater investigation. Ensuring that the agency and the aide's identification of the supervisor matches is crucial for the aide to know who to go to for support and guidance. Second, since the majority of the aides reported that the scheduler/coordinator was their supervisor, providing schedulers and coordinators with greater training on properly executing their duties is important to guarantee that they can be successful in their jobs.
Training Opportunities	
Find New Approaches to Offering Training	In addition to initial trainings, concerns were raised from stakeholders about the need for ongoing skills training for home care aides. Unfortunately, the proportion of agencies that offer these types trainings to their workers is low. Agencies raised challenges to providing trainings, such as low aide attendance at in-person trainings and acquiring funds to pay for the trainings. The stakeholders pushed for the exploration of new opportunities when providing training, such as using online resources or offering trainings collectively by pooling agency resources to provide regional trainings for aides. Regarding the funding issue, the stakeholders wanted to find state-level funding to better support the training needs of the workforce. Further, funds should be designed for the home care aide workforce or be flexible enough to be used in an industry with a decentralized staffing structure.

Section 5. Recommendations

The findings from the survey and the recommendations and suggestions provided by the home care aides and stakeholders were used to develop a Recommendations Report. The purpose of the Recommendations Report is to guide the policy and practice actions of the Home Care Aide Foundation and its partners in the coming years. The core recommendations from this report are listed below. For more information, the Recommendations Report can be found on the Home Care Aide Council's website at www.hcacouncil.org.

Increase Recruitment Efforts

To address the need for increasing recruitment of home care aides, the following changes to policy or practice are recommended:

- *Recommendation #1:* Identify mechanisms to make initial training low-cost or free to individuals interested in pursuing a career in home care
- *Recommendation #2:* Improve the supports provided to trainees and new workers to ease the transition into work
- *Recommendation #3:* Develop innovative partnerships with community-based organizations to recruit and support younger and non-traditional workers into the field

Improve Retention

To address the high rate of turnover among home care aides, the following changes to policy or practice are recommended:

- *Recommendation #1:* Work with the Massachusetts' Legislature to increase wages and improve the benefits offered to home care aides employed by home care agencies
- *Recommendation #2:* Invest in programs and pilot innovative partnerships and models that support home care aides to manage the personal and work life challenges that threaten their ability to remain on the job

Maximize Hours Currently Worked

To address the need to better utilize currently employed home care aides, the following changes to policy or practice are recommended:

- *Recommendation #1:* Address the rise in short shifts by increasing rates to support the differentials paid to aides for these undesirable shifts and provide consistent, higher reimbursement for travel
- *Recommendation #2:* Work across state agencies to review various program requirements and engage in a system wide approach to address the benefit cliff issues that force home care aides to limit their hours

Stabilize Schedules

To address the need to stabilize the schedules of home care aides, the following changes to policy or practice are recommended:

- *Recommendation #1:* Develop innovative ways to better cluster clients to improve scheduling and decrease travel
- *Recommendation #2:* Adopt and adequately reimburse agencies for full-time home care aide positions

Up-Skill and Integrate

To address the need to advance the professional skills of the current workforce, arm them with adequate information, and embed them in the wider healthcare team, the following changes to policy or practice are recommended:

- *Recommendation #1:* Invest in the creation of new up-skilling opportunities for home care aides and ensure that state-level workforce funding is designed to support the ongoing training needs of the home care aide workforce
- *Recommendation #2:* Increase the information provided to home care aides through the use of technology
- *Recommendation #3:* Improve the training provided to home care aide supervisors to ensure aides are properly supported and communication is enhanced
- *Recommendation #4:* Partner with managed care entities to begin to build new models for care delivery that include the home care aide as an integral team member

Section 6. Next Steps and Conclusion

This project offered the Home Care Aide Foundation the unique opportunity to better understand the challenges facing home care agencies and home care aides working within the state home care program. These workers and the agencies that employ them provide a critical service to vulnerable older adults and people with disabilities living in local communities across the Commonwealth. Ensuring that access to these services continues by supporting the workforce that provides them must be a priority of policymakers at all levels of government. The Home Care Aide Foundation and Council look forward to disseminating the important information learned through this two-year data collection process in order to educate community members, stakeholders, and local and state level officials. Also, the Foundation is eager to continue this critical work of collecting timely and accurate data on the home care network. Working with partners, the Foundation will seek to expand this initial project to ensure that information is available on the home care agency network and workforce to advance ‘data-driven advocacy’ and lead to informed policy.

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Addendum A. Home Care Agency Survey

Purpose of the Survey:

You received this survey because your organization currently contracts or is seeking to contract to participate in the **State Home Care Program**, *providing state and Medicaid funded services* to seniors and/or people with disabilities. This survey is being administered by the Home Care Aide Council and all responses will be kept confidential for purposes of reporting to all outlets.

Notice of Privacy:

This survey will be assigned a **Survey ID** number. This number is the only way your organization will be identified; it will be kept separate from your responses and used only for the purpose of tracking which organizations complete the survey. Results of this survey will be reported only in the aggregate and individual agency responses will not be shared.

If you have any questions or concerns about the survey, please contact the Home Care Aide Council at 617-744-6561.

Survey Instructions:

The survey will take approximately one hour to complete and will require access to your agency's personnel data. Please answer each question as accurately as possible. **If you do not know the answer to one or more of the questions, please ask the person in your agency who would be able to provide an accurate answer.** If your agency is part of a larger national or state organization, please send the survey to your agency's headquarters, or contact them for answers to any questions that you do not know.

This survey will refer to the *home care aide workforce*. Please note that for purposes of this survey, the home care aide workforce includes the following job titles: *chore, companion, homemakers, personal care homemakers, home health aides and supportive home care aides*. Please refer to the following definitions as you complete this survey.

- ▶ Include all home care aides from all branches, divisions or offices of your organization within Massachusetts.
- ▶ Unless otherwise noted, when asked about home care aides, please consider all those employed by your agency who are full-time, part-time, per diem, on-call or intermittent.
- ▶ Certified Nurse's Aides (CNA) are NOT to be included in any responses *unless* they are also working in one of the job roles listed above.

SURVEY QUESTIONS

Agency Characteristics

1. Which of the following services does your agency currently provide? (check all that apply)

- ☐ New agency- Providing no services at this time *[end survey]*
- ☐ Chore
- ☐ Companion
- ☐ Homemaker
- ☐ Personal Care
- ☐ Home Health
- ☐ Supportive Home Care Aide, Mental & Behavioral Health
- ☐ Supportive Home Care Aide, Alzheimer's and Related Dementia
- ☐ Other (please describe):

2. As of March 1, 2016, which of the following contracts did your agency receive payment from? (check all that apply)

- ☐ Aging Service Access Points (ASAPS) authorized services
- ☐ Massachusetts Rehabilitation Commission (MRC)
- ☐ Massachusetts Commission for the Blind
- ☐ Money Follows the Person Waiver
- ☐ Acquired Brain Injury (ABI)/Traumatic Brain Injury (TBI) Waiver
- ☐ OneCare
- ☐ Senior Care Options (SCO)
- ☐ Medicare Home Health Services
- ☐ Private Pay Services
- ☐ Other (please describe):

3. Which of the following best describes your agency's current status as a Medicare Certified Home Health Agency?

- ☐ Our agency is a Medicare Certified Home Health Agency
- ☐ Our agency is NOT a Medicare Certified Home Health Agency
- ☐ Our agency is NOT a Medicare Certified Home Health Agency, but it *contracts* with a Certified Home Health Agency

Workforce Volume

The following questions are related to the number and assignments of home care workers your agency employs or contracts with to provide the following services: chore, companion, homemaking, personal care, home health, and supportive home care.

4. How does your agency define full-time employment for home care aides?

NUMERIC WRITE-IN

Number of hours per week required be considered full-time

5. How many total home care aides did your agency employ as of March 1, 2016?

NUMERIC WRITE-IN

A) Number who work full-time

NUMERIC WRITE-IN

B) Number who work part-time (including per diem)

6. How many active clients (receiving at least 1 hour of home care in the month) did your agency support on March 1, 2016?

NUMERIC WRITE-IN

Number of clients your agency supported as of March 1, 2016

7. How many active clients (receiving at least 1 hour of home care in the month) did your agency support on March 31, 2016?

NUMERIC WRITE-IN

Number of clients your agency supported as of March 31, 2016

8. How many hours of home care service did your agency provide in the month of March 2016 (March 1, 2016 through March 31, 2016)?

NUMERIC WRITE-IN

Number of home care service hours your agency provided in March 2016

Workforce Stability

The following information will be used to calculate the turnover and vacancy rates for home care aides who are employed by your agency to provide the following services: chore, companion, homemaking, personal care homemaking, home health, and supportive home care.

9. How many home care aides were actively working for agency on the following dates (that is, had received a paycheck for at least one hour during the last pay period)?

NUMERIC WRITE-IN

Number of home care aides actively working as of Jan 1, 2016

NUMERIC WRITE-IN

Number of home care aides actively working as of March 31, 2016

10. From January 1, 2016 through March 31, 2016, how many home care aides did your agency hire and how many did it terminate?

NUMERIC WRITE-IN

Number of home care aides hired over the 3 month period

NUMERIC WRITE-IN

Number of home care aides terminated over the 3 month period

11. How many times per week would you say that your agency is unable to fill a week day case due to a lack of available worker?

- ☐ Never
☐ Rarely (1-2 times per week)
☐ Sometimes (3-4 times per week)
☐ Often (5-7 times per week)
☐ Very Often (8+ times per week)

12. How many times per week would you say your agency is unable to fill a weekend case due to a lack of available worker?

- ☐ Never
☐ Rarely (1-2 times per week)

- ☐ Sometimes (3-4 times per week)
- ☐ Often (5-7 times per week)
- ☐ Very Often (8+ times per week)

13. As of March 31, 2016, how many of your home care aides had worked for your agency less than six months?

NUMERIC WRITE-IN

Number with less than 6 months of employment

14. As of March 31, 2016, how many of your home care aides had worked for your agency between 6 and 12 months?

NUMERIC WRITE-IN

Number with 6 to 12 months of employment

15. As of March 31, 2016, how many of your home care aides had worked for your agency for more than 12 months?

NUMERIC WRITE-IN

Number with more than 12 months of employment

Worker Compensation and Benefits

The following information will be used to determine the average wage rates and benefit levels for the home care aides your agency employs to provide the following services: chore, companion, personal care, homemaking, home health, and supportive home care. **Please use your agency's definition of full-time and part-time for this section and report average amounts across your entire agency.**

16. What is the current starting hourly wage paid to home care aides in each of the following positions at entry-level?

- \$____.____ (per hour) Chore
- \$____.____ (per hour) Companion
- \$____.____ (per hour) Homemaker
- \$____.____ (per hour) Personal Care Homemaker
- \$____.____ (per hour) Home Health Aide
- \$____.____ (per hour) Supportive Home Care Aide (Alzheimer's or Mental Health)

17. What is the HIGHEST hourly wage paid to home care aides in each of the following positions?

- \$____.____ (per hour) Chore
- \$____.____ (per hour) Companion
- \$____.____ (per hour) Homemaker
- \$____.____ (per hour) Personal Care Homemaker
- \$____.____ (per hour) Home Health Aide
- \$____.____ (per hour) Supportive Home Care Aide (Alzheimer's or Mental Health)

18. How many home care aides currently receive health insurance coverage through your agency?

NUMERIC WRITE-IN

Number of home care aides receiving health insurance coverage through your agency

19. What other types of benefits are full-time home care aides eligible to receive from your agency (check all that apply)?

- ☐ Earned vacation or paid time off (excluding earned sick time)
If yes→How many are **currently** accessing this benefit? NUMERIC WRITE-IN Number of full-time home care aides earning paid time off or vacation
- ☐ Employer-sponsored disability insurance
If yes→How many are **currently** accessing this benefit? NUMERIC WRITE-IN Number of full-time home care aides receiving employer-sponsored disability insurance
- ☐ Employer-sponsored retirement plan
If yes→How many are **currently** accessing this benefit? NUMERIC WRITE-IN Number of full-time home care aides receiving an employer-sponsored retirement plan
- ☐ None
- ☐ Other (please describe): Text write-in

20. What other types of benefits are part-time home care aides eligible to receive from your agency (check all that apply)?

- ☐ Earned vacation or paid time off (excluding earned sick time)
If yes→How many are **currently** accessing this benefit? NUMERIC WRITE-IN Number of part-time home care aides earning paid time off or vacation
- ☐ Employer-sponsored disability insurance
If yes→How many are **currently** accessing this benefit? NUMERIC WRITE-IN Number of part-time home care aides receiving employer-sponsored disability insurance
- ☐ Employer-sponsored retirement plan
If yes→How many are **currently** accessing this benefit? NUMERIC WRITE-IN Number of part-time home care aides receiving employer-sponsored retirement plan
- ☐ None
- ☐ Other (please describe): Text write-in

21. Between March 1, 2016 and March 31, 2016, how frequently would you say home care aides requested specific hours or a change to employment status due to eligibility for any type of social benefit (e.g., TANF, SSDI, MassHealth, SNAP)?

- ☐ Never
- ☐ Rarely (1-2 times per month)
- ☐ Sometimes (3-4 times per month)
- ☐ Often (5-7 times per month)
- ☐ Very often (8+ times per month)

Workforce Challenges

22. What are the three most significant challenges for your agency?
(check up to three challenges)

- ☐ Finding qualified home care aides (e.g., recruitment)
- ☐ Home care aide turnover
- ☐ Home care aide skills and clinical competence
- ☐ Home care aide communication/professional skills competence
- ☐ Employee motivation
- ☐ Employee satisfaction
- ☐ None of the above
- ☐ Other:

23. How would you describe your agency's ability to retain qualified home care aides once they are hired? (check only one)

- ☐ Easy/no problem
- ☐ Moderately easy
- ☐ Somewhat difficult
- ☐ Difficult
- ☐ Almost impossible

24. What are the three most significant retention challenges for your agency?
(check up to three challenges)

- ☐ Conflict amongst home care aides, supervisors, and/or managers
- ☐ Conflict with clients and/or the client's family
- ☐ Full-time positions or sufficient hours are not available
- ☐ The lack of longer client hours or shifts (most shifts are 1-2 hours in length)
- ☐ Transportation issues (gas prices, availability of reliable transportation or driver's license)
- ☐ Adequate benefits are not available (health insurance, retirement or disability insurance)
- ☐ Personal stressors faced by workers, including family issues (e.g., family conflict, child care demands or family caregiving responsibilities etc.)
- ☐ Wages are not high enough
- ☐ Workers are disqualified from working based on state standards (e.g., immigration status, a criminal conviction or a driving violation)
- ☐ Workers limit their hours to not lose public benefits
- ☐ Other:

Employee Characteristics

25. Please describe the sex of your agency's workforce.

Number of home care aides who are female

Number of home care aides who are male

26. Please indicate the number of current home care aides your agency employs within each age category:

Under age 18	Age 19-30	Age 31-50	Age 51-64	Age 65 and over
NUMERIC WRITE-IN	NUMERIC WRITE-IN	NUMERIC WRITE-IN	NUMERIC WRITE-IN	NUMERIC WRITE-IN

Training for Home Care Aides

27. Beyond a new-hire orientation, what kind of training does your agency offer to prospective or newly hired home care aides? (check all that apply)

- ☐ 40-hour Homemaker training
- ☐ 60- hour Personal Care Homemaker training
- ☐ 75-hour Home Health Aide training
- ☐ Additional 15-hour Mental Health Supportive Home Care Aide training
- ☐ Additional 15-hour Alzheimer's Supportive Home Care Aide training
- ☐ Other:

28. Which of the following are the three most pressing challenges related to workforce training for your agency? (check up to three responses)

- ☐ Funding for training
- ☐ Availability of training materials
- ☐ Access to training/materials
- ☐ Quality of training/materials
- ☐ Availability of instructors
- ☐ Attendance at trainings
- ☐ Availability of training materials in languages other than English
- ☐ Other:

Home Care Aide Distribution

29. In the box below, please upload the home address zip code and training-level for all of your currently employed home care aides. The information collected through this question will be used to better understand workforce supply and map to consumer demand. If you have any questions on how to submit your agency's response to this question, please contact the Council office at 617-744-6561.

**Use the highest level of training the aide has achieved, including the following options- chore, companion, homemaking, personal care homemaking, home health aide, supportive home care aide, or home health aide/certified nursing assistant.*

See an example here: [Link to PDF](#)

Upload

Thank you for completing this survey.

If you have any questions or would like to provide additional feedback, please do not hesitate to contact the Home Care Aide Council at 617-744-6561 OR info@hcacouncil.org

Addendum B. Home Care Services: Types of Workers

Type of Worker	Training Requirements	Tasks Allowed to Perform	Supervision
Chore	<i>Initial Training:</i> None required- Council recommends a 3-hour orientation; <i>In-Services:</i> None required- Council recommends offering in-service training based on policy	Non-personal, non-nursing care to clients including heavy duty cleaning services, such as moving furniture to clean underneath, removing and replacing draperies, cleaning windows and basements.	None required – Council recommends in-home supervision by qualified supervisor at least once every 6 months
Companion	<i>Initial Training:</i> None required- Council recommends a 3-hour orientation; <i>In-Services:</i> None required- Council recommends offering in-service training based on policy	Non-personal, non-nursing care to clients including socialization and recreation, assistance with preparation of light snacks, escort to appointments	None required – Council recommends in-home supervision by qualified supervisor at least once every 6 months
Homemaker	<i>Initial Training:</i> 3 hour orientation followed by 37 hours of training within first 6 months of employment; <i>In-Services:</i> 6 hours for full-time employees; pro-rated for part-time	Shopping, menu planning, meal prep., laundry, light housekeeping	In-home supervision not less than once each quarter by a qualified supervisor
Personal Care Homemaker	<i>Initial Training:</i> 40 hours of homemaker training plus 20 hours of personal care training by an RN, 3 hours of which is a practicum; <i>In-Services:</i> 6 hours for full-time employees; pro-rated for part-time	Bathing, dressing, foot care, denture care, bedpan routines, eating, assistance with ambulation and transfers, medication reminders	Introductory orientation visit by a nurse on first day of service and quarterly in-home supervision by a qualified nurse not less than once a quarter
Home Health Aide	<i>Initial Training:</i> 75 hours, including a practicum of 16 hours covering specific topics outlined in Conditions of Participation; <i>In-Services:</i> 12 hours per calendar year	Personal care, simple procedures as an extension of nursing or therapy services as delegated by the nurse or therapist, assistance in ambulation or exercises, medication reminders	If consumer is receiving skilled services, every 2 weeks by the appropriate clinician. If consumer is receiving non-skilled services, every 60 days
Supportive Home Care Aide	<i>Initial Training:</i> 75 hour HHA training, plus an additional 12 hours of training in either Alzheimer's and dementia or mental health (covering specific topics outlined in Conditions of Participation); <i>In-Services:</i> 12 hours per calendar year	Homemaking, personal care homemaking, escort services, and socialization and emotional support to clients with emotional or behavioral problems	Weekly support by a qualified supervisor plus quarterly team meetings.

Addendum C. Home Care Aide Survey

The *Home Care Aide Foundation* is asking **all home care aides employed by [AGENCY]** to share their experiences about being a home care worker in Massachusetts. We invite you to participate in the following survey to help us improve the home care aide position and work environment. **This survey is being collected for research purposes and all your responses will be kept confidential and participation is voluntary.** Please do not include your name or other identifying information on this form or on the survey.

**The goal of this survey is to learn how to improve the industry
to better meet YOUR needs.**

Included with this letter is a hard copy of the survey, which will take you approximately 20 minutes to complete. Once you have completed the survey, please return it using the instructions below. **Your responses to this survey will only be seen by select project staff and will NOT be viewed by anyone at your agency.** The survey is available in either English, Spanish, or Haitian Creole. If you want to complete the survey in Spanish or Haitian Creole, use the links below to access the online survey, or contact the Foundation.

An online survey is also available in English, Spanish, and Haitian Creole:

English Survey: <https://www.surveymonkey.com/xxx>

Spanish Survey: <https://www.surveymonkey.com/xxx>

Haitian Creole Survey: <https://www.surveymonkey.com/xxx>

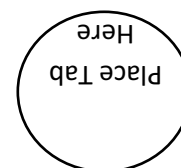
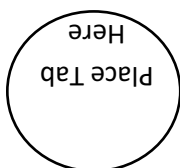
Thank you for considering participating in this **CONFIDENTIAL** survey! This survey will provide the Home Care Aide Foundation with important information about your experience working as a home care worker and will assist in improving the job for all home care workers. *If you have any questions or concerns regarding this survey, please contact: Hayley Gleason, Assistant Director, Home Care Aide Foundation at #617-744-6561 or Dr. Edward Miller at #617-287-7313.*

Important Mailing Instructions: Once you have completed your survey, please re-fold the survey with the Home Care Aide Council address on the outside. Place the enclosed sticker tabs over the half circles at the top (where indicated) and fold them over the edge to seal the survey closed for mailing.

Watertown, MA 02472

124 Watertown Street, Suite 2E

Home Care Aide Council



Massachusetts Home Care Aide Survey

We invite you to participate in the Massachusetts Home Care Aide Survey. This survey is being collected for research purposes. **All of your responses will be kept confidential and your participation is voluntary. Please do not write your name anywhere on the survey.** If you need assistance completing the survey or have questions, please contact Hayley Gleason at #617-744-6561 or Dr. Edward Miller at #617-287-7313.

GENERAL EMPLOYMENT CHARACTERISTICS

The following questions are about your employment status, both current and past.

1. Please select all home care positions you have received training for (select all that apply):

- | | | | |
|---------------------------------------|--|--|--|
| <input type="checkbox"/> Chore Worker | <input type="checkbox"/> Homemaker | <input type="checkbox"/> Home Health Aide | <input type="checkbox"/> Certified Nursing Assistant (CNA) |
| <input type="checkbox"/> Companion | <input type="checkbox"/> Personal Care Homemaker | <input type="checkbox"/> Supportive Home Care Aide | |

2. Outside of the home care agency(ies) where you work, do you currently have a job in any of the following caregiving positions (select all that apply)?

- | | |
|--|--|
| <input type="checkbox"/> I do not have any other caregiving jobs | <input type="checkbox"/> Caregiver in a Group Home |
| <input type="checkbox"/> Personal Care Attendant (PCA) | <input type="checkbox"/> Certified Nursing Assistant |
| <input type="checkbox"/> Private Caregiver | <input type="checkbox"/> Other: _____ |

3. How many home care agencies do you currently work for? _____ agency(ies)

4. Including any agency that you have ever worked for, how long have you been working as a home care aide (select only one)?

- | | | |
|---|---|--|
| <input type="checkbox"/> Less than six months | <input type="checkbox"/> More than 1 year to 2 years | <input type="checkbox"/> More than 5 years to 10 years |
| <input type="checkbox"/> 6 months to 1 year | <input type="checkbox"/> More than 2 years to 5 years | <input type="checkbox"/> More than 10 years |

5. If you have a job outside of direct care, please select the type of work you do (select all that apply).

- | | |
|---|---|
| <input type="checkbox"/> I do not have a job outside of direct care | <input type="checkbox"/> Paid childcare |
| <input type="checkbox"/> Hospitality | <input type="checkbox"/> Food service |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Other: _____ |

6. What were the TOP THREE reasons you chose this type of work (select ONLY THREE)?

- | | |
|--|---|
| <input type="checkbox"/> Was interested after a relative or friend received care | <input type="checkbox"/> Job was steady and secure |
| <input type="checkbox"/> Provided care to a friend or relative | <input type="checkbox"/> Home care jobs were available |
| <input type="checkbox"/> Prefer home care setting to facility | <input type="checkbox"/> Home care jobs were close to home |
| <input type="checkbox"/> Family member or friend was also a home care aide | <input type="checkbox"/> Work hours fit my schedule |
| <input type="checkbox"/> Wanted to work in health care | <input type="checkbox"/> Wanted to help people |
| <input type="checkbox"/> Wanted to eventually become a nurse | <input type="checkbox"/> Wanted to work with seniors |
| <input type="checkbox"/> Was interested after working as a private caregiver or as a Personal Care Attendant (PCA) | <input type="checkbox"/> Thought it would give me experience interacting with patients or the elderly |
| <input type="checkbox"/> Other: _____ | |

7. Please indicate your level of confidence in each of the following areas.

	Not at all Confident	Somewhat Confident	Confident	Very Confident
Patient care skills, such as helping with eating, bathing, dressing, transferring, and toileting				
Talking with consumers				
Working with consumers' family				
Caring for consumers with Dementia/Alzheimer's disease				
Working with consumers with mental health conditions or behavioral challenges				
Preventing personal injuries at work				
Assisting with instrumental activities of daily living, such as meal prep or cleaning				
Understanding client death or coping with grief				
Recognizing abuse and neglect				
Working with consumers of different cultures and ethnic backgrounds				

PERCEPTION OF THE JOB

The following questions are about how you feel about working in home care generally.

8. What are the TOP THREE THINGS you like least about your current job as a home care aide (select ONLY THREE)?

- ☐ Communication problems with agency staff including your supervisor
- ☐ Misinformation (or lack of information) about the client's condition or health
- ☐ Client communication problems with the agency
- ☐ Travel problems (distance to/from clients, time required, poor directions, lack of parking, etc.)
- ☐ Problems with difficult clients (demanding, have unrealistic expectations, etc.)
- ☐ Clients with mental and behavioral health conditions (mental illness or Alzheimer's disease/dementia)
- ☐ Problems with difficult family members of clients (unrealistic expectations, etc.)
- ☐ Coworker challenges
- ☐ Supervisor challenges
- ☐ Issues with the pay
- ☐ Issues with the benefits (health insurance, vacation time, etc.)
- ☐ Issues with reimbursement (lack of or low reimbursement for mileage/parking, supplies, etc.)
- ☐ Workload (too much)
- ☐ Scheduling challenges (not enough hours, hours no longer fit your needs, etc.)
- ☐ Shift length (short shift clients- 1 hour cases)
- ☐ Issues with supplies (lack of needed supplies or low quality supplies)
- ☐ Safety concerns (concerns around aggressive clients or family, injury related to the job, etc.)
- ☐ Other: _____

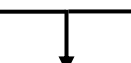
9. What are the TOP THREE THINGS you like most about your current job as a home care aide (select ONLY THREE)?

- | | |
|--|---|
| <input type="checkbox"/> Enjoy caring for others | <input type="checkbox"/> Enjoy the people that you work with |
| <input type="checkbox"/> Feel good about the work you do | <input type="checkbox"/> The opportunity for overtime |
| <input type="checkbox"/> Feel this work is important | <input type="checkbox"/> Salary or pay is good |
| <input type="checkbox"/> Flexible schedule or hours | <input type="checkbox"/> Benefits are good |
| <input type="checkbox"/> Ability to work independently | <input type="checkbox"/> Career advancement or the chance to learn new things |
| <input type="checkbox"/> Other: _____ | |

10. Overall, how satisfied are you with your job as a home care aide?

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Extremely dissatisfied | Somewhat dissatisfied | Somewhat satisfied | Extremely satisfied |

11. Are you currently looking for a different job?

- ☐ Yes  ☐ No, but thinking about it ☐ No

12. If you answered yes or no, but thinking about it, to the question above, which of the following jobs best describes the work you are looking for (select all that apply)?

- | | |
|---|---|
| <input type="checkbox"/> I would want to continue as a home care aide | <input type="checkbox"/> A private caregiver |
| <input type="checkbox"/> A Certified Nursing Assistant (CNA) | <input type="checkbox"/> Another type of health care worker |
| <input type="checkbox"/> A Personal Care Attendant (PCA) | <input type="checkbox"/> Something outside of health care |
| <input type="checkbox"/> Other: _____ | |

13. How likely is it that you will leave your job as a home care aide in the next year?

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not at all likely | Somewhat unlikely | Somewhat likely | Very likely |

CURRENT AGENCY EMPLOYMENT CHARACTERISTICS

The following questions are about your job at **[AGENCY]**, referred to as 'your current employer'.

14. Approximately how long have you worked for your current employer?

- | | |
|--|--|
| <input type="checkbox"/> Less than 6 months | <input type="checkbox"/> More than 2 years to 5 years |
| <input type="checkbox"/> 6 months to 1 year | <input type="checkbox"/> More than 5 years to 10 years |
| <input type="checkbox"/> More than 1 year to 2 years | <input type="checkbox"/> More than 10 years |

15. How many hours do you usually work per week for your current employer? _____ hours

16. Please complete the statement, "My preference at my current employer is to work..."

- ☐ More hours ☐ Fewer hours ☐ The hours I currently work

17. On the last day you worked for your current employer, about how much total time did you spend traveling between client homes (not including time traveling to the first client and home at the end of the day)? _____ mins

18. In an average week at your current employer, how many different clients are you assigned to visit? _____ client(s)

19. What is your hourly rate of pay before taxes and deductions at your current employer? \$_____/hour

20. How satisfied are you with your current hourly rate of pay at your current employer?

☐ Extremely dissatisfied ☐ Somewhat dissatisfied ☐ Somewhat satisfied ☐ Extremely satisfied

21. Since you started working at your current employer, have you been given a pay increase (raise)?

☐ Yes ☐ No ☐ I don't know

CURRENT AGENCY EXPERIENCE

The following questions are about your experience working at [AGENCY], referred to as 'your current employer'.

22. Consider the amount of time you are assigned to each client by your current employer- does that time allow you to complete the following activities? Select N/A if you do not do that type of work in your job.

	Not Enough Time	Enough Time	More than Enough Time	N/A
Adequate time to complete the necessary activities of daily living (assistance with dressing, bathing, mobility or toileting)				
Adequate time to complete the necessary instrumental activities of daily living (meal prep, laundry or cleaning)				

23. On personal care and home health cases, how often is a care plan available to review when you start a new case? Select N/A if you do not work personal care or home health cases.

☐ Never ☐ Some of the time ☐ Most of the time ☐ Always ☐ N/A

24. During the last 12 months that you have been working for your current employer, or since you have been employed (if less than 12 months), how many injuries have you had on the job? _____ injuries

25. How often do you have difficulty communicating with clients because your primary language is different than theirs?

☐

Never

☐

Some of the time

☐

Most of the time

☐

Always

26. Who do you consider to be your direct supervisor at your current employer (select only one)?

☐

Scheduler/Coordinator

☐

Nurse manager

☐

Other: _____

27. The following questions are about your supervisor at your current employer and the agency where you are currently employed. Please select your level of agreement with each of the following statements:

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
My supervisor provides clear instructions when assigning work				
My supervisor provides me with all the information I need about my clients to be successful in my job				
My supervisor allows me to control my job and day-to-day tasks				
My supervisor is supportive of me and my career, such as offering me opportunities for training				
My supervisor listens to me when I am worried about a client's care				
My supervisor values my ideas about how to care for the client				
My supervisor is available when I need him/her				
My supervisor respects me as part of the health care team				
My supervisor appreciates the work that I do				
My supervisor tells me when I am doing a good job				
I am satisfied with the way employee complaints are handled at my agency				
I am satisfied with the way employees are recognized for their work at my agency				
I am satisfied with the amount of responsibility I am given at my agency				
I am satisfied with my opportunities for promotion at my agency				

28. Overall, how satisfied are you with your job at your current employer?

- ☐ Extremely dissatisfied ☐ Somewhat dissatisfied ☐ Somewhat satisfied ☐ Extremely satisfied

29. How likely is it that you will leave your job at your current employer in the next year?

- ☐ Not at all likely ☐ Somewhat unlikely ☐ Somewhat likely ☐ Very likely

DEMOGRAPHIC AND BACKGROUND INFORMATION

The following questions are to collect information about your background and family life. This information will allow us to better understand who makes up the home care aide workforce.

30. How many people in your household are adults, age 18 or older, including yourself? _____ adults

31. How many children (under 18) in your household are you responsible for? _____ children

If you have at least one child under 18 you are responsible for in your household:

32. Of these, how many are under the age of 5 years old? _____ children

33. During the past 30 days, have you missed work due to a child's illness, medical appointment, or lack of childcare? If yes, please indicate the total number of days you missed work.
_____ days

34. Not counting the care you get paid for, are you currently taking care of a family member, relative or friend who has a disability or health problem?

- ☐ Yes ☐ No

35. Are you receiving any of the following benefits (select all the apply)?

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> Public Housing or Rent Subsidy (Section 8) |
| <input type="checkbox"/> Food Vouchers from the Women, Infants, and Children Program (WIC) | <input type="checkbox"/> Veteran's Benefits |
| <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> Food Vouchers from Supplemental Nutrition Assistance Program (SNAP) |
| <input type="checkbox"/> Refugee Cash Assistance | <input type="checkbox"/> Social Security |
| | <input type="checkbox"/> Other: _____ |

36. Do you ever have to limit the number of hours you work to remain/become eligible for any programs listed in question #35?

- ☐ Yes ☐ No ☐ Not Applicable- I do not get any benefits

37. Which of the following health insurance options are you personally covered by (select only one)?

- | | |
|--|--|
| <input type="checkbox"/> None, I do not have health insurance | <input type="checkbox"/> MassHealth (Medicaid) |
| <input type="checkbox"/> Private insurance offered through your current agency | <input type="checkbox"/> Medicare, the government program that pays health care bills for people over 65 |
| <input type="checkbox"/> Private insurance offered through another employer | <input type="checkbox"/> Private insurance offered through your spouses' employer |
| <input type="checkbox"/> A private health insurance plan you bought | <input type="checkbox"/> Other: _____ |

38. How old were you on your last birthday?

_____ years old

39. Please select your gender.

- ☐ Female ☐ Male

40. Were you born in the United States?

- ☐ Yes ☐ No
- ↓

If no, where were you born (what country)?

41. Are you a citizen of the United States? ☐ Yes ☐ No

42. Please select your current marital status (select only one):

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Married | <input type="checkbox"/> Living with a partner | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Widowed | <input type="checkbox"/> Never married |

43. Are you of Hispanic, Latino, or Spanish origin (select all that apply)?

- | | | |
|--|---|--|
| <input type="checkbox"/> No, I am not Hispanic, Latino, or Spanish origin | <input type="checkbox"/> Yes, Dominican | <input type="checkbox"/> Yes, Haitian |
| <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano | <input type="checkbox"/> Yes, Brazilian | <input type="checkbox"/> Yes, Puerto Rican |
| <input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin (for example, Cuban, Argentinian, etc.): | | |

44. Which of the following best describes your race (select all that apply)?

- | | | |
|--|-----------------------------------|--|
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Asian | <input type="checkbox"/> African American or Black |
| <input type="checkbox"/> Cape Verdean | <input type="checkbox"/> Filipino | <input type="checkbox"/> Other: _____ |

45. What is the highest grade you completed in school (select only one)? If educated in another country, please select the highest equivalent year of school you completed.

- | | | |
|--|---|---|
| <input type="checkbox"/> Less than 9 th grade | <input type="checkbox"/> GED/High school equivalency | <input type="checkbox"/> Bachelor's degree (4-year) |
| <input type="checkbox"/> 9 th -12 th grade, No diploma | <input type="checkbox"/> Some college, trade school, certification- No degree | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> High school diploma | <input type="checkbox"/> Associate's degree (2-year) | <input type="checkbox"/> Above a Master's Degree |

46. Which of the following categories best describes your total household income last year, before taxes (select only one)? Please include any income you and other family members may have received from jobs, public assistance, interest, or any other sources.

- | | | |
|---|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$30,000 to under \$40,000 | <input type="checkbox"/> \$60,000 to under \$70,000 |
| <input type="checkbox"/> \$10,000 to under \$20,000 | <input type="checkbox"/> \$40,000 to under \$50,000 | <input type="checkbox"/> \$70,000 to under \$80,000 |
| <input type="checkbox"/> \$20,000 to under \$30,000 | <input type="checkbox"/> \$50,000 to under \$60,000 | <input type="checkbox"/> \$80,000 or more |

47. Please write in the zip code where you currently live. This information will help us better plan for the location of future trainings and the recruitment of home care aides. _____

48. What language do you consider to be your primary language (select only one)?

- | | | |
|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> German | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Cantonese/Mandarin | <input type="checkbox"/> Hindi | <input type="checkbox"/> Swahili |
| <input type="checkbox"/> Creole | <input type="checkbox"/> Polish | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> English | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> French | <input type="checkbox"/> Russian | <input type="checkbox"/> Other: _____ |

Thank you for your participation! We truly appreciate your time and support.

*This survey has been approved by the University of Massachusetts Boston Institutional Review Board. If you have any questions or concerns about participating, please contact Hayley Gleason at #617-744-6561 or Dr. Edward Miller at #617-287-7313. The Home Care Aide Foundation would like to thank The **Tufts Health Plan Foundation** for their generous support of this project. For more information visit our website at: www.hcacouncil.org.*



www.hcacouncil.org

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