

**Essential but
Undervalued:**
Understanding the
Home Care Workforce
Shortage in the
Hudson Valley



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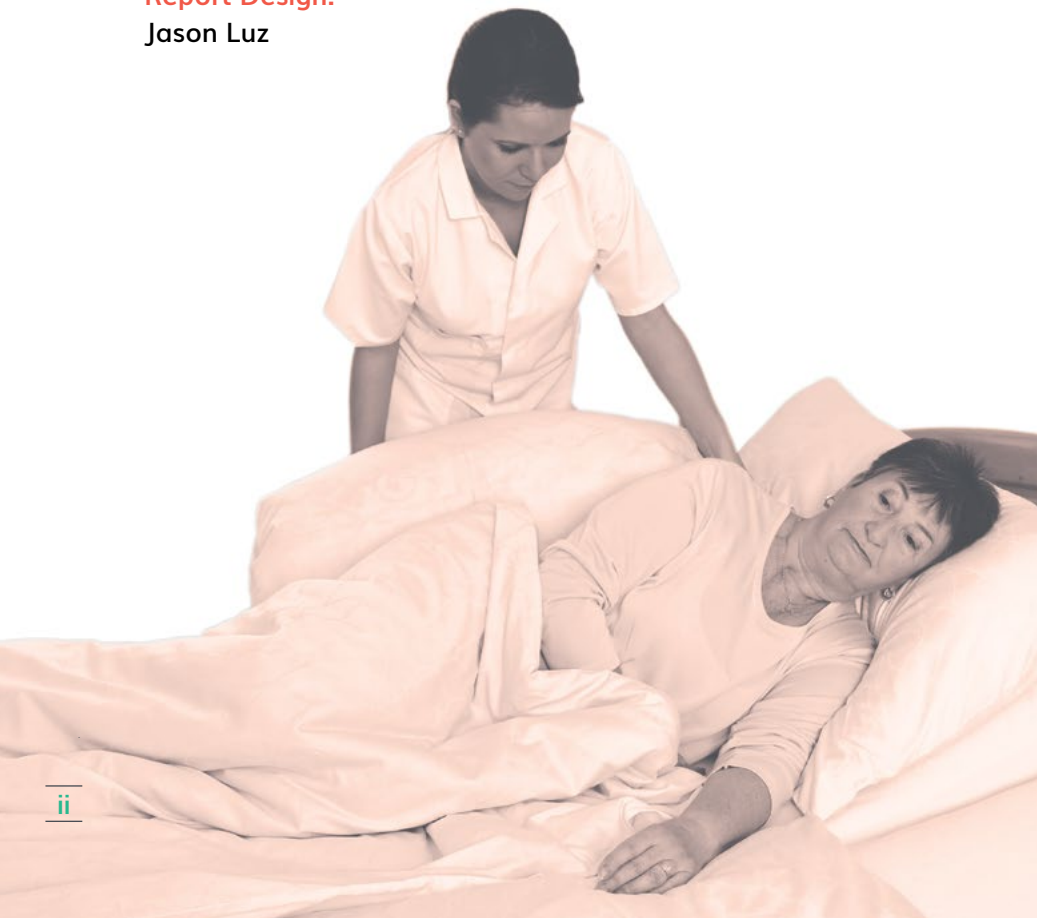




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Pauline, a current home care worker from Kingston, with her clients on their anniversary

Preface: COVID-19 and the Home Care Workforce

We began this research before the COVID-19 pandemic. The crisis has upended everyday life, and the life of the nation, in ways hard to fathom and to an extent not yet fully known. At the same time, it has exposed longstanding problems, laying bare the inadequacies of our social and economic structures, from the holes in the social safety net to racial inequalities in health and mortality.

In this same way, the pandemic has cast a spotlight on the country's strained long-term care system, revealing what happens when a low-wage, vulnerable, and unstable workforce collides with a global health emergency. Too many home care workers have had to choose between working without protective equipment or losing their jobs, between getting paid or protecting their own families.¹ These dilemmas have fallen disproportionately on the women and people of color who comprise the majority of the workforce.

The crisis has also shown just how essential home care workers are to our society. In New York State, the country's first epicenter of the pandemic, these workers have allowed so many of our loved ones to remain safely at home. Home care workers will play this instrumental role until the crisis passes, enabling those who are aging, ill, or immuno-compromised to continue self-isolating even after "normal" life begins to resume for others. The availability of in-home care has been and will continue to be crucial, given the risks involved in institution-based alternatives. Nursing homes have been devastated by the pandemic; as of May 2020, they accounted for 20 percent of COVID-19 deaths in New York State and 25 percent nationally.²

At Hand in Hand, we have always considered home care workers to be "essential workers." We know they act as front-line responders in climate crises and other disasters, and that they

form the backbone of a community-based infrastructure that will allow our rapidly aging population to age in place, with dignity and comfort. But despite their contributions, home care workers have long been invisible, undervalued, and underpaid. The crisis has brought attention to this injustice.

While underscoring the value of home care, the COVID-19 crisis has also exacerbated existing hardships that afflict the workforce. Home care workers continue to work without adequate pay, protections, health care, or paid time off. Remote work and social distancing don't apply, so workers put themselves at risk in order to earn a paycheck. The cost of missing work is steep. Because most home care workers earn roughly minimum wage and live paycheck to paycheck, lost wages can be catastrophic, leading to eviction, health crises, or food instability.

In New York, government action to date has failed to support this workforce in the way that the moment requires. New York's under-resourced Medicaid program, the state's main driver of home care provision, has not covered urgent needs for direct care workers, such as hazard pay, overtime pay, paid time off, and personal protective equipment (PPE). In fact, the latest budget adopted by the Governor and legislature includes over \$1 billion in cuts to long-term supports and services, including wages for home care workers.

Home care agencies, which tend to operate on thin margins and often depend on Medicaid reimbursement, are generally ill-equipped to step in with emergency measures. According to a recent survey by PHI, many of these employers cannot afford to offer hazard pay, and others have struggled to purchase PPE and other protective supplies.³ As a result, while agencies have reported rising demand for home care in lieu of nursing homes,⁴ their ability to supply safe, fairly-paid care is constrained by lack of government support. In this way, the current crisis may compound the workforce shortage that we detail in this report—unless we take action.

This moment presents an opportunity to finally recognize the essential nature of the home care workforce, both during the crisis and beyond it. With or without coronavirus, we need to rapidly expand the workforce in order to meet the growing needs of our aging population. Home care is a vital, high-skill job, and now is the time to value it as such. We need to give current workers what they deserve, instead of squeezing them out of the workforce. And as we argue in this report, across New York, we need to recruit hundreds of thousands of new home care workers. Doing so will help us meet our population's care needs and, in the face of historic job loss across sectors, will help reinvigorate the economy and save laid off workers from long-term unemployment. Now is the time to invest in good jobs in the home care field—jobs that support those who need care and strengthen the health and economic conditions of our communities.

Hand-in-Hand: The Network of Domestic Employers

July 2020





Executive Summary

Home care is the fastest growing workforce in the Hudson Valley, driven by rising demand as life expectancy increases and as baby boomers seek to “age in place.” These vital workers assist with activities of daily living and monitor the health of older adults and people with disabilities, allowing them to live at home instead of in care facilities and nursing homes. Yet low pay, inadequate benefits, and challenging job conditions create great hardship for these workers, leading them to quit the occupation at alarmingly high rates. This pattern exacerbates a mounting labor shortage that leaves many individuals and families without the care they need.

Based on original surveys, interviews, and analysis of official workforce data, this report examines the scope and causes of the Hudson Valley’s home care crisis and identifies strategies to reverse it. Among our findings:

- **Home health aide and personal care aide occupations in the region will each experience more job growth than any other occupation by 2026.** Home health and personal care aides will see more job growth than construction workers, primary and secondary teachers, retail sales workers combined.
- **Yet every year, over 5,100 of these workers leave the labor force or change occupations.** The two occupations are losing workers at a faster rate than other low-wage occupations in the region, such as retail workers, security guards, and janitors.
- **During the ten-year period 2016–2026, there will be over 64,000 job openings for home health and personal care aides in the Hudson Valley.** This total includes 13,000 new openings due to rising demand, and 51,400 openings due to workers leaving these occupations.

Our data shows that home care workers find meaning and satisfaction in helping others, but that these intrinsic rewards fail to compensate for the low wages, lack of benefits, and steep demands of the work.

- **Although most respondents report high levels of satisfaction with their work in general terms, an alarming number—2 in 5—say that they are currently looking to leave the occupation or that they may do so within the next year.**
- **Workers report satisfaction in their job duties and in how clients treat them—but deep dissatisfaction with their pay and lack of benefits.**
- **The median annual income for Hudson Valley home care workers is only about \$18,400.** Such low pay leaves nearly 1 in 4 living below or near the poverty line, and causes severe hardship for many more. The median hourly wage among our respondents is \$13, which is equal to minimum wage in Westchester County and only slightly above the minimum wage elsewhere. Moreover, real wages are stagnant from year to year, and in some cases they have declined.
- **Although in-home work is sometimes considered part of the “gig economy” because of its precarity, home care is rarely just a gig.** Rather, this work represents the main source of income for 85 percent of workers in our survey sample.
- **Most workers receive no benefits through their job.** Only 33 percent of our sample receive any benefits, which are typically limited to paid time off.
- **Inadequate pay and benefits are key factors in driving workers away from home care, including potential recruits.** The non-home care workers we surveyed are generally aware of the occupation and attracted to the meaningful nature of the work, but report that inadequate compensation prevents them from pursuing this field.

Current home care workers cite additional challenges that can make their work unsustainable, including job instability, limited career ladders, and the burden of transportation and family care costs.

- **Over 45 percent of current workers say job instability is a big problem or somewhat a problem.** And 32 percent of former home care workers say that it was one of the main reasons they left the occupation.
- **Nearly 70 percent of former home care workers cite lack of career advancement opportunities as a very or somewhat important factor in their decision to leave the occupation.**
- **Nearly 25 percent of current workers say that getting to work is a problem.** Transportation costs amount to almost 10 percent of weekly wages for the average worker in our sample.
- **Arranging childcare and eldercare for one's own family poses added financial burdens that can lead workers to pursue other occupations.** Median childcare costs can rise to 35 percent of family income or more.

We can create a future that ensures access to quality home care and to good, sustainable home care jobs. Doing so will depend on our ability to address these key workforce challenges and the core problem of compensation. We cannot afford to push home care workers away when they are most needed—and when they have already contributed so much to our families and to the lives of our loved ones.

Our Recommendations

Support and protect this essential workforce during the COVID-19 pandemic. This includes:

- Provide “hazard” or “premium” pay to home care workers, and ensure all home care workers have access to PPE, sufficient paid time off, and all other benefits required for essential workers.
- Take steps to raise state revenue instead of cutting Medicaid funding during this public health emergency.

Beyond the crisis, invest in transforming home care jobs into good jobs that attract and retain workers. Doing so will be a sound investment for our state, helping us to tackle the home care workforce shortage and to facilitate an economic recovery as we grapple with record unemployment. This includes:

- Increase compensation and provide benefits for home care workers—we recommend extending New York’s Worker Wage Parity Law throughout New York State.
- Fund innovative pilot projects through a Home Care Jobs Innovation Fund.
- Find additional sources of funding for home care, including setting aside significant economic development and workforce development funding.
- Fund and expand career ladders in home care.
- Use this moment of reduced job growth in other sectors to recruit more workers into home care.
- Create a universal long-term care plan in New York State that offers long-term care coverage for all who need it—and ensures living wages for the direct care workforce.



Introduction

In thousands of homes across the Hudson Valley, our parents, grandparents, and loved ones with disabilities are cared for and supported by home care workers. Faced with the choice of a nursing home or institution, the vast majority of us choose to live and age with dignity in our own homes and communities. For many of us, home care workers are what make that possible.

New York's Changing Demographics

We are facing an unprecedented elder boom in our state and country—our population is aging rapidly and people are living longer. In the last decade, the number of residents in New York State aged 65 and older grew 26 percent compared to an overall population that grew 3 percent.⁵ This trend will continue: according to the Cornell Program on Applied Demographics, between 2015 and 2040, the state's overall population is projected to grow only 1.3 percent, but the number of adults 65 and over will increase by 50 percent, and the number of adults over 85 will double.⁶

This unfolding demographic change is even more extreme outside the New York City metro area. In the Hudson Valley, the population aged 80 and over is projected to grow by 54.6 percent by 2040, compared to only 5.9 percent growth in the overall population. In Orange County, the total population will grow by 19.2 percent, but the population aged 80 and over will grow by 98.3 percent. In Columbia County, by 2040 the total population will shrink by 20.1 percent, while the population aged 80 and over will expand by 65 percent.⁷

People are also living longer, and most choose to age in place, in their own homes and communities. The benefits of aging in place are many—it allows people to remain with beloved family and friends, and sustains rich intergenerational relationships. It is also

cheaper: the median cost of private home health aide services in New York State is nearly \$5,000 a month, while the median monthly cost of nursing home care is over \$12,300 for a private room.⁸

Home care workers make aging in place possible, and they facilitate independent living for many adults with disabilities. One study predicts that 70 percent of those 65 and over will need long-term care within their lifetime, including 20 percent for five years or longer.⁹ This demand adds up. According to PHI, between 2016 and 2026, there will be nearly 750,000 job openings for home health and personal care aides in New York.¹⁰

Mounting Workforce Shortage

Despite this growth in care needs, our state—particularly in rural areas—faces a devastating shortage of workers, often making it impossible for people to receive care and age in place. Consumers, area home care agencies, and County Offices for the Aging can all attest to this shortage and its consequences. Agencies struggle

to recruit workers, and Offices for the Aging have long wait lists of clients who are eligible for care but can't find workers. Home care workers greatly enhance the quality of life of our loved ones, yet the median annual income for home care workers in New York is less than \$19,000.¹¹ In addition to wages, the challenge of recruiting and retaining workers is exacerbated by lack of benefits, uneven and erratic scheduling, and problems with transportation, especially in rural parts of the state. If we don't improve the quality of home care jobs, the workforce shortage will worsen, causing consumers to resort to institutional care—if they can afford it.

We undertook this project to capture both the quantitative and qualitative experiences of home care workers in the Hudson Valley, and to discover what prevents people from entering and remaining in the home care workforce. By assessing these challenges and identifying potential solutions, we hope this report will help to build a robust home care workforce in the Hudson Valley.

Hand-in-Hand: The Network of Domestic Employers

In the Hudson Valley, the population
aged 80 and over is projected to grow by
54.6 percent by 2040, compared to
only 5.9 percent growth in the overall population.

Context: The Hudson Valley's Home Care Workforce

Defining Home Care Workers

In this report, we use the term “home care workers” to refer to home health aides and personal care aides who provide assistance to aging adults and people with disabilities or illness in private, non-institutional homes. Both types of aides help patients with daily activities, while home health aides and certain personal care aides may also perform basic health-related tasks. Employment arrangements for these workers are diverse. Many are employed by private agencies, which may be funded by Medicaid, Medicare, private households, or long-term care insurance. Others are employed through the Medicaid-funded Consumer Directed Personal Assistance Program (CDPAP) but are paid through agencies called “fiscal intermediaries.”¹³ Taken together, these workers constitute a large and growing share of the long-term care workforce.¹⁴

Workforce Size

Based on our analysis of U.S. Census Bureau data, we estimate that there are at least 8,000 home care workers employed in the Hudson Valley.¹⁵ However, given the limitations of existing data, the precise number is difficult to determine, and our estimate likely understates the size of the workforce. Because this estimate is based on Census data pooled across the period 2014–2018, it may not fully capture recent expansion of the workforce tied to growing demand and to increased enrollment in Medicaid CDPAP. Available data suggest that CDPAP accounts for at least 1,800 personal assistant jobs in the region, but this figure is also likely an underestimate.¹⁶ Furthermore, Census data tend to undercount recent immigrants, non-citizens, and undocumented immigrants—groups that comprise key parts of the home care workforce. Indeed, some data sources suggest that the true number of home

care workers in the Hudson Valley may be much higher than 8,000, perhaps closer to 15,000.

Projected Growth and Labor Shortage

Across the U.S., the aging population, rising life expectancy, and growing demand for non-institutional care are driving rapid expansion in the home care workforce. The Hudson Valley is no exception.¹⁷

Because of growing demand, home health aide and personal care aide occupations in the region will each experience more job growth than any other occupation by 2026.¹⁸

- Together, the two occupations will add nearly 13,000 new positions in the Hudson Valley by 2026, a combined increase of 38.7 percent. Home health and personal care aides will see more job growth than construction workers, primary and secondary teachers, and retail sales workers combined.
- The number of home health aides will rise from 11,720 to 17,800, a 51.9 percent increase—by far the highest growth rate among all large occupations in the Hudson Valley.¹⁹
- The number of personal care aides will grow by an even greater number, rising from 21,530 to 28,310—a net increase of 6,780, or 31.5 percent.

Comparisons to regional economic development projects put the magnitude of that growth in stark relief. For instance, once completed, the Amy's Kitchen manufacturing plant in Goshen is expected to create 680 full-time jobs.²⁰ Home health and personal care aide positions are creating nearly double that number of jobs every year. The Legoland theme park and resort in Goshen,

As of 2019, on average, 17.1% of home care positions were unfilled due to staff shortages. As a result, 14.8% of patients experienced delays in accessing care, and 24.2% were unable to access services at all.

once open, is expected to create 1,300 jobs, though many will be part-time or seasonal. Resorts World Casino and Resort in Sullivan County initially created 1,700 jobs, but steady financial losses have since led the company toward bankruptcy.²¹ Such developments can potentially generate tax revenue in a way that home care cannot, but the scale and pace of job creation in home care is far greater. Home care, moreover, is less sensitive to economic fluctuations than industries like tourism and gaming.

The dilemma in home care, however, is that the supply of workers is lagging behind the dramatic growth in demand—in part because a large number of home health and personal care aides are regularly leaving the labor force or abandoning the field to pursue other occupations.

- Approximately 1,650 home health aides and 3,490 personal care aides—a total of 5,140 workers—leave the labor force or change occupations each year.
- During the ten-year period 2016–2026, there will be over 64,000 job openings for home health and personal care aides in the Hudson Valley. This total includes 13,000 new openings due to rising demand, and 51,400 openings due to workers leaving these occupations. (See Figure 1.)

Home care agencies are already struggling to fill those positions, to the detriment of those who need care. While regional data are unavailable, a 2018–2019 statewide survey of home care agencies found that, on average, 17.1 percent of home care positions were unfilled due to staff shortages. As a result, 14.8 percent of patients experienced delays in accessing care, and 24.2 percent were unable

to access services at all.²² These unmet needs can result in increased hospital visits and institutionalized care, which are less desirable for patients and more expensive for the state and for families.

Home health and personal care aide occupations are losing workers at exceptionally high rates. To compare exit rates across occupations, we calculated a simple, standardized metric: the number of average annual exits per 1,000 job positions in each large occupation. **Figure 2** (see next page) presents the results for occupations in the Hudson Valley that have the highest exit rates.

- Home health and personal care aides, combined, have the fourth-highest exit rate of the fifty largest occupations, with 155 exits per 1,000 jobs each year.²³
- The exit rate for home health and personal care aides is higher than that of retail sales workers, security guards, and janitors.

Figure 1
Projected Job Openings in the Hudson Valley

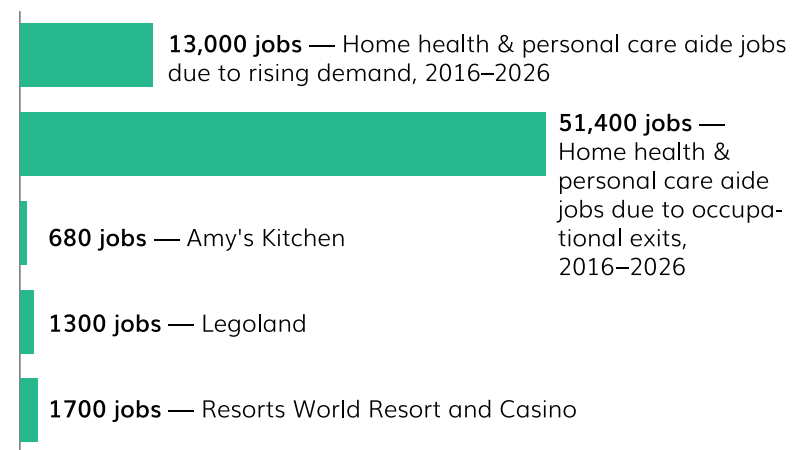
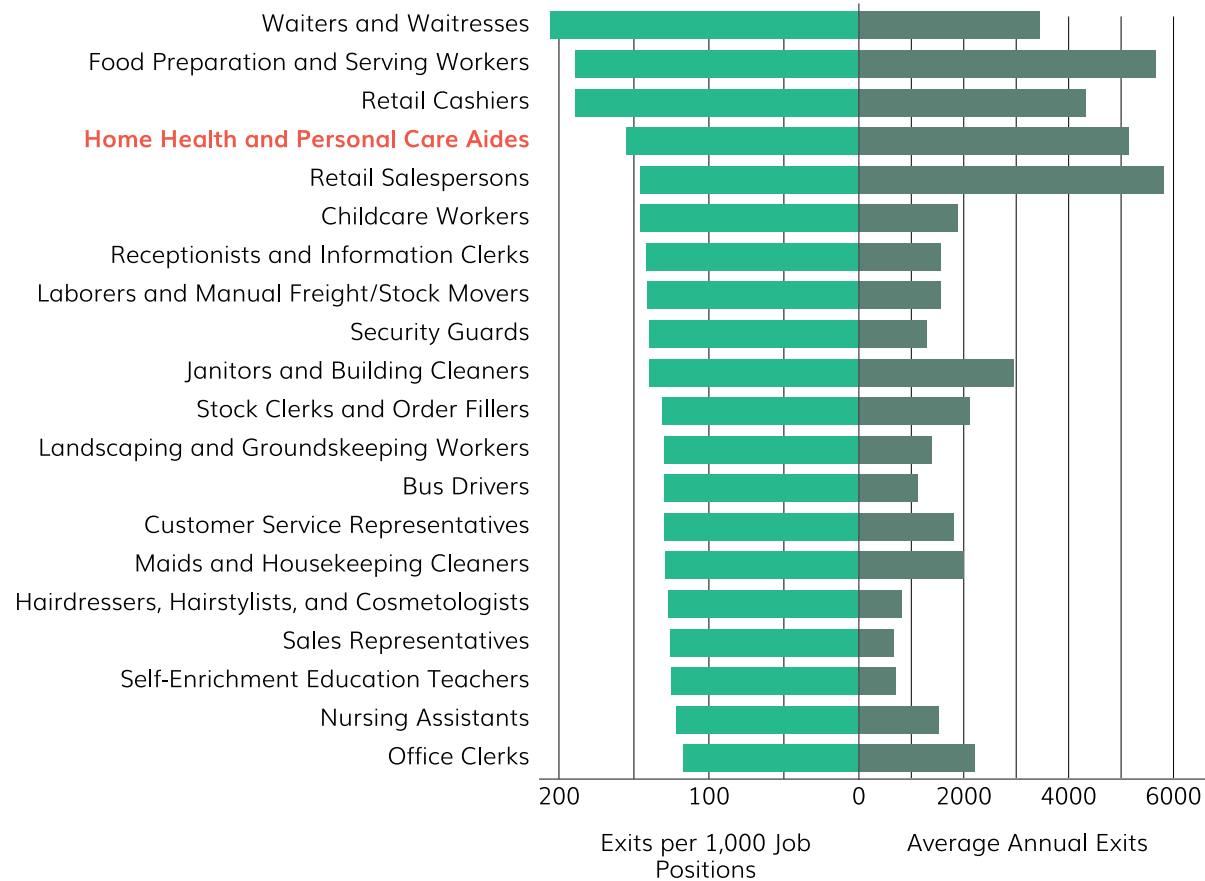


Figure 2
Occupations with Highest Exit Rates, Hudson Valley, 2016–2026



Source: New York State Department of Labor, Employment Projections, 2016–2026
Exits include workers who change occupations or leave the labor force.

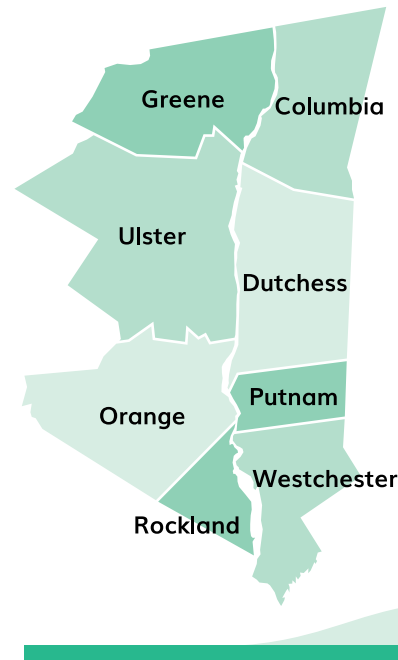
Methodology

We draw from a range of original survey and interview data in this report. Our main survey gathered data from 114 home care workers in order to understand the experience of those who currently perform this work in the Hudson Valley, defined here as including nine counties: Columbia, Dutchess, Greene, Orange, Putnam, Rockland, Sullivan, Ulster, and Westchester.²⁴ To examine why workers leave home care, we also surveyed 60 former home care workers who left the field to pursue other types of work. Finally, we surveyed 50 individuals who have never worked in home care, to better understand the potential to recruit new workers into this field; as shorthand, we refer to this group as "potential" home care workers. Surveys were conducted online in English and Spanish between November 2019 and January 2020. Most participants were recruited through targeted Facebook advertisements. Further details on our research methods are included in Appendix A.

Although home care workers span two occupational categories in government statistics, for the purpose of this report we refer to them as a single occupation. Like many care occupations, home care is female-dominated and heavily dependent on immigrants and people of color. Among current home care workers, 95 percent of our respondents identify as women, 74 percent Black or Latinx, and 61 percent foreign-born; their median age is 53 years. We have weighted the final data to align with Census Bureau demographic benchmarks for this workforce in the Hudson Valley. Hereafter we report the weighted results.²⁵ We do not weight the survey data for former home care workers and potential home care workers, however, because those samples are smaller and lack clear demographic benchmarks.

Our sample of current workers spans multiple employment arrangements. Approximately 44 percent report that they

Survey Counties:



Main Survey Participants:

114

current home care workers

60

former home care workers who left the field to pursue other types of work

50

individuals who have never worked in home care



provide care to a client through a government program, such as the Medicaid Consumer Directed Personal Assistance Program (CDPAP). A much smaller number, 5 percent, provide paid care to a family member through such a program. Approximately 33 percent report that they are employed by a home care agency, while 20 percent are employed directly by a client or client's family.²⁶ Appendix B contains a more complete overview of respondent demographics and employment arrangements.

In addition to our surveys, we also conducted a dozen in-person interviews to explore, in greater depth, the challenges facing the home care workforce. Six Caring Majority worker-leaders were trained to recruit and interview other home care workers. Interviews were conducted in December 2019 and January 2020.

Findings

Our research finds that home care providers see their work as meaningful, but low pay and poor job quality drive many away from the occupation. Workers in other occupations also tend to see home care as meaningful and worthy, but the inadequate employment conditions keep them from entering the field.



Home Care as Meaningful Work

As an occupation involving daily human interaction and provision of care to those needing assistance, home care work is often intrinsically rewarding. Our data suggests that the nature of the work is the main factor that leads people to pursue home care. (See **Figure 3**.)

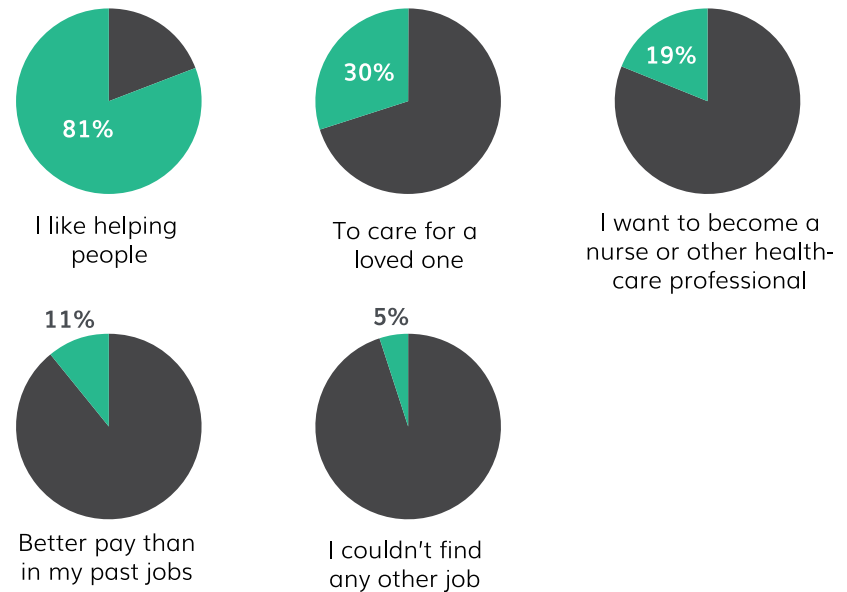
- Over 81 percent of respondents say that they started working in home care, instead of another occupation, because they like helping other people—by far the most common motivation among respondents.
- By contrast, only 5 percent say that they became a home care worker because they couldn't find any other job, and only 11 percent say that they entered home care because the pay was better than in their past jobs.

Once in the field, many home care workers find further meaning through the close relationships they forge with the individuals in their care. Erika Murphy, a home care worker from Rhinebeck, reflected in an interview: "I [get] so much from my clients—the stories, the companionship, comradery, and a deep affection and trust, not only with the person I am caring for but with the family. I think they would say that about me too—and I don't take that for granted."

For others, the work resonates with them on a deeply personal level, given their past family experiences. Monica from Peekskill told us, "I wasn't able to take care of my parents when they got sick, so whoever I am caring for it is as though I am taking care of my parents." A survey respondent similarly wrote, "My grandma got really sick, so I cared for her while in high school. The things I know now [make me realize] I could've done more. She's a big part of me, so it's in me to care for everyone as I wish I could for her."

Figure 3
Job Motivations among Current Home Care Workers

Why did you start working in home care instead of in another type of job?



When answering this question, each respondent saw the answer choices in a different, randomized order. Respondents could select multiple answer choices.

The meaningful nature of home care is reflected in the high level of overall work satisfaction reported by our sample.

- The vast majority of respondents—85 percent—report that, on the whole, they are moderately satisfied or very satisfied with the work they do.
- 58 percent say they are very satisfied with the work they do, which puts this sample of home care workers close to national estimates for registered nurses (53 percent), ahead of waiters/servers (27 percent), and behind teachers (69 percent) and firefighters (80 percent).²⁷

When asked to rate specific aspects of their work, respondents report that they are most satisfied with their job responsibilities and how their clients treat them:

- 63 percent say they are very satisfied with their job responsibilities, and 31 percent are moderately satisfied.
- Similarly, 60 percent are very satisfied with how their clients treat them, and 36 percent are moderately satisfied.

When asked, "What keeps you working in home care, instead of changing professions?" workers cite positive relationships with clients as one of the most common motivators. Even former home care workers reflect fondly on past clients. In an interview, Li, from New Paltz, said of one, "As I was helping her, she was helping me...I learned so much from my client...[She] cared for everyone who worked for her. She brought out my gifts." Such sentiments echo past research findings on home care worker recruitment and retention.²⁸

"I [get] so much from my clients—
the stories, the companionship,
comradery, and a deep affection
and trust, not only with the person
I am caring for but with the family."

The intrinsic rewards of the occupation can serve as an asset in efforts to address the home care labor shortage. As we discuss below, many of the "potential" home care workers we surveyed have considered applying to home care jobs, primarily because they are attracted to the nature of the work. Much like the current home care workers, 81 percent of the potential workers say they are interested in the occupation because they like helping people. No other reason for interest is cited nearly as frequently.

Yet the meaningful nature of home care work is not enough to attract new workers or retain current workers. The non-home care respondents, despite their interest, are not pursuing jobs in this field. And many current workers are looking to pursue other occupations, despite reporting high overall satisfaction with their current work.

Many Current Workers Looking for an Exit

Our results suggest that home care workers generally like the work they do, but inadequate pay and employment conditions are driving many workers out of the field.

- Approximately 1 in 5 workers in the sample were actively looking to leave the home care occupation.
- Another 1 in 5 workers said they planned to leave or were considering leaving the occupation within the next twelve months.
- Taken together, 2 in 5 workers were poised to leave the occupation in the near future. The COVID-19 crisis may exacerbate these trends, as it has disrupted job arrangements and heightened the risks of direct care work.

At the time of the survey, even those who planned to stay in the occupation expected to soon face employment transitions. Within this group, 27 percent were currently looking or planning to look for a new home care job. Overall, these findings of potential turnover and occupational exit paint a picture of a highly unstable workforce:

- Despite generally high levels of job satisfaction, 68 percent of sampled home care workers were actively looking or were likely to look for a new job in the next 12 months, either in home care or another occupation.²⁹

In the next section, we discuss the challenges that can cause individuals to leave this field even though they find meaning and satisfaction in the nature of the work.

Home care workers generally like the work they do, but inadequate pay and employment conditions are driving many workers out of the field



1 in 5 workers actively looking to leave the home care occupation



1 in 5 workers planning to leave or considering leaving the occupation within the next twelve months



2 in 5 workers poised to leave the occupation in the near future



Key Challenges for Retention and Recruitment

Low pay, inadequate benefits, and a host of daily challenges create an unsustainable situation for many home care workers. These conditions also deter potential workers from pursuing the occupation, despite how meaningful the work can be. Our data, along with existing U.S. Census data, captures the severity of these challenges in the Hudson Valley.

Inadequate Pay and Benefits

Wages in this field are exceptionally low—low in absolute terms, low relative to comparable occupations, and low in relation to how hard the job is. And although in-home work is sometimes considered part of the "gig economy" because of its precarity, home care is rarely just a gig. Rather, this work represents the main source of income for 85 percent of workers in our survey sample.

- The current legal minimum wage is \$13.00 per hour in Westchester County and \$11.80 elsewhere in the Hudson Valley. Wages for most home care workers in the region are at or near these minimum levels.
- Within our sample, the overall median hourly wage is \$13.00 per hour. The median for Westchester workers is also \$13.00, while for those elsewhere it is \$12.50.³⁰

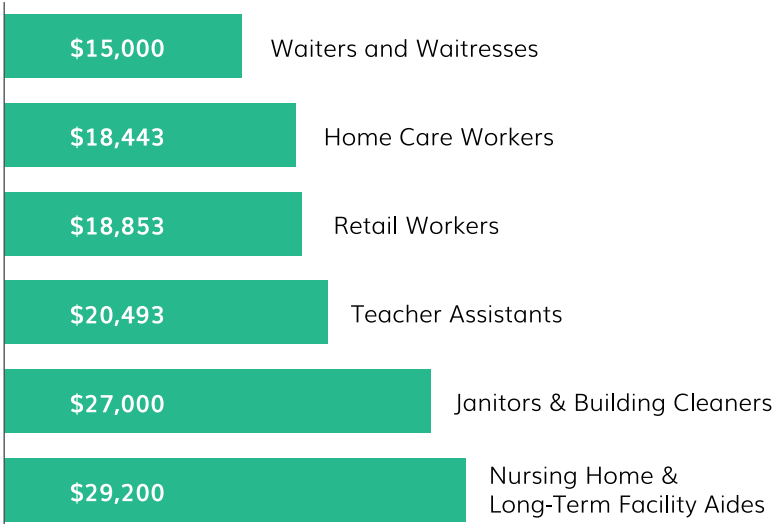
The inadequacy of these wages is reflected in U.S. Census Bureau indicators of economic need. Among Hudson Valley home care workers:

- 22.9 percent receive food assistance through the Supplemental Nutrition Assistance Program (SNAP).
- 24.2 percent live in or near poverty, including 19.2 percent who fall below the poverty line.³¹
- 39.5 percent have health coverage through Medicaid.³²

Figure 4 compares annual earnings in home care with other large low-wage occupations in the Hudson Valley.

- For home care workers, median personal earned income is only \$18,443 per year, which is higher than restaurant wait staff but lower than retail workers, teacher assistants, and janitors.
- This pattern is consistent with past research, which has shown that wages are lower for home health and personal care aides than for workers in other occupations, even when controlling for gender, age, nativity, race-ethnicity, and education.³³ In other words, in-home workers suffer a unique economic disadvantage due to the nature of the occupation, not simply because they are demographically different from other workers.

Figure 4
Median Personal Earned Income in Select Low-Wage Occupations, Hudson Valley, 2018



Source: Authors' analysis of American Community Survey, 2014–2018 five-year sample.

Earned income is self-reported and includes any wages, salaries, tips, bonuses, and commissions, before taxes and other deductions. If a worker has multiple jobs, earnings from each job are included.

Only 21 percent of survey respondents report that they are very satisfied with their pay, compared to the more than 60 percent who report being very satisfied with their job duties and how clients treat them (**Figure 5**). Those with high levels of satisfaction tend to have higher hourly wages, but they are also concentrated in more precarious employment arrangements.

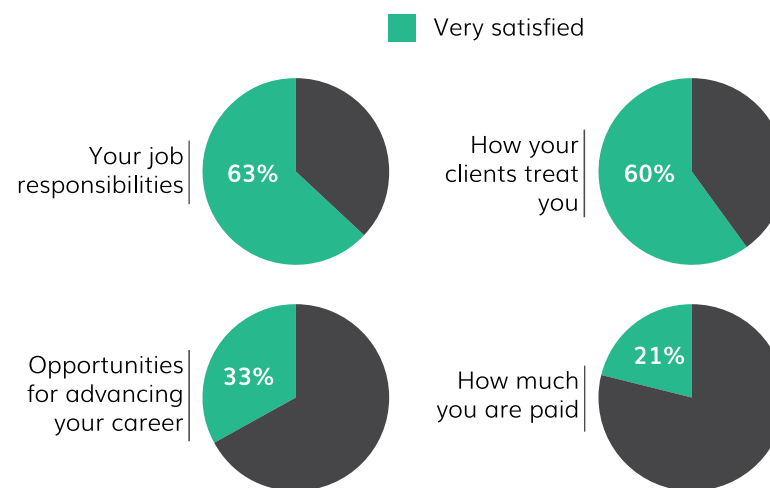
Indeed, home care worker wages are not uniform, and some individuals earn significantly higher hourly wages than their counterparts—but at a cost. Individuals employed directly by private households are known by those in the field to earn higher hourly wages, and we find some confirming evidence in our survey. The median pre-tax wage among such respondents is \$18.25, compared to \$12.50 for those employed through home care agencies or state-funded programs. And these private household employees report higher satisfaction with their wages.

Yet these higher wages appear to come at the cost of greater precarity. Without a home care agency to coordinate care, the loss of a client can equate to unemployment. And only 18 percent of this group receives benefits through their employer, compared to 38 percent among other home care workers. As the COVID-19 pandemic demonstrates, lack of access to benefits like health insurance or paid time off can prove especially harmful during times of crisis. Immigrant workers without work authorization may be disproportionately affected by this trade-off between wages and security, as direct employment through private households is often their only option.

Minimum wage levels play a crucial role in shaping the home care field because so many workers fall at or near the wage floor. As recently as 2013, minimum wage workers in the region were paid only \$8.00 per hour. Increases since then, spurred by the Fight for \$15, mark an important shift yet remain limited in their impacts.

Figure 5
Worker Satisfaction with Various Job Aspects

How satisfied are you with the following parts of your work?



Answer choices were: Very satisfied; Moderately satisfied; A little dissatisfied; and Very dissatisfied. The order of these choices was reversed at random to reduce response bias.

Currently, the Hudson Valley region features multiple minimum wage standards, as outlined in **Figure 6**. Minimum wage for workers in Westchester County is \$13.00 per hour, while in other counties it is \$11.80. For fast food workers, the minimum wage is \$13.75. Each of these standards is scheduled to rise modestly at the end of 2020, and will continue to increase annually until reaching \$15.00. For Hudson Valley home care workers, however, these future wage steps pose uncertainty: beyond Westchester, the state has not determined the size or timing of the remaining steps up to \$15; and across New York State, there are no scheduled increases beyond \$15.

The disparity with the fast food industry likely impedes home care retention and recruitment, as both types of work are accessible to those with limited educational attainment. A home care worker earning minimum wage in Dutchess County, for instance, would currently be paid \$11.80 per hour, before taxes and deductions. That is nearly \$2.00 less per hour than the earnings of a fast food worker—over \$3,500 less per year for a full-time worker.³⁴

“When I started, minimum wage was \$11 an hour and I was paid \$13 an hour. 2019 came, minimum wage went up to \$12, my hourly rate stayed the same. Then 2020, minimum wage went up to \$13 an hour. Our hourly rate hasn’t gone up at all.”

— Nicola Kenny, current home care worker in Ossining

Figure 6
Minimum Wage Standards

	Current minimum wage (as of December 31, 2019)	Scheduled minimum wage increase (December 31, 2020)
Hudson Valley Counties, excluding Westchester	\$11.80	\$12.50
Westchester County	\$13.00	\$14.00
Fast Food Industry, excluding New York City	\$13.75	\$14.50
New York City, all industries	\$15.00	-

Note: New York State currently has lower minimum wage standards for tipped workers in other service industries; those standards also vary by industry and region, so we omit them here for simplicity.

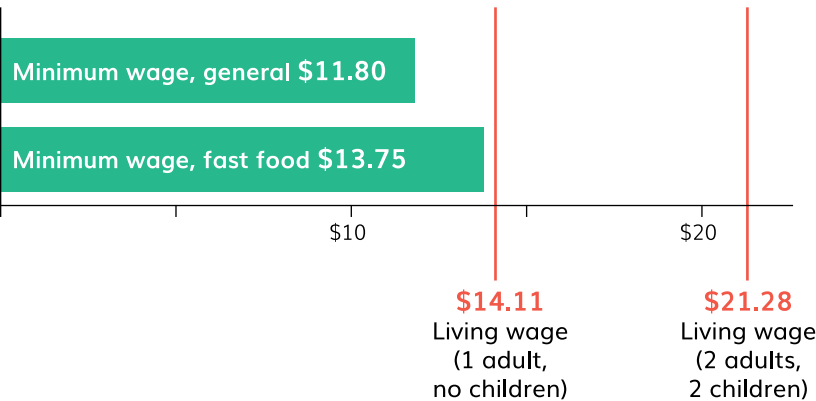
Even if minimum wages in home care rose to the level of fast food, wages would still be inadequate. A minimum wage of \$13.75 would fall short of that county's living wage for single adults with no children (\$14.11) and far shorter for a two-adult, two-child household (\$21.28).³⁵ (See Figure 7.) Annual pre-tax earnings would amount to \$28,600 for a full-time home care worker.

A further challenge is that the size of recent minimum wage increases has failed to address wage stagnation among workers earning slightly above the minimum. Nicola Kenny, a current home care worker in Ossining, described the problem: "When I started, minimum wage was \$11 an hour and I was paid \$13 an hour. 2019 came, minimum wage went up to \$12, my hourly rate stayed the same. Then 2020, minimum wage went up to \$13 an hour. Our hourly rate hasn't gone up at all." When adjusted for inflation, Nicola's wages have, in fact, declined. Nicola is not alone in this experience.

Real wages are stuck at low levels. Our survey data yields evidence of the broader wage stagnation experienced by Hudson Valley home care workers. We have calculated estimates of annual change in wages by comparing workers' current wages to the wages they earned when they first began in the occupation, then accounting for the number of years worked in the field.

- By this measure, those who have worked in home care for two years or more have experienced median wage growth of only \$0.29 per year in nominal dollars (not adjusted for inflation).
- Relative to the current median wage for this sample, \$0.29 represents an annual increase of 2.2 percent, which is less than the rise in consumer prices between January 2019 and January 2020.³⁶ Such small annual wage increases are thus negated by inflation.

Figure 7
Snapshot of Wages in Dutchess County



Living wage levels are sourced from: "Living Wage Calculator," Amy K. Glasmeier and the Massachusetts Institute of Technology, accessed April 2020.

Although this wage analysis is limited by our sample size and the retrospective reporting of past wages, the results are consistent with previous research. According to a PHI analysis of wage trends in New York State between 2008–2018:

- For personal care aides, median hourly wages grew by only 2 percent, or \$0.25 in real dollars (adjusted for inflation).
- For home health aides, wages fell by 1 percent over the same period. On average, home health aides earned \$0.09 less in 2018 than they did in 2008.³⁷ (See Figure 8.)

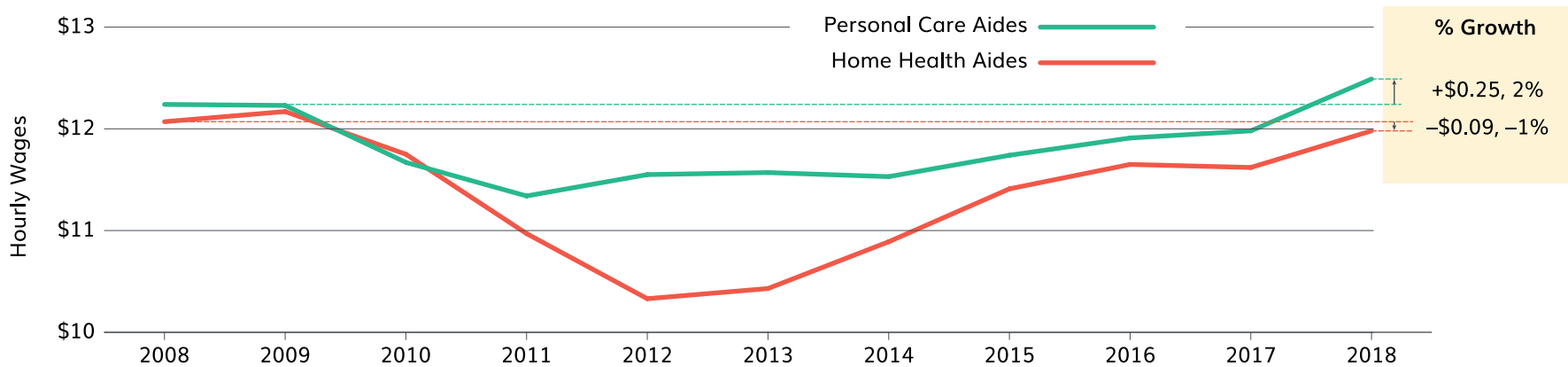
These flat and regressive trends contribute to workers' perceptions of persistent hardship: 85 percent of our respondents report that, during the last few years, work conditions in home care have stayed the same or worsened.³⁸

Beyond low pay, meager benefits deprive home care workers of the compensation they deserve and leave them vulnerable in the face of illness, retirement, and crises such as the current pandemic.

- 67 percent of current workers report that they do not receive any benefits through their employer.
- Among those who receive any benefits, the most common is paid time off or vacation days. But only 22 percent of workers in the sample receive even that type of benefit.
- Less than 8 percent report that they have a retirement account or plan through their employer.

Those who do receive benefits often find them to be insufficient: 42 percent of those with some benefits report that they are very or somewhat dissatisfied with their benefits.

Figure 8
Median Hourly Wages (Adjusted for Inflation), New York State, 2008–2018



Source: "Direct Care Worker Median Hourly Wages Adjusted for Inflation, 2008 to 2018," Workforce Data Center (Wage Trends), PHI, last modified August 30, 2019.

These wage trends are for home health aides and personal care aides overall, including those working in both institutional and non-institutional settings.

Wage and benefit levels are tied to low rates of unionization among home care workers in the region. Only 4 percent of our sample reported union membership, leaving the vast majority without a source of upward wage pressure and benefit coverage that can emerge from collective bargaining.

The difficult nature of home care amplifies the inadequacy of wages and benefits. The job is physically and emotionally demanding; workers are often responsible for lifting and moving patients while also managing the stress and sadness that can arise in caring for the aging, the ill, and those with disabilities. Many workers also care for multiple clients, work long hours, or stay overnight in their clients' homes. Among our respondents:

- 50 percent care for multiple clients, including 24 percent who care for three or more.
- 28 percent stay overnight in a client's home at least once a week, including 15 percent who stay overnight between four and seven nights per week.
- 20 percent work 45 hours or more per week.
- 37 percent report that workplace injuries or physical pain are a big problem or somewhat a problem in their work. Among former home care workers, 15 percent cite injury or physical pain as one of the main reasons they left the occupation.



A trio of interview respondents from Kingston attest to the demands of this occupation:

"When [the client] rests, in theory, you can catch a rest. But the reality is...when they rest, there are dishes to get done, there's laundry to get done. So, figuring out what the top priority is—sometimes the priority is to go to the bathroom and breathe deeply for a few minutes."

— Nadine, former home care worker

"I...leave my problems in the car. If he's upset because of his disease, and you are upset because of your problems, then nothing productive can come out of that situation. You always try your best. In this field, it's not easy, and it's never going to be easy, even if we get a huge salary."

— Pauline, current home care worker

"Doing it full time, I felt burnt out after a while. You develop very close relationships with the client, with the families, and then it's kind of inevitable reality that these clients are older, they are going to be passing away sooner than later...It was a hard cycle. One of your clients passes away, and you're heartbroken, and you're out of work—or [out of] those shifts at least—and you're mourning the loss of a friend who you've been seeing multiple times a week."

—AnnMarie Tedeschi, former home care worker



AnnMarie Tedeschi, a former home care worker from Kingston, speaking with her elderly client

Given these tough conditions, low pay leads many workers to leave the field. Describing their departures, former home care workers explain, "I felt like I worked too hard, for too little money," and the job "doesn't pay enough for all that's expected for you to do." Another said they quit the occupation "because I worked as a live-in and I couldn't rest until midnight. The pay was also low for the hours I had to be awake accompanying the person."³⁹ In an interview, Nadine, the former worker quoted above, recalled how job conditions, combined with a second job, led to a breaking point:

"My 107-year old [client] told me, 'You have to stop chasing the dollar. Because the system wasn't made to support you. And you're deserving of support.' And at that point, I was opening at Stewart's [convenience store], so I was getting up at 3:30 in the morning. And [on the days that I wasn't waking up at 3:30], sometimes I would work a 16-hour shift with her, leaving her place at 6am. And I had to stop."
— Nadine, former home care worker

Nadine expresses openness to return to home care, but not until wages rise significantly:

"I'm not working in the field right now because of that [low wage]. I make more in retail and being a temp than I would doing caregiving work. And I excel at [caregiving], but I can't turn down working \$15 to \$17 an hour for \$12 an hour."
— Nadine, former home care worker

Not surprisingly, when surveyed, former home care workers cite inadequate pay and benefits as the most common reasons for leaving the occupation.

- 80 percent say that inadequate pay was very important or somewhat important in their decision to leave home care.
- 80 percent say that lack of benefits was very or somewhat important in their decision to leave to leave home care.

Current home care workers looking to change occupations also invoke inadequate pay as the most common reason for their search. As one such respondent stated plainly, "I like my job, however I have no benefits and I work hard with low pay."

Low wages and lack of benefits also hinder new recruitment.

One former home care worker, who asked to be identified as Fre Atlast, now works as a care coordinator and struggles to find job applicants. Recruitment conversations often end abruptly, with potential workers hanging up the phone: "You call people, [and] the first question they ask is, 'How much does it pay?' You say \$12.88. Click. No benefits, no vacation time, no sick pay."

In our survey of potential home care workers, the most common reason cited for not applying to be a home care worker is that wages are too low. And while the median wage for home care workers in our sample is \$13 per hour, only about 25 percent of these potential workers say they would accept a job at that pay rate. Erika Murphy, a home care worker quoted above, summarized the broader workforce implications: "There are wonderful people out there who would be tremendous caregivers, and they are not doing it because they cannot raise their family and manage a home on the money we make. The pay is too low."

Yet some workers who have left home care might return if **wages and job quality improve**. In interviews, former home care workers like Nadine described leaving the occupation not as an irreversible decision but as a pragmatic step to earn higher wages or to protect their physical and mental health. Fre Atlast similarly reflects, "The last two years [of doing and coordinating home care] were very, very demanding.... I'm taking a little break. Whether I'll do more home health care I'm not sure. To actually do the care right now—I'm not ready." Such workers could conceivably return to the workforce if conditions were to improve. When we asked former workers an open-ended question about what changes would have led them to remain in home care, 45 percent of their answers related to better pay.

Instability

Beyond inadequate pay and benefits, additional challenges pressure workers to consider leaving the field. As past research has demonstrated, employment instability is common among home care workers and can be a major source of anxiety and economic insecurity.⁴⁰ In our survey, one respondent's lament was emblematic: "Home care isn't reliable. I've been let go on the spot without notice...You can be fired at any time without even making a mistake." Such experiences are shared by others:

- 47 percent of current workers report that lack of job stability is a big problem or somewhat a problem.
- 32 percent of former home care workers say that lack of job stability was one of the main reasons they left the occupation.

Few Career Advancement Opportunities

Despite its proximity to the healthcare field, many workers experience home care as a dead-end job.

- Nearly 50 percent of former home care workers cite lack of career advancement opportunities as a very important factor in their decision to leave home care, and another 20 percent say it was somewhat important.
- Among current workers, 46 percent are very or somewhat dissatisfied with the opportunities for career advancement in home care.
- Those who actively seek advancement are often met with disappointment. Nicola, for instance, is a current worker who feels increasingly frustrated: "I did the 'upgrade' training to become an HHA [home health aide]. It was 6 days of training. It didn't change my pay scale. It didn't change anything."

Limited career ladders may especially hinder retention of workers who pursue home care in hopes of becoming a nurse or other healthcare professional. Such workers represent a significant share of the workforce: among our respondents, nearly 20 percent entered the field as a step toward those larger career goals. Without an upward path, both home care and other healthcare occupations suffer; registered nurses, after all, face a labor shortage of their own.⁴¹

"I did the 'upgrade' training to become an HHA [home health aide]. It was 6 days of training. It didn't change my pay scale. It didn't change anything."

— Nicola, home care worker

Experts and policymakers have increasingly recognized the need to develop career ladders for home care workers, and survey respondents showed eagerness to see such changes materialize.⁴² After reading a description of New York State's "advanced home health aide" proposal, over 70 percent of those who could be eligible under the proposal expressed interest in assuming such a role. That proposal, enacted in 2016 but yet to be finalized, would allow advanced aides to perform a wider range of health-related tasks, such as the injection of insulin.⁴³

Transportation and Family Care Costs

Given their low wages, home care workers struggle with the difficulties and expenses tied to showing up to work each day. Transportation is one such burden:

- 52 percent of current workers use their own personal vehicle to get to work, 29 percent take the bus or train, and 11 percent take a taxi, Uber, or Lyft. Nearly 25 percent say that getting to work is a problem.
- The median weekly transportation cost is \$30, and the mean is \$40, or nearly 10 percent of weekly wages for the median worker in our sample.
- The vast majority of respondents, 84 percent, receive no employer reimbursement for transportation expenses.

For those living with children or parents who require care, making such arrangements creates additional costs.

- In our sample, among those with childcare obligations, 20 percent report that arranging for care poses a problem for their work.

- Recent national-level analysis illustrates how childcare expenses eat away at wages, with median costs amounting to between 16 and 35 percent of family income for low-wage care workers. Private pay elder care costs are an impossibility, with median costs ranging from 97 and 104 percent of family income.⁴⁴

These transportation and care costs can contribute to occupational exits, as they did for one former worker we surveyed. Recalling the financial squeeze of working for minimum wage, they explained: "Pay was \$8, and [I] had to pay for a sitter for my 3 kids...Was paying more for cab and sitter than [I was] bringing home."

"There are wonderful people out there who would be tremendous caregivers, and they are not doing it because they cannot raise their family and manage a home on the money we make. The pay is too low."

— Erika Murphy, home care worker



Recommendations

“It’s very obvious that homecare workers are very underpaid... You could work at McDonald’s and make more... It doesn’t make any sense at all. We need homecare workers. Everyone has aging family members... Our government has enough money to balance out the wages and pay people what they are worth that are doing important work. They need to prioritize it.”

— AnnMarie, Kingston

Without bold action and significant public investment, the home care workforce shortage will only worsen in the coming years. The aging of the state’s population will intensify, while the COVID-19 crisis will require continued care in isolation for the most vulnerable among us. If low pay, lack of benefits, and poor conditions persist in the home care field, we will struggle to reverse the workforce shortage and provide the care that our loved ones need.

We can choose a different path forward. Through large-scale investment, we can transform home care jobs into high-quality, family-sustaining jobs that will strengthen our communities and improve New York’s health and economic future.

Investing in the home care sector would be a positive development for our state—one that has the potential to lift community members out of poverty while creating a care infrastructure that allows New Yorkers to live and age with dignity in their own homes and communities.

In economic terms, investing in the home care workforce could save the state money. By increasing the supply of workers and bolstering access to in-home care, we can improve health outcomes and reduce costly interventions such as emergency room visits, hospitalization, and institutionalization. Higher wages can also enhance local economies by improving the pay, and therefore the spending ability, of workers in our state’s fastest growing occupations.

Investing in home care also contributes to racial and gender equity. In New York State, approximately 80 percent of home care workers are people of color, including 72 percent who are women of color.⁴⁵ Nationally, women of color comprise the largest and fastest-growing segment of the broader direct care workforce; between 2016 to 2026, the number of women of color in this sector is expected to rise by 6.3 million, while the number of white women will decline by nearly 400,000.⁴⁶ By improving conditions for home care workers, we can directly strengthen the economic prospects of women of color and their families.

Our Recommendations

Immediate Steps during the COVID-19 Crisis

- **Provide “hazard” or “premium” pay to home care workers.** New York should follow the lead of states like Arkansas and use Medicaid dollars to raise pay for front-line long-term care workers.⁴⁷
- **Ensure all home care workers have access to PPE and all other benefits required for essential workers.** At this time, despite being designated “essential” by the state which enables them to continue working, home care agencies are not prioritized for receiving PPE. Recent surveys by the Home Care Association of New York State showed that 67 percent of the state's home care and hospice agencies lack sufficient PPE.⁴⁸
- **Ensure all home care workers have sufficient paid leave, and that home care agencies contracting with Managed Long-Term Care plans are reimbursed for paid leave, now and after the pandemic.** Workers need emergency paid leave to ensure they can remain at home if they become infected with COVID-19 (and any other illness that endangers their clients.)
- **Ensure additional financial protections for home care workers (and other low-wage workers.)** Even a short pause in working for low wage workers can have dire consequences. New York should support workers when various components of the NY PAUSE order are lifted - particularly the eviction moratorium and prevention of utility shut-offs due to non-payment. Without additional financial support, the lifting of these protections will mean workers have to pay off three months worth of rent, and will likely face loss of housing and other essential services.



Zack Hilty, a young man with a disability from Olivebridge, surrounded by his team of home care workers

- **Support robust investment in home care rather than continued cuts to Medicaid.** Rather than cutting the life line to home care, New York state should find other measures to balance the budget, including raising revenue by taxing the state's wealthiest. Cutting funding for home care programs during this crisis will have catastrophic impact.

Beyond the Crisis

We believe that investing in the home care workforce, and improving the quality of home care jobs, is a sound investment for our state, and could facilitate economic recovery as we grapple with record unemployment.

Currently, the state invests billions in economic development funds with questionable returns regarding jobs or benefits to those living in the state; using those funds to improve pay and supports for home care workers would enhance our ability to recruit and retain a qualified home care workforce, including paid family and friends acting as caregivers. We must look creatively at our economic development dollars and invest in jobs that will lift up women and people of color while also improving the quality of life for older adults and people with disabilities. We recommend the following actions:

- **Increase compensation for home care workers.** First and foremost, we need to improve wages and benefits. Despite the current low wages in this field, home care is not a low-skill job. Caring for older adults and those with disabilities is intensive, high-skill, and essential work, and it must be compensated accordingly. In the very near future, we must lift the minimum wage in the Hudson Valley and across New York to at least \$15 per hour—but also leverage Medicaid to raise pay above minimum wage to reflect the value of home care and to recruit and retain more workers. We suggest expanding New York's Worker Wage Parity Law to cover the entire state (the law mandates that home care workers downstate receive \$3–\$4.00 over minimum wage in either pay or benefits.)
- **Test new approaches.** State and local authorities should invest in pilot projects in the Hudson Valley, and throughout the state, that are designed to increase recruitment and retention. We need to fund, test, and evaluate innovative strategies for cultivating a stable, growing workforce. Home care agencies and other providers often lack the resources to experiment with new strategies. One way to address this gap is through a statewide **Home Care Jobs Innovation Fund** that would enable providers to adopt improved training programs, communications technology, and worker supports such as transportation funds, scholarship programs, and retention bonuses.⁴⁹
- **Find additional funding sources for home care, including economic development and workforce development funding.** In addition to Medicaid, New York State should use other funding sources, such as economic and workforce development dollars, for initiatives to recruit, train, and retain the long-term care workforce. These funds should be made available to both Medicaid providers and senior services providers that do not bill Medicaid, and they should spur initiatives to provide:
 - Enhanced wages and benefits
 - Additional supports including child care and transportation for workers
 - Adult learning/certification programs at community colleges and BOCES
 - Supports and stipends for trainees
 - Apprenticeship programs
 - Peer mentoring
 - Support for home care agencies converting to cooperatives
- **Fund career ladders in home care. With minimal opportunities for advancement, workers have little incentive to stay in the occupation as a long-term career.** Programs like the Advanced Home Health Aide certification would help address this problem, allowing workers to get trained to perform additional health-related job tasks, at higher pay levels. New York State recently created this Advanced Aide certification, but did not fund its implementation. New York State should invest in the program, so we can pilot it effectively. We also recommend the state create stackable credentials so that workers can use the credit earned in obtaining their home health aide license to become a CNA or community health worker, or to pursue other positions that require more training.

- **Use this moment of reduced job growth in other sectors to recruit more workers into home care.** New York State should also use this time to implement a number of policies and practices to build up the workforce in the coming months. This could include: recruiting new home care workers from the large pool of newly displaced workers, providing home care training online (including entry-level and COVID-19 content) and/or launching a public relations campaign highlighting the value of home care work.
- **Create a universal long-term care plan in New York State that offers long-term care coverage for all who need it, and living wages to the direct care workforce.** The state should enact the New York Health Act with long-term care included from day one of implementation, ensuring that all New Yorkers have access to good, fair long-term care if they need it. Provisions should be included in the legislation to guarantee that home care workers receive adequate compensation.

Conclusion

“There are only four kinds of people in this world—those who have been caregivers, those who currently are caregivers, those who will be caregivers, and those who will need caregivers.”

— Former First Lady Rosalynn Carter

As we look towards recovery for our state and region, we hope that the care we’re seeing in mutual aid networks across communities, and the dedication and sacrifice we’re seeing from so many, can make its way into public policy. This moment has shown us that we do need each other, and that interdependence and care are fundamental aspects of a strong, resilient society.

In this polarized political moment, care is an issue that people on both sides of the political aisle can recognize as important to a wide range of constituents. It is perhaps one of the few issues where the possibility for recognizing our interdependence can transcend our political differences. It may also be the way towards economic recovery, as demand for home care jobs rises while other sectors of the economy are stalled.

All of us need care at some point in life, and many of us provide it to others. Now more than ever, we need to invest in solutions that can protect and unite, rather than divide, all New Yorkers for the long haul. We must invest in comprehensive public systems and policies, moving toward a vision of care that meets the full range of New Yorkers’ care and support needs, and where care work is considered a valuable component of our overall economy and one that makes New York a desirable place to live *and* age.

Now is the time for creative, innovative, and bold solutions to the growing care crisis. This report seeks to contribute to a conversation about how we can transform our care infrastructure in New York and beyond.

Appendix A: Methodological Details

All surveys were completed digitally, using the survey platform Qualtrics. The primary channel of recruitment was Facebook advertisements, which produced 78 percent of responses from current home care workers, 70 percent of responses from former workers, and 50 percent of responses from potential workers. This recruitment method is modeled after the UC Berkeley [Shift Project](#) and its surveys of low-wage workers. We supplemented this ad-based outreach with recruitment through email, text, and in-person flyering. As a participation incentive, respondents had the option to enter a drawing for a \$100 digital Target gift card after completing the survey.

Participants completed a set of screening questions upon reaching the survey website. To be included in the survey, current home care workers were required to be at least 18 years of age; to have worked in a private home in the past week as a home health aide or personal care aide; and to have performed that work in Columbia, Dutchess, Greene, Orange, Putnam, Rockland, Sullivan, Ulster, or Westchester County.

We used demographic benchmarks from the U.S. Census Bureau's American Community Survey (ACS) to set targets for

our sample recruitment. Latinx workers responded to our survey at a significantly higher rate than other groups and were over-represented in the final sample. We applied post-stratification weights to align our data with the demographic composition of Hudson Valley home care workers, as measured in the ACS 2014–2018 five-year sample. The number of current home workers in our sample, 114, is comparable to the ACS 2018 one-year sample, which includes 105 home care workers.

Our analysis of ACS data required us to isolate home care workers based on available occupation and industry variables. We followed previous research and the recommendations of Census Bureau statisticians to define the this group as home health aides (occupation code 3601) and personal care aides (3602) who work in one of the following industries: employment services (Census industry code 7580); home health care services (8170); individual and family services (8370); or private households (9290). This strategy excludes aides who work in nursing care facilities, residential care facilities, hospitals, and similar settings other than private homes. We also excluded home health aides and personal care aides coded as unpaid family workers on the "class of worker" variable.

Appendix B:

Profile of Workers Surveyed

Current Home Care Workers in the Hudson Valley

	Percent (weighted)
Gender	Woman 92.8
	Man 5.4
	Non-binary 1.8
Race/ethnicity	White (non-Hispanic) 34.7
	Black (non-Hispanic) 30.8
	Latino/a or Hispanic 24.9
	Asian American or Pacific Islander 3.9
	Two or more 5.8
Birthplace	U.S. 51.6
	Foreign-born 48.4
Age	18–34 16.9
	35–49 26.9
	50–64 49.8
	65 or older 6.4

	Percent (weighted)
Highest level of education	Less than high school graduate 14.6
	High school graduate or equivalent 43.6
	Some college, no degree 18.9
	Associate's degree (2-year) 6.5
	Bachelor's degree (4-year) 16.5
Household Income	Less than \$10,000 12.5
	\$10,000 to \$19,999 28.2
	\$20,000 to \$29,999 27.6
	\$30,000 to \$39,999 14.3
	\$40,000 or more 17.4
County of Work	Dutchess 10.6
	Orange 19.0
	Rockland 5.1
	Ulster 16.5
	Westchester 42.1
	Other Hudson Valley Counties 6.7

		Percent (weighted)
Type of Home Care*	Public program (e.g., CDPAP)	43.8
	Agency is employer	32.6
	Household is employer	19.5
	Unspecified	4.1
Home Health Aide Certification	Yes	49.6
	No	50.4
Occupational Tenure	Less than 1 year	4.3
	1–2 years	18.9
	3–5 years	21.0
	6–10 years	21.0
	11–19 years	17.2
	20 years or more	17.6
Union member or covered by union contract	Yes	4.2
	No	95.8

Note: Due to rounding, some percentage totals may not sum to 100.

* As we note elsewhere, the services provided by some agency-employed workers are funded through Medicaid or Medicare, but workers often do not know whether that is the case. Our survey asked respondents whether the cost of their clients' care was covered by Medicaid, Medicare, or long-term care insurance; most respondents did not know. For more context on New York State's home care policy landscape, see Allison Cook, [“New York Home Care: Leaders Reflect on the Changing Landscape,”](#) PHI, July 2017; and [“Job Quality for New York’s Home Care Aides: Assessing the Impact of Recent Health Care and Labor Policy Changes,”](#) PHI, February 2017

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⁵Christian González-Rivera, Jonathan Bowles, and Eli Dvorkin, **"New York's Older Adult Population is Booming Statewide,"** Center for an Urban Future, February 2019. The authors base their estimates on the U.S. Census Bureau's 2007–2017 American Community Survey data.

⁶**"County Projections Explorer,"** Cornell Program on Applied Demographics, 2018.

⁷March Gallagher, Victoria Frank, Daniel Aronzon, and Jonathan Drapkin, **"Aging in the Hudson Valley: Is the Healthcare System Ready?,"** Hudson Valley Pattern for Progress, 2014. The report sources population projections from the Cornell Program on Applied Demographics.

⁸**"Cost of Care Survey,"** Genworth, 2019.

⁹**"How Much Care Will You Need?,"** U.S. Department of Health and Human Services, October 10, 2017. For full findings, see: Richard W. Johnson, **"What Is the Lifetime Risk of Needing and Receiving Long-Term Services and Supports?"** Urban Institute and U.S. Department of Health and Human Services, April 4, 2019.

¹⁰PHI, **"Direct Care Worker Projected Job Openings, 2016 to 2026,"** Workforce Data Center (Employment Projections, New York State), last modified December 17, 2018.

¹¹Authors' analysis of the U.S. Census Bureau's American Community Survey, 2014–2018 five-year sample. See further details below.

¹²The titles "home health aides" and "personal care aides" are the occupational categories used in U.S. government statistics. As defined by the U.S. Bureau of Labor Statistics, home health aides are different from personal care aides in that the former are typically supervised by licensed nursing staff and may provide assistance with simple healthcare tasks such as changing bandages, dressing wounds, and administering medication. Both occupations, however, may involve providing assistance with activities of daily living (such as feeding, bathing, toileting, ambulation) and with instrumental activities of daily living (such as preparing meals, light housekeeping, doing laundry). Because of these similar duties, in practice the two categories are often hard to distinguish. Furthermore, in New York State, personal care aides employed through Medicaid Consumer-Directed Personal Assistance may also perform basic health-related tasks (see Carol Rodat, **"New York's Home Care Aide Workforce,"** PHI, 2010). One distinction in New York State, however, is that certified home health aides are required to receive 75 hours of training as well as 12 hours of continuing education per 12-month period.

¹³CDPAP is designed to give home care consumers greater control over the services they receive. As described by the New York State Department of Health, through this program, "The consumer or the person acting on the consumer's behalf (such as the parent of a disabled or chronically ill child) assumes full responsibility for hiring, training, supervising, and – if need be – terminating the employment of persons providing the services." See more at New York State Department of Health, **"Consumer Directed Personal Assistance Program (CDPAP)."**

¹⁴For more context on New York State's home care policy landscape, see Allison Cook, **"New York Home Care: Leaders Reflect on the Changing Landscape,"** PHI, July 2017; and **"Job Quality for New York's Home Care Aides: Assessing the Impact of Recent Health Care and Labor Policy Changes,"** PHI, February 2017.

¹⁵Authors' analysis of the U.S. Census Bureau's American Community Survey, 2014–2018 five-year sample. At least another 6,500 home health aides and personal care aides are concentrated in institutional settings, including nursing care facilities, residential care facilities, and hospitals. Across institutional and non-institutional settings, we estimate there is a

total of at least 14,500 home health aides and personal care aides in the Hudson Valley.

¹⁶“Local Impact of Cuts to CDPA,” Consumer Directed Personal Assistance Association of New York State, March 2019, provided to authors by CDPAANYS. The estimate of 1,800 is based on a survey of CDPAP fiscal intermediaries, to which many entities did not respond.

¹⁷Including both institutional and non-institutional care, estimates from the New York State Department of Labor counted approximately 28,150 home health and personal care aide job positions in the Hudson Valley as of 2018. If, as in the Census data, roughly 55 percent of those positions are in non-institutional settings, then the number of home care workers may be closer to 15,000. Yet these estimates are also subject to error because the number of positions is greater than the number of workers, partly because some home care workers work for multiple employers. The 2018 American Community Survey one-year sample is an alternative data source, but is prone to error due to small sample sizes at the local level; an estimate using this data also puts the number of Hudson Valley home care workers at approximately 14,000 (authors’ analysis).

¹⁸Projections derive from “2016–2026 Statewide and Regional Long-Term Occupational Projections,” **Employment Projections**, New York State Department of Labor, accessed April 2020. Projections are only available for home health aides and personal care aides overall, so these estimates include those working in both institutional and non-institutional settings.

¹⁹Large occupations are defined here as those with over 5,000 job positions in the region as of 2016. The net employment increase of 6,080 also represents the largest projected growth among all healthcare occupations in the Hudson Valley, rivaled only by registered nurses (4,950).

²⁰“Press Release: Amy’s Kitchen Breaks Ground in New York on First East Coast Kitchen,” Amy’s Kitchen, June 21, 2019.

²¹Jesse McKinley, “Why a \$1.2 Billion Gambling Mecca Has Fallen on Hard Times,” *The New York Times*, August 16, 2019. See also “Press Release: Cuomo Announces Opening of Resorts World Casino & Resort,” New York State Department of Labor, February 8, 2018.

²²“State of the Industry 2019: Financial Condition and Trends in Home and Community-based Care,” Home Care Association of New York, February 2019.

²³Exit rate is defined as average annual exits divided by occupational employment level. When disaggregated, personal care aides have a somewhat higher exit rate than home health aides: 162 annual exits per 1,000 positions for personal care aides, compared to 141 exits for home health aides.

²⁴Data from the New York State Department of Labor exclude Columbia County and Greene County as part of the Hudson Valley region. We include them because, locally, they are often considered part of the region; for that reason, the New York Caring Majority’s Hudson Valley membership includes home care workers in Columbia and Greene. Previous research has defined the region similarly. See Pattern for Progress, “**Aging in the Hudson Valley.**”

²⁵Because Census data tends to undercount recent and undocumented immigrants, it is possible that our sample better represents the true racial-ethnic composition of this workforce. However, the Census data offers the best population estimates for specific occupations at the local level, so we opt to weight our data according to those benchmarks. To check our results, we also conducted our analysis with unweighted data. Across all variables, differences were marginal.

²⁶The services provided by some agency-employed workers are funded through Medicaid or Medicare, but workers often do not know whether that is the case. Our survey asked respondents whether the cost of their clients’ care was covered by Medicaid, Medicare, or long-term care insurance; most respondents did not know.

²⁷Tom W. Smith, “**Job Satisfaction in the United States,**” National Opinion Research Center/University of Chicago, April 17, 2007. We used the same question wording in our survey: “On the whole, how satisfied are you with the work you do?” Answer choices were: very satisfied, moderately satisfied, a little dissatisfied, very dissatisfied.

²⁸See Candace Howes, “Love, Money, or Flexibility: What Motivates People to Work in Consumer-Directed Home Care?” *The Gerontologist* 48, no. 1 (2008): 46–60; see also Clare Stacey, *The Caring Self: The Work Experiences of Home Care Aides* (Ithaca, NY: Cornell University Press, 2011).

²⁹This level of potential turnover is comparable to turnover rates reported by home care agencies nationally. The annual **Home Care Benchmarking Study** found median turnover of nearly 67 percent in 2017, and 82 percent in 2018. See Robert Holly, “**Home Care Industry Turnover Reaches All-Time High of 82%,**” Home Health Care News, May 8, 2019; and Amy Baxter, “**Median Home Care Turnover Hit 66.7% in 2017,**” Home Health Care News, April 19, 2018.

³⁰These figures represent wages before taxes and deductions. Due to design constraints of self-administered online surveys, wages for hourly workers were measured using a drop-down menu of \$0.50 intervals, with a maximum value of “\$30 or more” (which was recoded in our analysis as \$30). For workers paid a flat rate (weekly or at some other interval), we transformed that rate into an hourly wage, using the flat rate divided by hours worked per pay interval.

³¹The Census Bureau considers individuals as living “near poverty” if they have family income between 100 and 125 percent of official poverty thresholds. See Charles Hokayem and Misty L. Heggeness, *“Living in Near Poverty in the United States: 1966–2012,”* U.S. Census Bureau, May 2014. For limitations of the official poverty rate and for alternative measurements, see *“Supplemental Poverty Measure,”* U.S. Census Bureau, accessed April 2020.

³²Authors’ analysis of 2014–2018 American Community Survey five-year sample. Steven Ruggles, Sarah Flood, Ronald Goeken, Josiah Grover, Erin Meyer, Jose Pacas and Matthew Sobek, *IPUMS USA: Version 10.0 [dataset]* (Minneapolis, MN: IPUMS), 2020.

³³Heidi Shierholz, *“Low Wages and Scant Benefits Leave Many In-Home Workers Unable to Make Ends Meet,”* Economic Policy Institute, November 26, 2013; and Julia Wolfe, Jori Kandra, Lora Engdahl, and Heidi Shierholz, *“Domestic Workers Chartbook,”* Economic Policy Institute, May 14, 2020.

³⁴Full-time work is defined here as at least 35 hours per week—at least 1,820 hours annually. Thirty-five hours is also the median usual hours worked per week for home care workers in the Hudson Valley (authors’ analysis of 2014–2018 American Community Survey).

³⁵Living wage levels are sourced from: *“Living Wage Calculator,”* Amy K. Glasmeier and the Massachusetts Institute of Technology, accessed April 2020.

³⁶*“Consumer prices increase 2.5 percent in the 12 months ending January 2020,”* U.S. Bureau of Labor Statistics, TED: The Economics Daily, February 20, 2020.

³⁷*“Direct Care Worker Median Hourly Wages Adjusted for Inflation, 2008 to 2018,”* Workforce Data Center (Wage Trends), PHI, last modified August 30, 2019.

³⁸This question read: “During the last few years, have the work conditions in your occupation been getting better, worse, or have they stayed the same? Work conditions include wages, benefits, hours, how you are treated, and how difficult the job is.” The question was displayed to those who have worked in home care for at least two years.

³⁹Quote translated from original: “Porque yo trabajaba de interna y no podía irme a descansar hasta que sea la media noche. También el pago era poco para las horas que tenía que estar despierta acompañando a la persona.”

⁴⁰Ruth Milkman, *“Making Paid Care Work Visible: Findings from Focus Groups with New York City Home Care Aides, Nannies, and House Cleaners,”* New York City Department of Consumer Affairs, Office of Labor Policy & Standards, 2018.

⁴¹Susan Gubar, *“The Nursing Shortage Is Threatening Our Care,”* *The New York Times*, January 22, 2020.

⁴²On proposals for redesigning direct care jobs and restructuring this workforce more broadly, see Paul Osterman, *Who Will Care for Us? Long-Term Care and the Long-Term Workforce* (New York: Russell Sage Foundation, 2017).

⁴³*“Advanced Home Health Aides,”* New York State Department of Health, January 2019.

⁴⁴Rebecca Huber, Maura Baldiga, Pamela Joshi, and Dolores Acevedo-Garcia, *“Caregiving on and off the Clock: Equity Issues Faced by Care Workers with Dependents,”* datadiversitykids.org, April 13, 2020.

⁴⁵Authors’ analysis of the U.S. Census Bureau’s American Community Survey, 2014–2018 five-year sample.

⁴⁶Stephen Campbell, *“Racial and Gender Disparities Within the Direct Care Workforce: Five Key Findings,”* PHI, October 25, 2017.

⁴⁷See *“Governor Hutchinson Announces CMS Approval of Additional Pay For Eligible LTSS Direct Care Workers Due to COVID-19 Emergency,”* Arkansas Governor’s Office, April 15, 2020; and *“Arkansas Bonus Plan for Health Workers During Pandemic OK’d,”* Associated Press, April 15, 2020.

⁴⁸*“COVID-19 Survey Results: Statewide Home Care, Hospice & MLTC Impacts,”* Home Care Association of New York, March 18, 2020.

⁴⁹See PHI’s proposal for the Home Care Innovation Fund at Allison Cook, *“New York Needs a Home Care Jobs Innovation Fund,”* PHI, January 30, 2018.