Kris Nelson Community-Based Research Program

...a program of the Center for Urban and Regional Affairs (CURA)

Working Conditions of Home Care Workers in Minnesota: Survey Summary

Prepared in partnership with
SEIU Healthcare Minnesota

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Working Conditions of Home Care Workers in Minnesota: 
Survey Summary

Lisa Sun-Hee Park, Ph.D., Chou Moua, Anthony Jimenez, Erin Hoekstra 
University of Minnesota, Twin Cities 
February 2015

This summary report outlines the findings from a survey of almost 1,000 home care 
workers in Minnesota.¹ Home care workers are direct care providers who provide home 
care services, including home health aides, personal care aides, caregivers, certified 
nursing assistants, and companions. Nationally, this industry is the fast-growing 
sector of the U.S. economy. And, as the population ages, these professions are expected 
to grow by over 48% from 2012 to 2022, greatly eclipsing the 11% average growth for all 
occupations.² Similarly, Minnesota’s Medicaid-funded home care programs constitute 
one of the fastest-growing segments of the state budget, and as the state’s population 
ages, the need for these services will certainly increase.

Conducted in 2014-15, this survey was a community-based effort by and for home care 
workers (also called personal care attendants, home health aides, or direct support 
professionals) in Minnesota, in collaboration with researchers at the University of 
Minnesota (UMN), the Center for Urban and Regional Affairs at UMN, and SEIU 
Healthcare Minnesota. The goal was to better understand the working conditions and 
experiences of the 27,000 home care workers in Minnesota’s Medicaid-funded state 
home care programs. The respondents for this voluntary and confidential survey were 
derived from the MN State list of home care workers. The survey questions were 
conducted through direct mail or by telephone and were comprised of both closed and 
opened questions. To date, this is the only such research effort undertaken in Minnesota.

Who Does Home Care Work?
The vast majority of survey respondents are women (82%), which is in line with federal 
statistics.³ And, the average age of those who fulfill this work is 44-years-old. The 
youngest worker was 15-years-old and the oldest was 84-years-old. The distribution was 
largely even throughout the years, indicating that adults of all ages were involved in this 
industry. The racial composition of survey respondents in Minnesota were as follows: 
White/Caucasian 61.8%, Black/African American 23.7%, African immigrant 2.8%, 
Hispanic/Latino 4.2%, Asian 4%, Native American 2.2%. The White/Caucasian category 
is larger than represented in federal statistics in which the majority of home care workers 
are ethnic minorities.⁴ In addition, 53.8% of survey respondents lived in the larger Twin 
Cities metropolitan area.

¹ Total N=978 
88.2% of home health care service workers are women. http://www.bls.gov/cps/cpsaat18.htm 
⁴ Bureau of Labor Statistics, 2013: Black or African American 29.6%, Asian 4.9%, Hispanic or Latino 
16.1%. http://www.bls.gov/cps/cpsaat18.htm
Working Conditions

Hours Worked

Most respondents (51%) have worked as a home care worker for five years or less. This supports other studies that have documented high turnover rates within the home care industry. On average, the workers are paid for about 29 hours per week. However, most respondents report that they would prefer to increase their paid work hours to 36 hours or more. In addition, the majority of respondents (51.8%) indicate that they also work voluntary unpaid hours for their patient/clients. The range of unpaid hours worked was wide but the average amount of volunteer hours reported was 21 hours a week.

Whom do they care for?

For many respondents (43.4%), home care work is their only source of income. And, 64.4% of respondents care for only one person and 50.3% care for family members.

What kinds of services do they provide?

The variety of care provided by home care workers is considerable:

- Housework: 81.2%
- Grooming: 80.4%
- Laundry: 80.1%
- Dressing: 78.7%
- Eating: 76.7%
- Bathing: 75.3%
- Health Related: 67.9%
- Toileting: 63.7%
- Mobility: 58.3%
- Transfers: 55.5%
- Positioning: 48.7%
- Other: 37%

Wages & Benefits

• Survey respondents report an average hourly wage of $11.47. This is slightly higher than the national average for personal care aides – $10.09 an hour or about $20,990 annually – as reported by the U.S. Bureau of Labor Statistics in 2013.
• Most respondents (70.7%) have health insurance, 33% of whom are enrolled in a public health insurance program while another 15.1% are enrolled through a spouse or parent.
• Most respondents (88%) do not receive paid sick days. This leads to a majority (57.2%) of workers caring for others while sick.
• Only 8% of respondents receive paid vacation days.
• Most respondents (80%) are not reimbursed for transportation costs related to their home care work.

“Why do you do this work?”

The most popular response (33%) to this question was “altruism.” One participant explained, “When I was young, I used to see the elderly treated poorly. I wanted to give

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5 The Institute for the Future of Aging Services reports 40% to 60% of home health aides remain on the job for less than one year.
back what I can give. We owe it to them.” Another respondent said, “I love to help. Someone has to do it and I’d rather it be from someone like me – a compassionate and caring hearted person.”

“What do you find most challenging about your work as a home care worker?”

• The responses to this question were widely varied. The most reported challenge was emotionally-taxing labor (17.9%). One respondent stated, “Setting boundaries is hard. You get too close to people sometimes.” Another Home Care Worker said, “It’s so hard watching them die because they become ‘family.’”

• The second challenge was difficult client behavior (13.9%). A Home Care Worker said, “It’s hard when he’s having a hard day and I’m not able to guess what is bothering him.” Others report feeling threatened by harsh or abusive client behavior.

• The third challenge was low wages with no raises or benefits (13.4%). A worker explained, “I do a lot of work but don’t get paid fairly.” Another survey participant said, “It’s difficult when I don’t even have bus fare to get to them when I know they need me.” And, another worker described how she is not paid when her client goes on vacation or is admitted to the hospital. During these times, she was unable to pay her bills and was forced to pawn her belongings to make ends meet. And, when she was let go from her job, she received no notice or severance pay.

“What do you find most rewarding about this work?”

What respondents found most rewarding about their work was closely linked with their reasons for working as a home care worker in the first place. By far, a strong and positive relationship with their clients was the most rewarding. Many home care workers reported that seeing a smile on their client’s or family member’s face was the most rewarding part of their work.

Collective Bargaining Priorities

The ranking of priorities was clear, with higher wages, health insurance, and paid time off as the top three issues:

1. Higher wages
2. Health insurance
3. Sick days/paid time off
4. Retirement/pension
5. More hours
6. Mileage/transportation reimbursement
7. Training and program orientation
8. Other

• For higher wages, 42% ranked it first, 17.5% ranked it second, and 9.7% ranked it third.
• For health insurance, 22.7% ranked it first, 15.1% ranked it second, and 11.5% ranked it third.
• For sick days/paid time off, 10.3% ranked it first, 18% ranked it second, and 18.2% ranked it third.
Working Conditions of Home Care Workers in Minnesota
Survey Summary

This summary report outlines the findings from an in-depth survey of nearly 1,000 home care workers throughout Minnesota.

Home care workers' make up the fastest growing profession in the country and in the state. As the population ages, these professions are expected to grow even more: by over 48% from 2012 to 2022, greatly eclipsing the 11% average growth for all occupations. Still a lack of formal research exists based on lived experiences. This survey aims to better understand the working conditions and experiences of those working in this field.

Working Conditions

Average **hours worked** per week.

<table>
<thead>
<tr>
<th>Paid</th>
<th>Volunteer</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>21</td>
</tr>
</tbody>
</table>

Most respondents report that they **would prefer** to increase their paid work hours to...

| 36     |

**43%** home care work is their **only source of income**.

51% have worked as a home care worker **for five years or less**.

**64%** care for **only one person**. **50%** care for **family members**.

Services provided

Housework (81%), Grooming (80%), Laundry (80%), Dressing (79%), Eating (77%), Bathing (75%), Health Related (68%), Toileting (64%), Mobility (58%), Transfers (56%), Positioning (49%)

Who does home care work?

(a snapshot of survey respondents)

<table>
<thead>
<tr>
<th>Age</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>82%</td>
<td>18%</td>
</tr>
<tr>
<td>44</td>
<td>82%</td>
<td>18%</td>
</tr>
<tr>
<td>84</td>
<td>82%</td>
<td>18%</td>
</tr>
</tbody>
</table>

**Racial Composition**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White/Caucasian</td>
<td>62%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>24%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>4%</td>
</tr>
<tr>
<td>Asian</td>
<td>4%</td>
</tr>
<tr>
<td>African immigrant</td>
<td>3%</td>
</tr>
<tr>
<td>Native American</td>
<td>2%</td>
</tr>
</tbody>
</table>

“I love to help. Someone has to do it and I'd rather it be from someone like me – a compassionate and caring hearted person.”

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1 Home care workers are direct care providers who provide home care services, including home health aides, personal care aides, caregivers, certified nursing assistants, and companions.


Why do you do this work?

“When I was young, I used to see the elderly treated poorly. I wanted to give back what I can give. We owe it to them.”

1 out of 3 responded “Caring for others”

What do you find most rewarding about your work as a home care worker?

What respondents found most rewarding about their work was closely linked with their reasons for working as a home care worker in the first place. By far, a strong and positive relationship with their clients was the most rewarding. Many home care workers reported that seeing a smile on their client’s or family member’s face was the most rewarding part of their work.

What do you find most challenging about your work as a home care worker?

- Emotionally-taxing labor (17.9%)
- Difficult client behavior (13.9%)
- Low wages with no raises or benefits (13.4%)

“Setting boundaries is hard. You get too close to people sometimes.”

Collective Bargaining Priorities

Higher wages
- $11.47 average hourly wage

Health insurance
- 71% have health insurance

Sick days/paid time off
- 8% receive paid vacation days

Other priorities included:
- Retirement/pension, More hours, Mileage/transportation reimbursement, Training and program orientation

About the Survey

Conducted in 2014-15, this survey was a community-based effort by and for home care workers (also called personal care attendants (PCAs), home health aides, or direct support professionals) in Minnesota, in collaboration with researchers at the University of Minnesota (UMN), the Center for Urban and Regional Affairs at UMN, and SEIU Healthcare Minnesota. The respondents (n=978) for this voluntary and confidential survey were derived from a list of 27,000 home care workers in self-directed Medicaid-funded programs provided by the state’s Department of Human Services. The survey was conducted through direct mail or by telephone and comprised of both closed and open-ended questions.

33% of whom are enrolled in a public health insurance program, while another 15.1% are enrolled through a spouse or parent.
Main provisions of the tentative agreement reached between the home care workers’ bargaining team and the state

**Paid Time Off**

5 days of PTO per year for a full-time worker. Workers accrue 1 hour of PTO for every 52 hours worked, whether they are part-time or full-time.

- Unused PTO hours carry over from year to year, up to a maximum of 80 PTO hours.
- Upon termination, any unused PTO hours will be cashed out.
- Accrued PTO can only be used with express consent of the client.
- To make use of accrued PTO, a worker must have worked at least 600 hours.

**Wages**

Hourly wage floor moves from $9.00 to $10.75 on July 1, 2015.

- Hourly wage floor moves from $10.75 to $11.00 on July 1, 2016.
- Clients may choose to pay workers wage rates above the floor.

**Training and orientation**

A committee of DHS staff and home care union leaders will be formed to shape new training and orientation opportunities to be offered to home care workers, to improve the quality of care provided to clients.

- Online orientation requirements for new home care workers must include: principles of independent living and self-direction; prevention of fraud and abuse; basic operational procedures (e.g., filling in time-sheets correctly); and HIPAA compliance and client confidentiality.
- New training and orientation programs will receive $250,000 in funding in the second year of contract (beginning July 1, 2016).

**Timely and accurate payment**

In an industry where over 20% of workers report having experienced wage theft (not getting paid for hours they worked and were authorized to work), workers will for the first time be able to file grievances and be made whole if they have not been paid correctly.

- A four-step grievance process similar to that in other state employee contracts established for home care workers experiencing wage theft or other violations of the contract:
  - Step 1: informal conversations seeking resolution
  - Step 2: filing of written grievance by union, with written response from state
  - Step 3 (optional): mediation
  - Step 4: arbitration
- When the state moves to a new fiscal management structure for its self-directed home care programs, all home care workers will have the ability to select direct-deposit for their paychecks.
**State-Provider Cooperation Committee**

A committee of equal numbers of members from the home care union and DHS will be established to address workforce issues between contracts.

- Topics addressed by the committee will include: creation of a matching registry for workers and clients (see below); implementation of the Community First Services and Supports (CFSS) program; orientation requirements for new home care workers; and any other topics chosen by the state and the union.
- Committee will meet at least once per month.

**Matching registry**

Establishing an online registry to help clients find workers and to help workers find clients is a shared goal of the state and the union. Such a registry would enhance clients’ ability to find quality workers; improve clients’ ability to find respite care when their usual worker(s) is/are unavailable; make it possible for workers to call in sick and for clients to not have to be exposed to illness by depending on workers who are sick; and bring greater stability to the home care workforce.

- The State-Provider Cooperation Committee is charged with presenting a plan for the development, planning and implementation of a new matching registry to DHS by January 1, 2016.

**Participant rights**

Home care clients have the ability to select, hire, direct, train, supervise and terminate their home care workers. These rights of self-direction remain entirely unaffected by this contract between the workers and the state.

- Clients in budget-model programs continue to have the ability to manage their own services and budget.
- Clients continue to set their own schedules for the services they need.
- Client confidentiality will be strictly maintained by both the union and the state.

**Dues and lists**

This is a voluntary-membership union. Fiscal intermediaries operating in self-directed programs will be required to deduct dues from the paychecks of all workers who choose to be union members, and to provide employee lists (including hours worked and wages paid) each pay period.

**Background checks**

Workers will not be required to pay for the background checks they must complete in order to provide home care services.

**Management rights**

The state maintains all the policy-implementation authorities and rights not explicitly addressed by this tentative agreement.