



# Older Adult Services Advisory Committee

## Workforce Stabilization Work Group Report-Out

### Home Care Aide Workforce Survey Findings Summary

February 25, 2019

Note: The views expressed herein are those of the OASAC Workforce Stabilization work group and do not necessarily reflect the official policy or position of the Illinois Department on Aging.



## Issues

- Recruiting and retaining quality home care providers is becoming more challenging, putting seniors at risk of inadequate care that could result in institutionalization or premature nursing home placement that could otherwise be delayed or avoided
- High turnover rates for Home Care Aides (HCAs) are well known nationally, but until recently, there was no data specific to Community Care Program (CCP) HCAs
- Many HCAs enjoy their job and perform well in it, but leave to find better compensation and more stable work schedules elsewhere
- Funding strains limit agencies' abilities to make HCA jobs attractive enough for workers to apply and stay
- Increasing demand for in-home care by aging baby boomers is placing additional stress

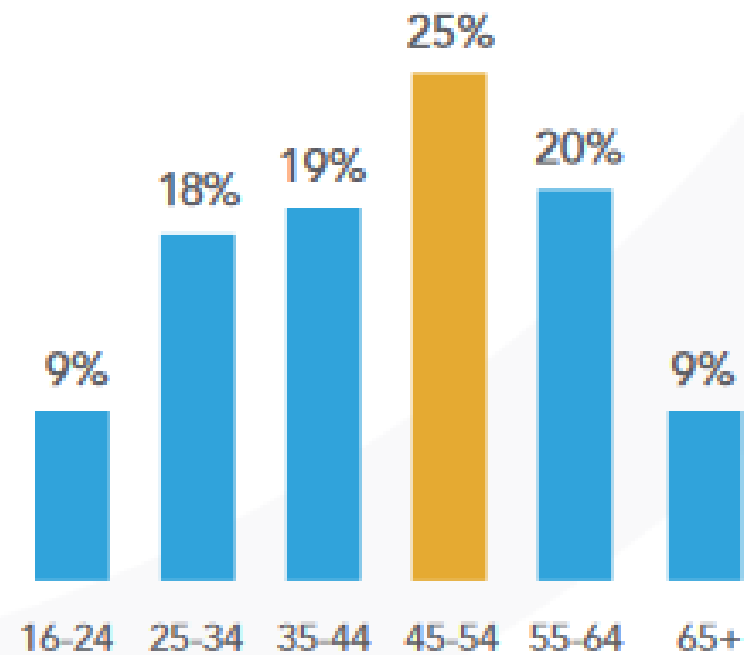


**A Brief Overview:  
What We Knew about the  
Illinois HCA Workforce  
Before Our Survey**

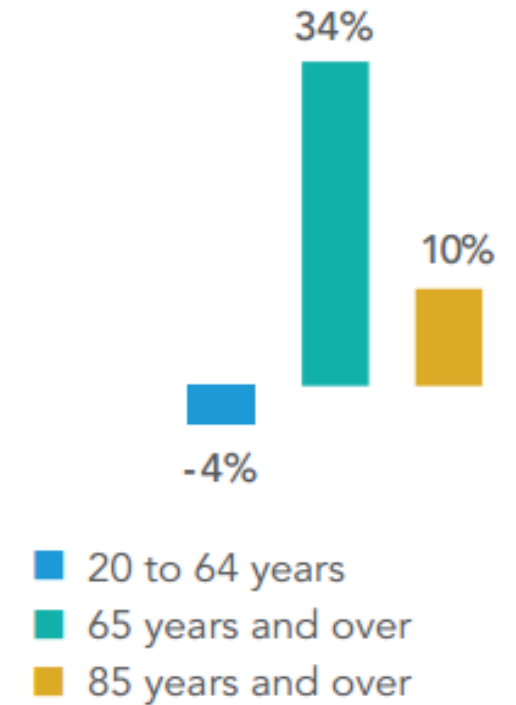
## The Pool of Working-Age Adults is Shrinking

**“With greater demand for home care services, and little growth among working-age adults, a significant care gap is emerging: insufficient numbers of workers to provide home care services. In this context, the issue of job quality becomes increasingly important. If the home care workforce is to grow, jobs will need to be more competitive, offering higher wages and improved working conditions.”**

ILLINOIS HOME CARE WORKERS BY AGE, 2014



ILLINOIS PROJECTED POPULATION GROWTH BY AGE 2015 TO 2025



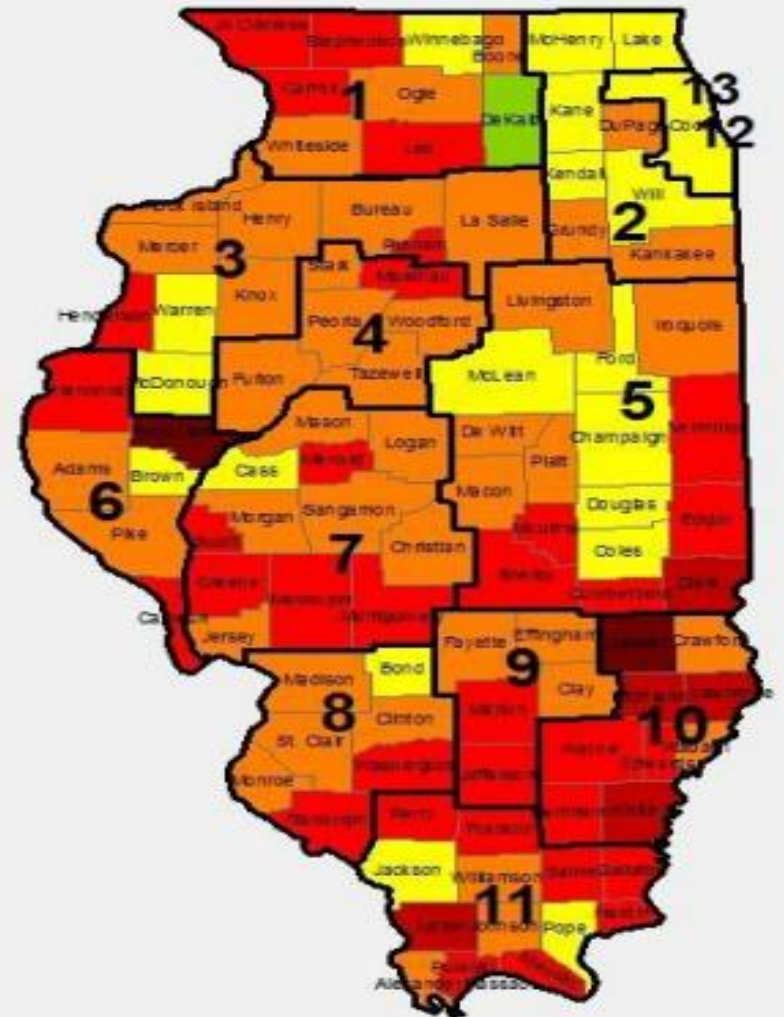
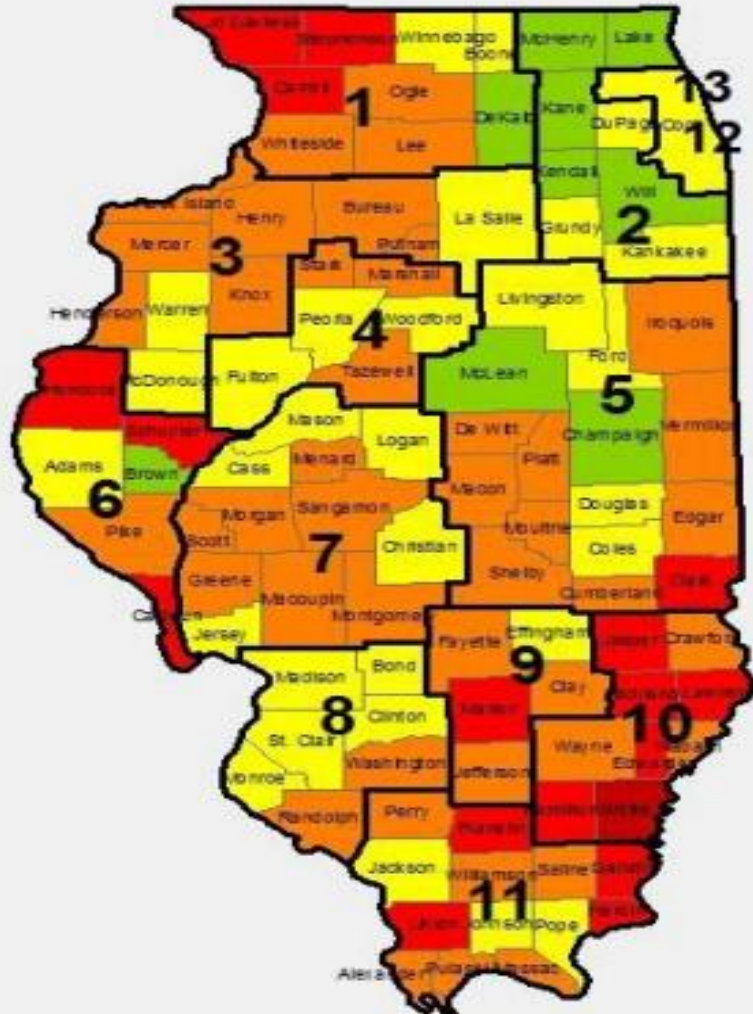
# Illinois Population 60+ By County

5

2015

2020

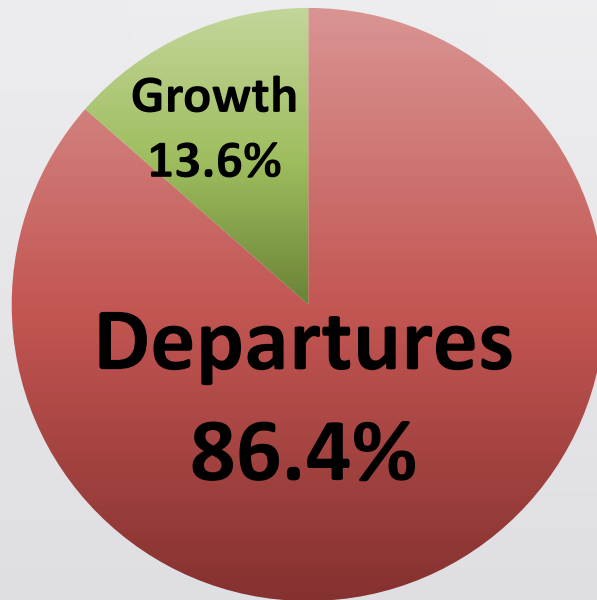
2030



Data Source: Census Bureau 2015  
 Illinois Department on Aging  
 Jean Bohnhoff, Director  
 March 29, 2016

# The HCA Workforce Shortage: Growth is a Significant Factor, but Turnover is the Bigger Obstacle

Average Annual HCA Job Openings in  
Illinois (not specific to CCP)  
(n = 14,368 openings)



**For each of the next 8 years**  
**Illinois home care employers\***  
**must hire an average of 12,000+**  
**replacement HCAs and 2,000**  
**new HCAs, meaning**  
***112,000+ hires must be made***  
***between 2019 and 2026 to meet***  
***demand for in-home care***

\* Including but not limited to CCP home care agencies

Source: Illinois Department on Employment Security and the U.S. Bureau of Labor Statistics Long-Term Occupational Projections (2016-2026),

[http://www.ides.illinois.gov/LMI/Pages/Employment\\_Projections.aspx](http://www.ides.illinois.gov/LMI/Pages/Employment_Projections.aspx)



**Overview:  
2018 OASAC Home Care  
Aide Workforce Survey &  
Summary Findings**



# Methodology

- Work group developed questions to gauge the types, sizes and severity of HCA workforce issues in relation to each agency's workforce size, service areas. Work group consisted of:
  - CCP participant and worker advocates
  - IDOA officials
  - Home care agency and Care Coordination Unit representatives
- Where possible, response choices were exhaustive, allowed for measurement and commenting, and were designed to minimize the chance of invalid data input
- SurveyMonkey was used to design, administer and collect results





## Methodology (cont.)

- Survey was online-only, contained 25 questions, and was distributed via email to 108 agencies
- Survey responses were accepted Nov 2018 until Feb 2019
- Multiple reminders and encouragement to complete the survey were provided by officials with established agency contacts to help avoid junk folders and increase response rate
- Results were analyzed and summarized by SEIU Healthcare's Research Dept.
- Today's presentation is a culmination of two sessions of feedback and email correspondence between work group members



## Response

- Of 108 agencies, complete responses were provided by 41 agencies serving 75.6% (74,084) of all CCP participants (97,984)\* and employing 40,019 HCAs
  - Statewide representation, including all 13 Planning and Service Areas (PSAs)
  - 13 of the 41 responding agencies cater to or specialize in serving participants with linguistic and/or cultural needs and preferences
- Responses reflect agencies and the CCP HCA workforce as of late 2018



## Top-Line Findings

- Average annual HCA turnover rate: **35.0%**
- Average annual amount spent on recruiting, hiring, pre-service training and related costs per hired worker: **\$2,155**
- Of 40,019 HCAs:
  - **35.2% employed less than 1 year**
  - **61.4% employed less than 3 years**

**Agencies representing 91.5% of HCAs rated turnover and retention as a “serious” or “crisis-level” problem**



## Top-Line Findings (cont.)

- HCAs employed who were Family HCAs (FHCAs): **17.5% - 41.9%** (6,983 – 16,718)
- HCAs who left the job who were FHCAs: **5.2% - 30.1%** (635 – 3,656)
- HCAs who left the job voluntarily: **39.3% - 63.8%** (4,311 – 6,993)
- There was an insignificant difference between turnover rates for agencies whose workforces comprised of 26% or more FHCAs and 25% or FHCAs (34.9% and 36.0%, respectively).



## Top 5 reasons HCAs quit

1. Wages aren't high enough to keep workers (58.5% of agencies ranked this reason as #1)
2. Not enough hours / clients available
3. Other jobs in the area are more attractive
4. Lack of reliable transportation / don't want to drive or travel so many miles
5. Health insurance is not offered or is inadequate
  - Of the 8 surveyed agencies that reported receiving the health insurance reimbursement pass through from the IDOA for HCAs, 4 agencies still report that health insurance inadequacy is one of the top 5 reasons their HCAs quit



## Top 5 actions agencies believe may have the most influence on reducing turnover

1. Increasing HCAs' hourly wages
2. Offering more hours
3. Providing health insurance (only 8 of 41 surveyed agencies provide health insurance using the IDOA enhanced rate)
4. Providing more paid time off
5. Increasing mileage or transportation reimbursement



## Top-Line Findings (cont.)

Most agencies (25), which employed 93.2% of the total HCAs represented in this survey, reported giving HCAs incentives, opportunities for advancement and/or using other successful strategies to help retain HCAs.

\*Incentives reported by agencies to help recruit and retain HCAs:

- Career advancement opportunities and/or development
- Monetary awards for reaching longevity milestones
- Employee recognition and staff appreciation events
- Sign-on and referral bonuses



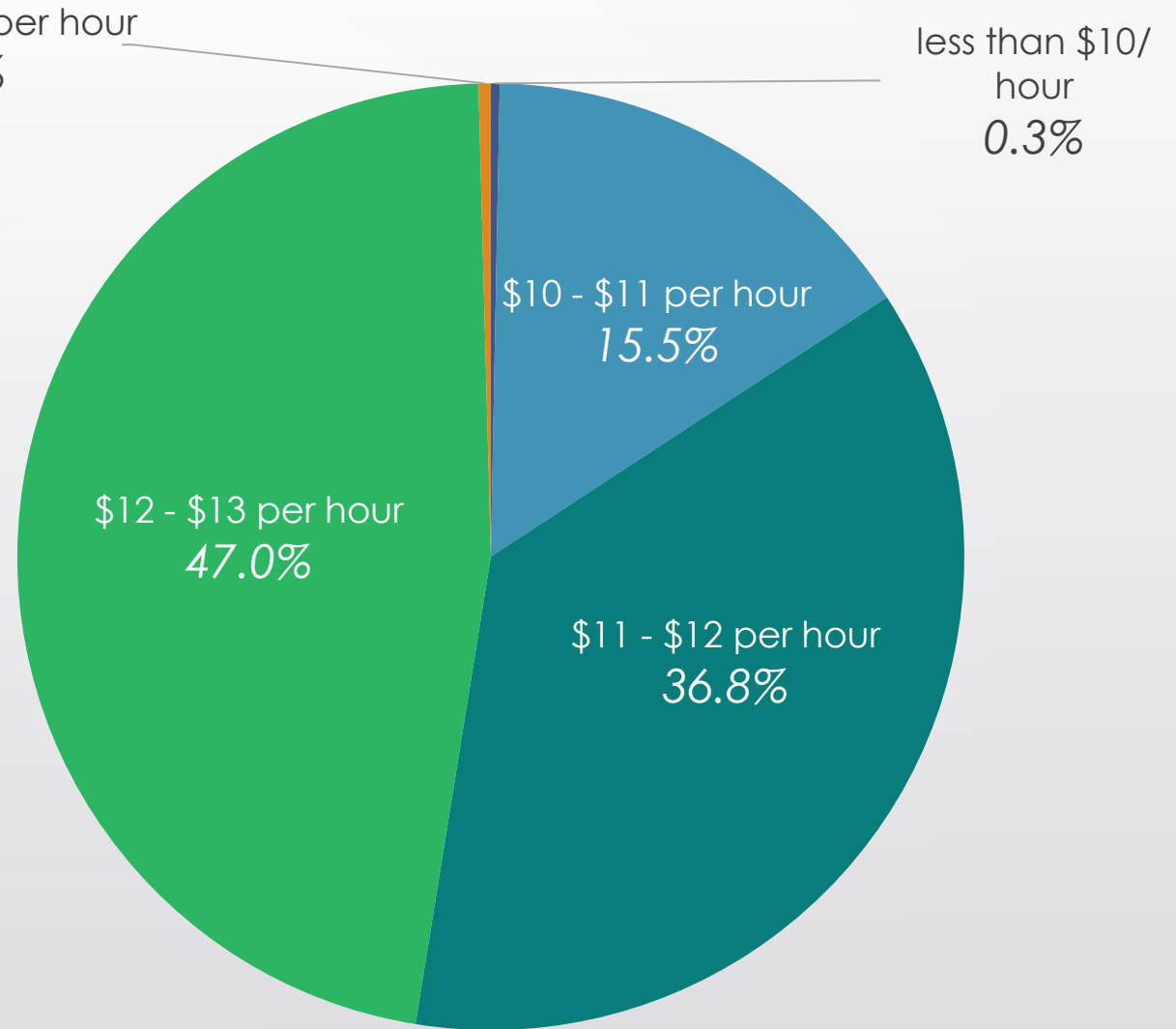
# Percent of HCAs by Wage Category

(n = 40,019)


Only 0.4% of HCAs earned \$13 or more per hour

83.8% of HCAs earned \$11 - \$13 per hour

15.8% of HCAs earned under \$11 per hour

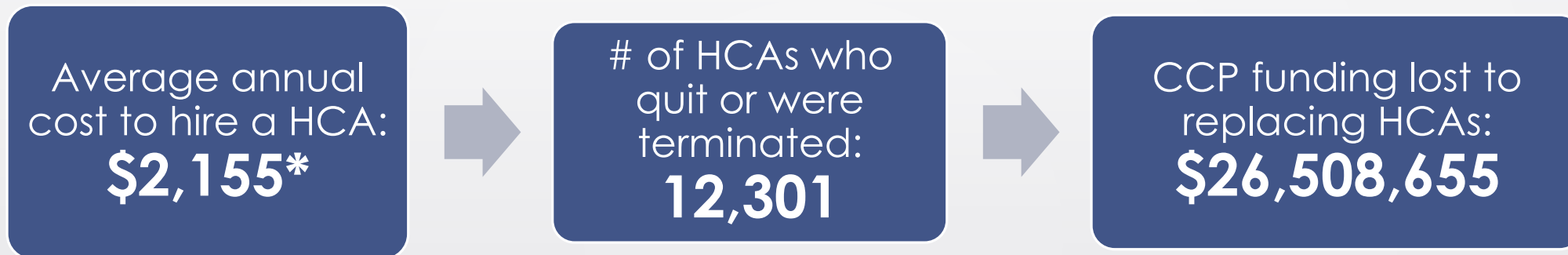






# Recommendations & Discussion

## Why Turnover Matters: **Everyone Loses**



**\$26.5 million was spent in one year just to replace HCAs**

This significant cost should be addressed.



## Reducing Turnover Improves Participants' Well Being

- High quality caregiving necessitates building a trusting relationship between participants and HCAs
- Participants can avoid stress and anxiety associated with losing a trusted HCA and establishing rapport with a new provider
- HCAs who know their clients well are better able to detect changes in their mental or physical health that could be reported and addressed early, before possible costly intervention would be needed
- A reliable, long-term HCA can mean the difference between consistent quality care and the need for preventable hospital visits and a costly nursing facility



## Recommendations

- Continue advocating for higher reimbursement rates that permit higher wages using this survey's findings
- Identify more ways to examine the impact of wages on turnover rates (e.g. average wage by PSA)
- Look more in-depth at issues with fragmented, under-utilized and irregular HCA schedules to identify additional ways to minimize HCA turnover rates
  - HCAs' schedules can vary week-to-week due to participants' passing, admittance to a hospital or nursing facility, or other event preventing HCAs from maintaining stable work schedules
  - It could take months before an agency finds a HCA that matches a participant's needs. Fewer incentives to leave the job means better stability for participants
  - Create effective systems for agencies to efficiently provide care when HCAs request more hours and when participants are in need of a substitute HCA



## Recommendations

- Consider surveying agencies about HCA supervisors within the same HCA workforce survey
- Consider interviewing and surveying individual HCAs regarding recruiting and retention incentives and their effectiveness
- Survey HCAs and HCA supervisors to gain insight on workforce demographics, experiences on the job, public assistance usage
  - Inquire about the welfare benefits cliff (workers who are penalized with a disproportionate decrease in benefits for earning higher wages and/or working more hours) to grasp its potential impact on HCAs job performance and job satisfaction
- Administer the survey every 1-to-3 years to better inform the development of laws and policies and to evaluate their impact on the HCA workforce and agencies