

The Transformation of Long-Term Care in Oregon

A Union Organizing Story
May 2019



SEIU 503 is a Union of 72,000 public services workers and care providers in Oregon. We envision a just and vibrant society where everyone is treated with dignity and respect, and where all people can provide for themselves and their families.

Background

In 2000, with the passage of Ballot Measure 99, Oregon's State-paid homecare workers won their right to join together in union. Since then, they have been fighting to raise wages and benefits, expand services for seniors and people with disabilities, and win on issues like training standards that improve the quality of long-term care in Oregon.

Today, SEIU 503 members provide the entire spectrum of care in Oregon, from children to seniors, and for people with physical and developmental disabilities. As homecare and personal support workers, family child care providers, and adult foster and nursing home workers, we share a goal of providing services that make Oregon a better place to live. We work together to improve the lives of SEIU 503 members and their consumers, and help build an Oregon where access to care and support is a top priority. Our strength as a care provider union has resulted in some of the strongest worker contracts in the nation, enacting improvements that strengthen the program for ourselves and the families we support.

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Executive Summary

This summer, Oregon's state-paid homecare and personal support workers are bargaining their 8th contract with the state. Almost 20 years ago, voters passed Ballot Measure 99, creating the homecare workers' union and kicking off a period of transformation that has radically changed long-term care in Oregon. Contract after contract has raised standards, improved wages and benefits, and improved the quality of care available to seniors and people with disabilities.

Today, more than 30,000 state-paid homecare and personal support workers operate under a collective bargaining agreement, as part of SEIU Local 503. They support tens of thousands of seniors and people with disabilities through programs administered by the Department of Human Services.

The benefits of union membership couldn't have come at a better time. Demand for in-home support services has grown significantly over the last 20 years,¹ and homecare is now one of the fastest growing jobs in the country.² According to the Bureau of Labor Statistics (BLS), employment of homecare workers grew 57% from 2006 to 2016. The BLS projects that employment of homecare workers will grow 41% from 2016-2026, faster than other occupations. But as the baby boomer generation ages — a demographic bump known as the Silver Tsunami — demand is set to skyrocket once again. Our ability to manage this demand hinges on the very issues that have long been top of mind for the homecare union: wages and benefits, turnover, training and self-sufficiency.

Within the challenge of supporting an aging population there is also opportunity. Few would argue with the value of new jobs that cannot be outsourced or automated. However, as we have seen over the last few years, it remains to be seen whether those jobs will be good jobs that support the professional workforce we need to provide high-quality care.

Over the last few years, an unregulated network of private homecare agencies has popped up to meet demand among families who do not qualify for state-funded programs. The difference between private agencies, and state-funded union programs, is stark and demonstrates the value that collective bargaining has brought to this industry.

As we enter negotiations on the next homecare contract, it's worth taking a look back at the difference a union has made in this sector.

1. BLS Employment Projections Data Tables, Table 2.7, <https://www.bls.gov/emp/tables.htm>

2. Occupational Outlook Handbook, Home Health Aides and Personal Care Aides, <https://www.bls.gov/ooh/healthcare/home-health-aides-and-personal-care-aides.htm>

Key Points

- **Lower turnover:** Since 2001, when state-paid homecare workers settled their first contract, turnover has been cut in half, falling from 50% to 27%. Turnover is so critical to long-term care, that it's often used as a stand-in metric for quality.
- **Better training:** Prior to forming their union, there was no systematic training available for state-paid homecare workers. Today, workers and consumers have teamed up to advocate for required training. The numbers of workers who participate in training has risen steadily every year, and in 2017, 13,898 workers were trained by the Oregon Homecare Commission.
- **Higher wages and benefits:** Through their union, state-paid homecare workers have raised their wages from as low as \$2.30 per hour in 2001 to a base salary of \$14.65 per hour today. Through the Homecare Workers Supplemental & Benefits Trust — an entity negotiated in their contract with the state — eligible homecare workers receive paid time off, as well as assistance enrolling in and paying for health insurance, dental and vision.
- **Reducing reliance on state assistance:** Self-sufficiency rates have steadily improved for home workers since they unionized. In 2012, one-third of home care workers were working while enrolled in SNAP. By 2017 that number dropped by 10 percentage points to 23%— a striking decline that has coincided with significant wage gains.



Homecare workers are in-home health aides who support seniors and people with long-term injuries through the State's Aging and People with Disabilities program, which is part of DHS.

Personal support workers are in-home health aides who support people with intellectual and developmental disabilities through the State's Intellectual and Developmental Disabilities program, which is part of DHS.

Both programs are funded by a mix of State resources and Federal Medicaid dollars.

Turnover

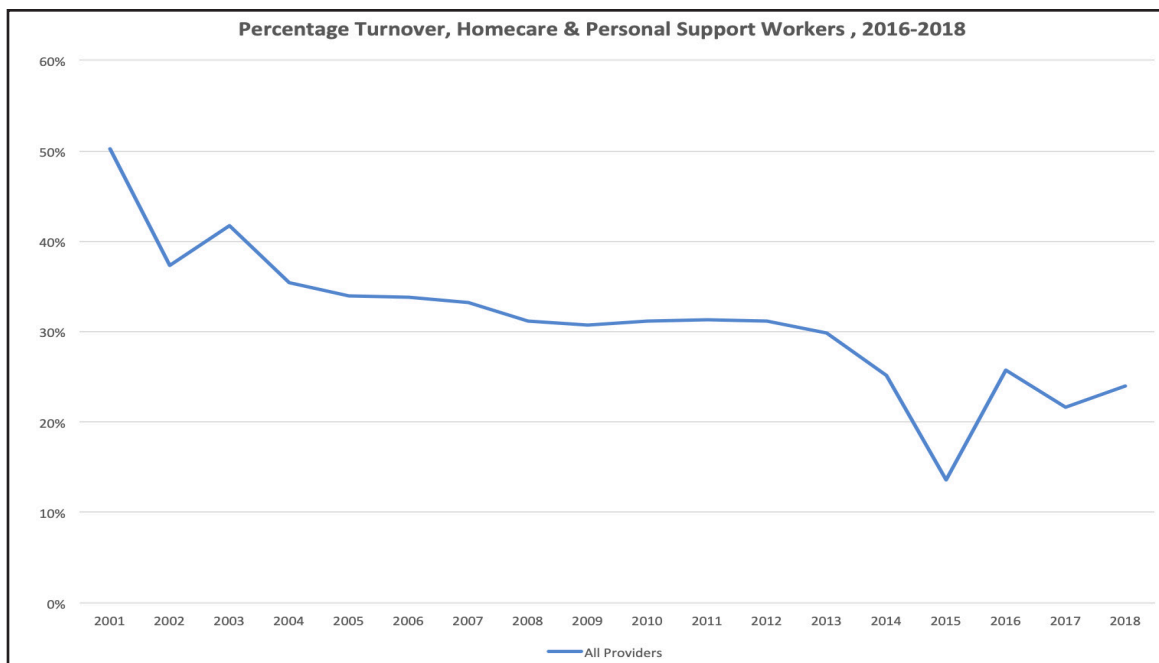
Turnover is so critical to long-term care, that it's often used as a stand-in metric for quality.³ On this metric, Oregon's union homecare workers have achieved incredible success over the last 20 years.

Since 2001, when state-paid homecare workers settled their first contract, turnover has been cut in half, falling from 50% to 27%.

In comparison, the Oregon Direct Care Staffing Report (2015⁴) identified Medicaid-certified IHCA's — essentially all people doing private-pay in-home care work in the state — had turnover of 69%.⁴ The non-union, private agency homecare workforce in Oregon is remarkably far behind.

The median turnover rates for home care workers in the US was 66.7% in 2017.⁵

The current turnover rate of 27% among union homecare workers is a staggering achievement. It means that tens of thousands of seniors and people with disabilities experience consistency in their care. Their homecare workers know their unique needs and have a personal relationship with them. We should strive to achieve similar results among non-union workers.



3. Dill, JS and Cagle, J "Caregiving in a patient's place of residence: turnover of direct care workers in home care and hospice agencies." J Aging Health. 2010 Sep;22(6):713-33. doi: 10.1177/0898264310373390. Epub 2010 Jun 28.

4. Zuckerbraun, Sara, Joshua Weiner, Mary McGinn-Shapiro, Kristie Porter, Lanting Dai, and Hillary Kruger. Wages, Fringe Benefits, and Turnover for Direct Care Workers Working for Long-Term Care Providers in Oregon. Report prepared at the request of Oregon Department of Human Services by RTI International. (Chicago, Illinois, 2015), p. 153.

5. Median Home Care Turnover Hit 66.7% in 2017, Home Health Care News, April 19, 2018

Training

Training is a critical component in helping workers succeed and ensuring that seniors and people with disabilities receive high-quality care. That's why workers and consumers have teamed up to advocate for better training and training requirements in Oregon.

Unfortunately, not every part of the in-home care economy has succeeded at training. In fact, the difference between training participation among union and non-union workers is startling.

Union Homecare	Non-Union Homecare
<ul style="list-style-type: none">• Required training for all workers• Culturally specific training• Online training available for rural workers• Publicly available information on the training program	<p>Training in private homecare agencies is slipshod and the few rules in place are not enforced. In 2017-2018, 38 agencies were surveyed by OHA. These agencies had 525 rule violations and 95 were training violations.</p> <p>No public agency currently has the ability to force private agencies to comply with training standards.</p>

Prior to forming their union, there was no systematic training available for state-paid homecare workers. Today, the numbers of workers who participate in training has risen steadily every year, and in 2017, 13,898 workers were trained by the Oregon Homecare Commission.⁶

Training in private homecare agencies is typically slipshod and the few rules in place are not enforced. In 2017-2018, 38 agencies were surveyed by OHA. These agencies had 525 rule violations and received \$23,322,917 in Medicaid payments in 2017. 73 were background check violations. 95 were training violations.⁷

“One of the greatest challenges we face in the immediate future is building a skilled, stable caregiving workforce to help meet the daily needs of America’s rapidly aging population.”

- American Society On Aging

6. Analysis of Oregon Home Care Commission Monthly Training Reports

7. Health Care Regulation and Quality Improvement, Public Health Division, Oregon Health Authority. State re-licensing surveys for In-Home Care Agencies. Information request, 10/26/2018.

Wages & Benefits

Through their union, state-paid homecare workers have raised their wages from as low as \$2.30 per hour in 2001 to a base salary of \$14.65 per hour today.⁸ That pay increase has been life changing for tens of thousands of people, and it has been instrumental in allowing workers to treat this as a profession, which in turn has reduced turnover and improved the quality of in-home care available to Oregonians.

Through the Homecare Workers Supplemental & Benefits Trust — an entity negotiated in their contract with the state — eligible homecare workers receive paid time off, as well as assistance enrolling in and paying for health insurance, dental and vision. This progress, in particular, has ensured that workers are able to remain in their jobs and provide the consistent care that seniors and people with disabilities rely on. According to SEIU Local 503, turnover in the 2004-2011 period was 8 times higher for providers without health insurance than those who had it.

	Union Homecare	Non-Union Homecare
Wages	\$14.65 / hr base pay with .50 cents/hr differential for training	Typically minimum wage with no training differential
Benefits	Healthcare coverage Workers' compensation Paid time off Dental & vision insurance	Employers with 50 or more FTE employees must provide affordable health coverage or pay a penalty.

Self-sufficiency

Care work covers some of the most demanding jobs in the state, but care workers' pay has traditionally been low. But after homecare workers joined SEIU 503 and negotiated a contract with the state, their wages increased substantially.

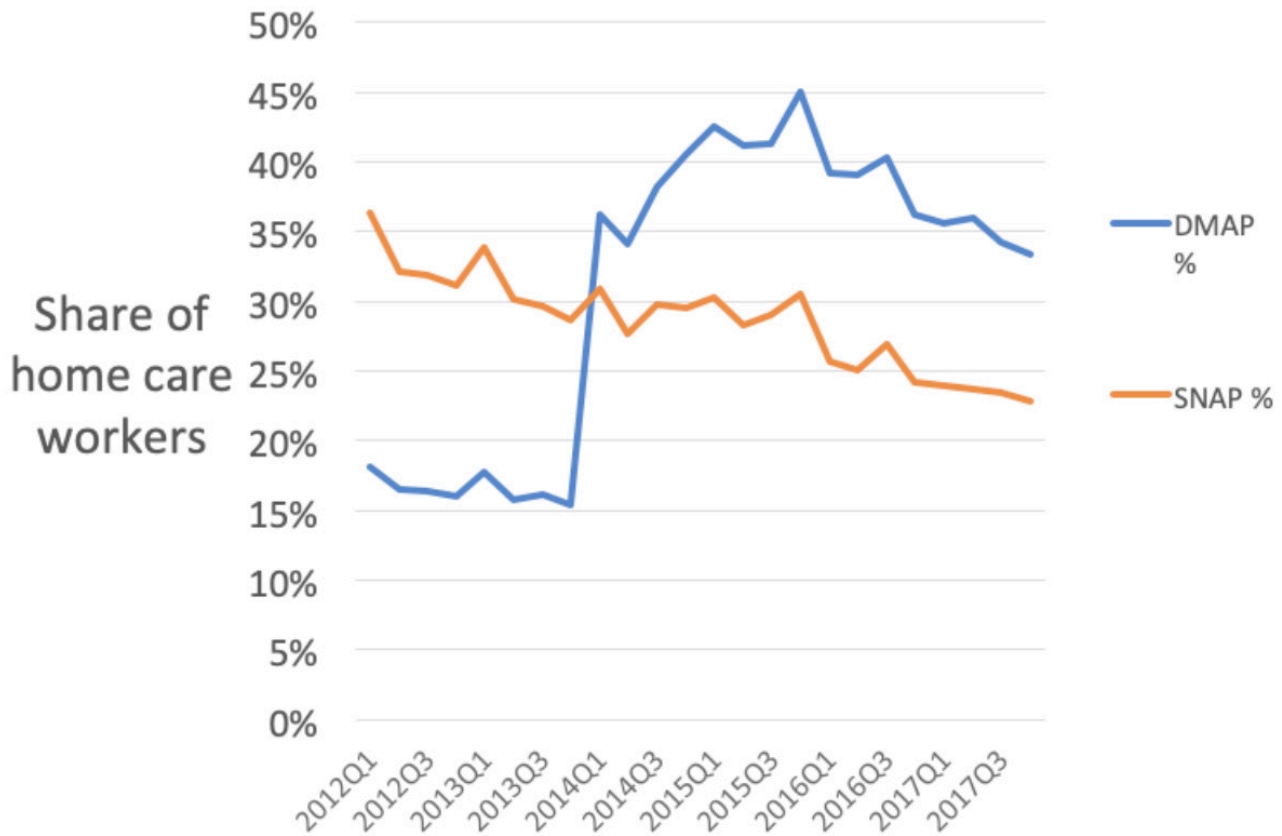
Those wage increases have had a significant impact on the number of Personal Care Aids who enroll in SNAP and DMAP. (Personal Care Aides is the occupation category that includes home care workers.)

Self-sufficiency rates have steadily improved for home workers since they unionized. In 2012, one-third of home care workers were working while enrolled in SNAP. By 2017 that number dropped by 10 percentage points to 23%— a striking decline that has coincided with significant wage gains.⁹

8. 2015-2019 Collective Bargaining Agreement between SEIU Local 503 and the State of Oregon DAS and Oregon Home Care Commission.

9. Analysis of DHS SNAP utilization data.

Home care workers receiving assistance



Conclusion

By coming together in a union, state-paid homecare and personal support workers have been able to improve their lives and improve the quality of care available to Oregon's seniors and people with disabilities.

Along key metrics such as turnover and training, the quality of care available through DHS in-home support programs has significantly improved each year under the collective bargaining agreement with SEIU 503. In addition, the state-paid workforce performs better in these key metrics than private pay, non-union agencies.

The lives of workers have also been significantly improved since they came together in a union. Wages and benefits are up, resulting in greater self-sufficiency. But beyond the facts and figures, the stories of homecare and personal support workers is one of triumph against adversity and transformation. Following this report we have included a number of those stories to help explain the information provided above.

Union difference stories

The University of Oregon recently produced a brief documentary on the transformational homecare organizing work in our state. The Care Revolution tells the inspiring story of the first wave of organizing by Oregon's home care workers. Grounded in extensive interviews with workers. It's available to watch online: <https://lerc.uoregon.edu/2018/08/16/the-care-revolution/>

Rebecca Sandoval, Medford

"We provide an incredibly valuable service and without a union there would be no stability whatsoever." Watch Rebecca's story here: <https://www.youtube.com/watch?v=cuq-rO7bOFo>



Joy'e Willman, Portland

"Before I became a union member, my first concept of the being homecare worker was that I was all alone ... knowing that I have people at my back who can come to my aid, that was really empowering for me." Watch Joy'e Willman's story here: <https://www.youtube.com/watch?v=2tqe75AhaI0>



Adam Riggs, Eugene

“[The union] lends a degree of stability to the lives of the people I care for” Watch Adam’s story here: <https://www.youtube.com/watch?v=BIde-RMJGp8>



Testimony From Private Agency, Non-Union Workers

The Oregon Legislature is currently considering regulatory legislation (SB 669) impacting private homecare agencies. Dozens of workers have testified in support of the bill, highlighting the problems in an unregulated, unorganized industry. Below are a few of their stories.

Sarah Bennett

My name is Sarah Bennett, I’m 22 years old, and I have been an in-home caregiver for 2.5 years in Springfield. Our job as caregivers means we take care of some of the most dependent people in our communities: the elderly, the sick, and the disabled. Caregivers are a very special group of individuals who by their very nature are loving and kind.

That kindness can leave us open to manipulation and wage theft by the companies we work for. I am one such victim. I was pregnant with my daughter when my client’s spouse died, and her care needs increased as her Alzheimer’s disease progressed. She went from being an 8 hour a day 5 days a week client, to a full 24 hour care client. I clocked in on Saturday morning at 9 AM and I wouldn’t leave that house to clock out until 9 AM Monday morning.

My company told me I would work for 16 hours a day and have 8 uninterrupted hours for sleep. They told me that if in those 8 hours my client woke up and I provided care I would either be paid for 1 hour of care or the whole 8 hours if the care lasted longer than 1 hour. It seemed simple enough, until my client’s condition worsened. She would wake up and wander around and need me to assist

her and then take her back to bed. I had to make sure she wouldn't trip and fall because she forgot that I was sleeping on the floor out in the living room. She was so sweet, and sometimes she would come out in the middle of the night just to make sure I was OK.

Because I was pregnant, she was worried about me!

I provided care in this way between 12-5 AM. When I contacted my work about this, they suddenly started to change their language about the shift in order to prevent me from being paid. Their main defense was asking when she went to sleep and when she woke up at night, went back to bed and then got up for the morning. They changed their description of the shift to say I had the "opportunity" for 8 hours of sleep, but it didn't need to be consecutive. I complained about this multiple times, and they changed their story multiple times. I got the strong impression that if I continued to complain, I would be taken off that client. She was my main source of hours, so I shut my mouth.

This kind of scare tactic is wrong, and it took its physical and emotional toll on me. My wife saw the dread on my face as I went to work every Saturday and how exhausted I was when I returned Monday. I wasn't paid for my time I sacrificed, and sadly, my story is only one of many. This is why we are here today. To speak out and let you hear the stories of the people who often go unheard. We are not voiceless; we are not faceless; we reside in the background, but we are not invisible. Please remember me and my story when you make your choice on SB 669.

Thank you.

Carolyn Leggett

Chairs Gelsler, Vice Chair Heard members of the committee,

My name is Carolyn Leggett, I live in Keizer, Oregon and I was a former caregiver and client care coordinator for a well established private agency in Oregon for 8 years.

I am here in support of Senate Bill 669.

Before working for a private personal care agency I was an EMT in the state of Washington.

It was because of my background as an EMT that I was able to perform the caregiving needs of the clients I was assigned. The trainings they gave me were not enough.

It wasn't just about the lack of training but the lack of effort or make sure that clients' care needs were met or that their safety and welfare were taken into account.

For example, I witnessed how there were clients who refused to use the Hoyer lifts that Medicaid dollars paid for because they had been dropped too many times when the lift was not operated safely by a caregiver trained to use it. I knew of a caregiver with a documented drug problem history that was sent to a hospice client and required to administer liquid morphine. I knew of a caregiver

that was fired for refusing to wash dishes instead of for smoking pot inside the client's home. I also once averted a potential severe injury to a hospice client while a bed change was being performed with the client in it.

My point here is not to blame the caregivers. The company knew about these issues. It was their lack of training and an interest in making sure that caregivers had the skills they needed, the lack of oversight and the lack of acting on complaints by clients or caregivers.

I urge you to support Senate Bill 669 because it is an important first step in holding this industry accountable for the mismanagement of care for the people that our society has entrusted them with.

Thank you.

Michelle Souder

Thank you for being here today. I've traveled here to ask you to provide much needed oversight to the private homecare industry. I have been a homecare worker for over five years and currently work for a private homecare agency in Eugene. I could do many other jobs, but I choose to be a homecare worker because I am passionate about providing essential care to people in need. I make \$12 an hour.

I recently found myself in a financial bind and asked for an advance or "draw" on my wages - the pay I had already earned. Payday was 8 days away. I wasn't presented with any paperwork to sign but was told that I could get half of what I'd already earned, which was \$468 (gross). When I got home, I looked at the attached stub and was surprised to read the message: "Loan to be paid back, plus 10% and \$5 on December 12", which was payday. This "loan servicing fee" totaled \$51.80. My employer took over 4 hours of my wages to "loan" me money I'd already earned. If this was calculated as a typical loan, it would represent an APR in excess of 400 percent.

I am never again going to make the mistake of looking to my employer for assistance during hard times, but many of my coworkers with families to support have no choice but to take part in this abusive arrangement. For this employer to gouge myself and my coworkers on money we have already earned is one more indication of unscrupulous practices in this industry that require greater oversight.

I encourage you to support SB 669 to make sure that caregivers like me and the consumers who count on us have the protection and support we need in this growing sector of Oregon's economy.