

# The State of Homecare Work in Oregon



## The Need to Invest in Raising Wages and Strengthening Labor Standards



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# Executive Summary

Homecare<sup>1</sup> workers provide necessary support with activities of daily living for elderly and disabled individuals, allowing them to remain in their homes and communities. Homecare work is the fastest growing occupation in the country and Oregon has a particularly high concentration of older residents who may need homecare in the coming years. However, low wages, hazardous working conditions, and poor labor standards in the industry make it difficult to recruit and retain the workforce needed to support this aging population.

Particularly in our current public health crisis, homecare workers are front line and essential workers. They care for those in our communities who are particularly vulnerable to COVID-19 and other illnesses. Still, homecare workers lack consistent access to necessary personal protective equipment (PPE) and many are expected to purchase it themselves out of pocket.<sup>2</sup> While public sector union homecare workers in Oregon have employer-provided health insurance, only 40% of Oregon private agency nonunion homecare workers do. Homecare workers risk their own health and safety to travel between multiple clients' homes in an attempt to ensure continuity of care and to be there for their clients through crises from wildfires to pandemics.<sup>3</sup>


While union homecare workers in Oregon have increased standards in homecare work through significant advances in wages, benefits, and training, many nonunion private agency homecare workers still receive poverty wages, no benefits, and insufficient training. Further, they have to cope with unsafe working conditions. Nationally, the injury rate for homecare workers is higher than for workers in the mining and oil and gas

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1 Homecare is an umbrella term, encompassing the in-home paid caregiving work that homecare workers, personal support workers, personal care attendants, and job coaches provide for consumer-employer clients in their private homes, assisting them with activities of daily living. For the purposes of this report, we will use the umbrella term homecare workers.

2 Elder, Miriam. 2020. "The Coronavirus Outbreak Has Workers Who Care For The Elderly 'Terrified.'" *Buzzfeed News*, March 28, 2020.

3 Poo, Ai-jen. 2020. "Protect Caregivers From Coronavirus." *The New York Times*, March 9, 2020.



industries. Homecare workers experience on the job injuries severe enough to cause them to miss work at a rate twice that of the U.S. labor force overall. Many nonunion private agency homecare employers compound these challenges by prohibiting workers from sharing information with each other about challenging or dangerous working environments.

The homecare industry is growing rapidly while nonunion private agency homecare workers' wages stagnate. In total, the median cost to clients of homecare in Oregon is \$4,957/month. However, the median homecare worker monthly wage is \$1,350. The workforce is majority women, with a high proportion of workers of color as compared to the Oregon workforce overall. This report covers the union and nonunion homecare industry and workforce in Oregon, with a particular focus on nonunion private agency homecare work. Long devalued, homecare workers exhibit skill and remarkable dedication in their profession. Raising wages and standards in this industry is necessary to recruit and retain the skilled and dedicated workforce Oregon needs.



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# Introduction

Homecare workers support clients<sup>1</sup> with necessary tasks that do not require a nursing degree to perform. These can include bathing, dressing, using the toilet, cooking, moving patients, medication reminders, basic wound care, companionship, and other vital support with activities of daily living. They comprise one of the largest workforces that works long, irregular hours, in often hazardous conditions, and yet still receives poverty wages. Additionally, homecare work is the fastest growing occupation nationally.<sup>2</sup> As our population ages, homecare workers are an increasingly core component of the long-term care industry, and Oregon has a disproportionately high concentration of residents aged 65 and older who may need care.<sup>3</sup>

As a workforce that is comprised of majority women and a large proportion of workers of color and immigrant workers, homecare workers have been excluded from key labor law protections. For 75 years, until a Department of Labor rule change in 2013, homecare workers were explicitly excluded from coverage under the federal Fair Labor Standards Act (FLSA).<sup>4</sup> Several states, including Oregon, still maintain a companionship exemption that devalues homecare work and exempts it from full Oregon minimum wage and overtime standards.

The Oregon Bureau of Labor and Industries (BOLI) is currently considering methods to correct this exemption, but homecare work still lacks comprehensive, strong regulation and adequately resourced enforcement. This leaves many homecare workers without access to adequate training and support in hazardous working conditions.<sup>5</sup> Investment in raising standards in this crucial component of the long-term care industry is necessary to recruit and retain a workforce with sufficient resources to support our aging population.

1 Homecare workers are employed by consumer-employers, who are clients of the state agency or private agency or who directly employ homecare workers. In this report, we generally refer to consumer-employer clients as clients.

2 Paraprofessional Healthcare Institute. 2019. "U.S. Homecare Workers: Key Facts." Please note that this analysis of job growth combines data on three occupations: personal care aides, home health aides, and nursing assistants in two industries: home health care services and services for the elderly and people with disabilities.

3 Analysis of Oregon Office of Economic Analysis data in Oregon Health Authority. 2018. "Oregon Demographics--Current & Future Projections" *Oregon Long Term Care State Report*.

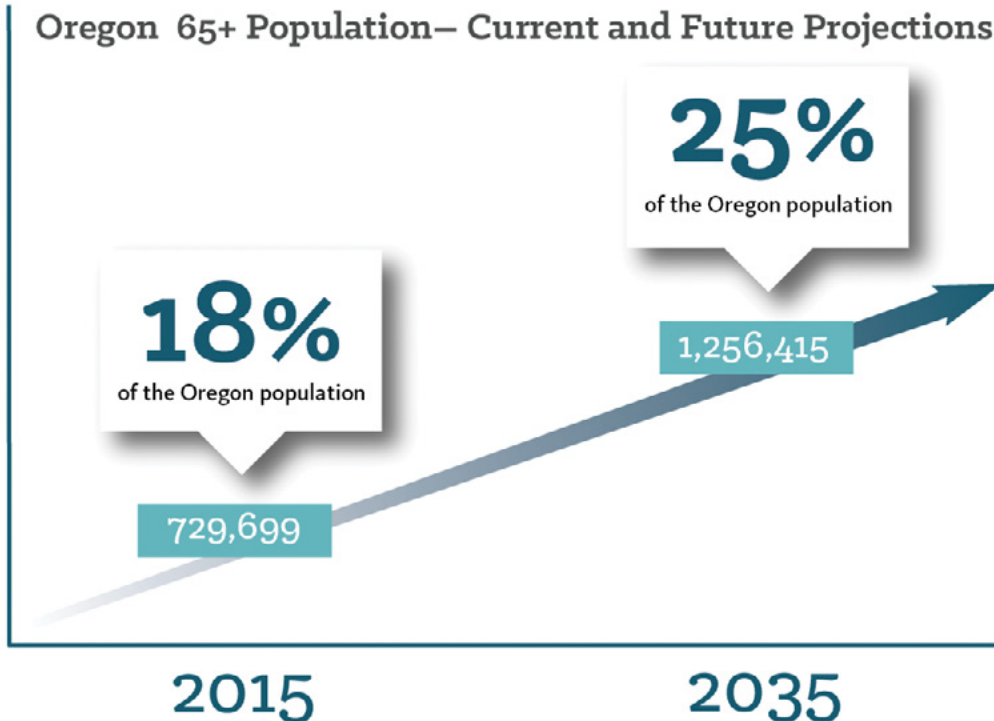
4 Covert, Bryce. 2019. "Will New Mexico's Historic Labor Win Spark Change in Other States?" *Truthout*, March 13, 2019.

5 Denton, Margaret A., Isk U. Zeytinoglu, and Sharon Davies. 2002. "Working in Clients' Homes: The Impact on the Mental Health and Well-Being of Visiting Homecare Workers." *Home Health Care Services Quarterly*, 21(1): 1-27.

## The Growing Need for Homecare Work

The population in this country is aging, with some cautioning of an approaching ‘silver tsunami’<sup>1</sup> as the baby boomer generation ages. In Oregon, this generational shift is particularly striking, as we have a particularly high concentration of older residents in the state. While the total population of Oregon is projected to grow by 25 percent from 2015-2035, the population of Oregon residents aged 65 and older is projected to grow by 72 percent in that same time.<sup>2</sup>

Homecare is a crucial support that can make it possible for these older residents to age in place. Having support that enables elderly individuals to remain in their own homes while their physical and cognitive abilities decline with age is considered the ideal form of long-term care.<sup>3</sup> Receiving necessary support in activities of daily living allows older individuals to remain in familiar and comfortable settings in their homes and communities. Aging in place is associated with medical and emotional benefits from retaining social ties and autonomy.<sup>4</sup> Additionally, aging in place is far less expensive than residential long-term care.<sup>5</sup>



Analysis of Oregon Office of Economic Analysis data in Oregon Health Care Association. 2018. “Oregon Demographics--Current & Future Projections” *Oregon Long Term Care State Report*.

1 Weinstein, Sheila. 2015. “The ‘Silver Tsunami’, Choosing How and Where We Age.” *Psychology Today*, April 2, 2015.

2 Analysis of Oregon Office of Economic Analysis data in Oregon Health Care Association. 2018. “Oregon Demographics--Current & Future Projections” *Oregon Long Term Care State Report*.

3 Iecovich, Esther. 2014. “Aging In Place: From Theory to Practice.” *Anthropological Notebooks*, 20(1): 21-33.

4 Cutchin, Malcolm P. 2003. “The Process of Mediated Aging-In-Place: A Theoretically and Empirically Based Model.” *Journal of Social Sciences & Medicine*, 57: 1077–90.

5 Chappell, Neena L., Betty Havens Dliitt, Marcus J. Hollander, Jo Ann Miller & Carol McWilliam. 2004. “Comparative Costs of Homecare and Residential Care.” *The Gerontologist*, 44(3): 389–400.  
Kaye, H. Stephen, Mitchell P. LaPlante & Charlene Harrington. 2009. “Do Noninstitutional Long-Term Care Services Reduce Medicaid Spending?” *Health Affairs*, 28(1): 262–72.

## Rachel Bennett

*Public sector homecare worker with DHS for seven months, previously worked with private homecare agencies since 2013*

### A typical day:

Just trying to think of a typical day is really challenging because there is no typical day, really. I mostly assist people with severe physical disabilities. Some days they are capable of getting out of bed and showering themselves, but some days they are not able to get out of bed or use the bathroom on their own so I assist. I also assist with medications and do a lot filling prescriptions, picking them up, and ensuring dosages are correct. It's really easy to get wrong. I have had clients get prescriptions from the pharmacy and they're wrong so I have to make follow up calls. With personal care I brush their hair and teeth, and with older clients I will massage them to keep mobility up. Some days they don't need as much and other days by the end of my shift I'm sweating and panting and feel like I've run a marathon and there's still so much stuff that needs to get done. Then it's kind of like triage to see what's most critical.



### Why homecare work is important:

People honestly don't see how important this kind of work is and how it will affect them in some way. Your husband or your wife or your mother or father or sibling will need care. But until this situation happens to them personally most people don't understand what homecare work is or what an in-homecaregiver means. Many think it's just cooking meals and doing dishes, but it's a lot more than that.

If homecare workers did not exist these people would have to be in a nursing or hospital setting instead and that's a lot of people who don't need that severe of assistance or care being dumped on a system that is already overburdened. Having worked in facilities and group homes and in private homecare, it's very evident that people who can stay in their own homes have a much higher quality of life. They're more comfortable with their surroundings and it's overall better, which is not to say that nursing homes and hospitals are bad. But familiar surroundings are preferable.





## Mara McClaine

*Private agency homecare worker, started homecare work 30 years ago*

### How she started homecare work:

My first job was 30 years ago and I was paid 15 dollars an hour and now I'm paid less than that. My first job I was hired directly by the family and I worked with them for almost two years. Then I went to college and did other work, but I kept doing caregiving off and on in facilities and privately, but now I won't work in institutions because I've seen too much abuse there.

### Why homecare work is important:

Homecare work requires a lot of different skills. It's a very high skilled job that requires interpersonal skills, job skills, and people skills. I read studies on my clients' meds, and I'm not the only one that does that. It's important to remember that everyone's gonna get old and seniors are not a throwaway group of people. A society should be judged way treats elders and most vulnerable residents. Homecare workers can be a bright light and we show that we can start valuing human beings in an equal and fair way.

Nobody should have to leave their home if they don't want to. A lot of times it just takes a little support and they don't have to leave their homes. I think with dementia it's particularly so important for them to be in a familiar environment and homecare workers pay attention to that environment. It can hasten dementia if a client can't find things and doesn't know where they are. If they are in a home with a sterile, unfamiliar environment it's much harder to stay active, engaged, connected to neighborhoods and neighborhood. Plus there can be more loud noises, buzzers, beepers, disorientating things like one client was moved to a home where they did renovations in the middle of the night ripping up the carpet so there was a black half circle there in front of the door. In a memory care center where that client with dementia then became terrified that black circle was a hole. In their homes that doesn't happen.

With this generational shift as our population ages and with the growing recognition of the financial, medical, and emotional benefits of aging in place, demand for homecare workers is rising. Homecare workers also allow people with disabilities to remain in their homes with necessary support. The population of people with disabilities requiring care is also projected to increase by 10 percent in Oregon from 2017 to 2021.<sup>1</sup>

Homecare work has the highest projected growth from 2016 to 2026 of any occupation.<sup>2</sup> However, low wages and poor working conditions lead to challenges in retaining homecare workers. Turnover is a persistent problem, particularly for nonunion homecare agencies, and 63 percent of homecare employers nationally cite worker shortages as the biggest threat to their businesses.<sup>3</sup>

Though homecare workers are passionately committed to their work with their clients, due to low wages, unsafe and stressful working conditions, including lack of reliable access to training and safety equipment, racist and sexist microaggressions, and sexual harassment on the job, high turnover is pervasive in the industry. While union homecare workers in Oregon have reduced their turnover rates to 27 percent,<sup>4</sup> nonunion private agency homecare turnover is about 69 percent.<sup>5</sup>

Wages are closely associated with turnover, with increased wages and benefits leading to reductions in homecare worker turnover. Other jurisdictions have decreased homecare worker turnover and increased retention by increasing wages. In North Dakota a \$1/hour wage increase reduced annual turnover from 43 percent to 33 percent.<sup>6</sup> In San Francisco union homecare workers who won wage and benefit increases reduced turnover from 74 percent to 39 percent over four years.<sup>7</sup>



## 69% annual turnover of nonunion private agency homecare workers in Oregon

1 Oregon Department of Human Services. 2018. Projected Caseload Growth.

2 PHI. 2019. "U.S. Homecare Workers: Key Facts." file:///Users/lercadmin/Downloads/US-Home-Care-Workers-2019-PHI.pdf.

3 Homecare Pulse. 2015. "The Homecare Benchmarking Study."

4 SEIU 503. 2019. "The Transformation of Long-Term Care in Oregon: A Union Organizing Story." May 2019.

5 Zuckerbraun, Sara, Joshua Weiner, Mary McGinn-Shapiro, Kristie Porter, Lanting Dai, and Hillary Kruger. 2015. "Wages, Fringe Benefits, and Turnover for Direct Care Workers Working for Long-Term Care Providers in Oregon." *RTI International for the Oregon Department of Human Services*.

6 See DSW-RC for The North Dakota Association of Community Providers (NDACP) (2010) Recruitment and Retention of Direct Support Professionals in North Dakota: Analysis of 2010 NDACP Data, available at: [http://www.ndacp.com/ND percent20Direct percent20Support percent20Professional percent20Workforce percent202010 percent20 Dec-Final.pdf](http://www.ndacp.com/ND%20percent20Direct%20Support%20Professional%20Workforce%202010%20Dec-Final.pdf)

7 Howes, C. (2005). Living Wages and Retention of Homecare Workers. *Industrial Relations: A Journal of Economy and Society*, 44 (1), 139-163.

# Irene Hunt

*Homecare worker with Addus Homecare for 4 years*

## Why she became a homecare worker:

I wanted to help people and I wanted to serve people. I've been through a lot in my life, which has caused me to have a lot of empathy that not every person typically has, so I feel like I was called to do this. I didn't know at all how much I was going to love it and how good I was going to be at it. It's been super natural.

## A typical day has challenges and rewarding moments:

I'm a mom so my day starts out taking my daughter to school then going to one of my clients. I typically have about five to seven clients a week so some of my clients I see multiple times a week and some of them I see for a longer period of time once a week. When I get to my clients sometimes I know what we have planned and sometimes a crisis happens and I'm literally trying to get them to just be OK for that day.



Days like that are really hard because you can have a total of nine days between seeing your clients. And one can go on hospice and you have to notify the family and get them situated then your shift is up and you have 20 to 30 minutes to get to your next client and you can't carry those emotions to your next client because you have to be 100% for your next client. Days like that are really taxing on one's soul.

But there are also such rewarding moments. One of my clients has absolutely no one and he can hardly leave his apartment and he is sad if I'm not there. You could be that person's sunshine that day. They could not have anything else they're looking forward to that day, but you're there to help them not feel so desperate and so alone any more.

## Why she got involved in union organizing:

I didn't even know what a union was. Then I realized there was a fight to be had and I could do it because I tend to be a squeaky wheel and we really needed some attention as one of the only unionized private homecare agencies. What got me into organizing originally was healthcare. It's super important for me because I'm the main person carrying coverage in my household. This is a predominantly women-filled job. I felt they didn't think women were heads of households and needed benefits.

Then once I got involved and started hearing more what other caregivers were experiencing, that turned into a whole other ballpark. There were so many people going through so many struggles with this job that it blew my mind. I just kept asking, 'How is that OK? How are people being discriminated against because they don't speak clear English and so they're being treated like less than a servant? This field is majority women and women of color and there is a lot of sexual harassment and discrimination. It's really horrible and needs to be addressed.

Caregiving is a very heart-filled, dedicated job and it takes a mental and physical toll on your body and I don't think that people really realize how much hard work it is. We end up caring more about our clients than ourselves and forget to stand up for ourselves and we need a voice for us because when we're not being treated right it's affecting our clients. The better we're treated the better we can treat our clients.

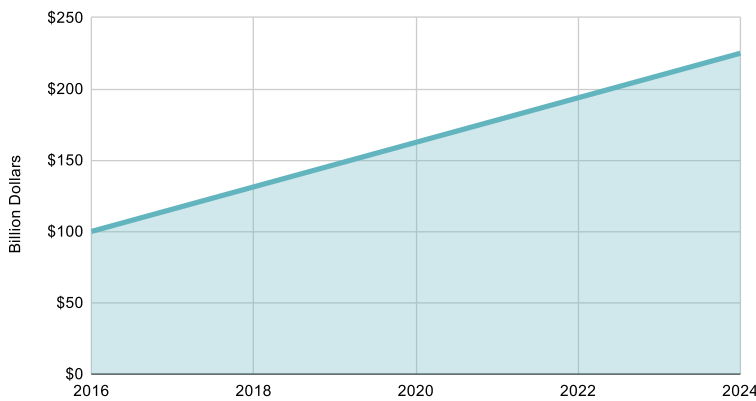
We just won our contract and I still want to fight. Because there's a lot that still needs to be addressed. There's a lot of training issues and more we can do on sexual harassment and discrimination so caregivers can be more confident that they can report it and be heard and not lose their job. I'm still swinging.

# Industry Profile

## Referrals

Clients are referred to in-homecare agencies (IHCAs) by a variety of mechanisms. Some are referred directly by other clients or family members. Others find IHCAs through registries such as the Aging and Disability Resource Connection of Oregon (ADRC) maintained by Oregon Department of Human Services (DHS) or the Best of Homecare registry. Many clients are referred to IHCAs by physicians, case managers, and other medical discharge staff, including those at hospitals, long-term care facilities, and Veterans Affairs. DHS also works with the Oregon Homecare Commission, which operates the Oregon Home Care Commission Registry. This latter registry is the primary means of employment for public sector, unionized homecare workers and is distinct from the private sector IHCAs.

Projected Growth in National Home Care Market, 2016-2024 (in billions USD)



## A Growing Industry

The homecare industry and market is fragmented, and growing rapidly. Nationally the industry was valued at \$100 billion in 2016 and is projected to more than double in value to \$225 billion by 2024.<sup>1</sup>

## Employment Relationships and Funding Sources

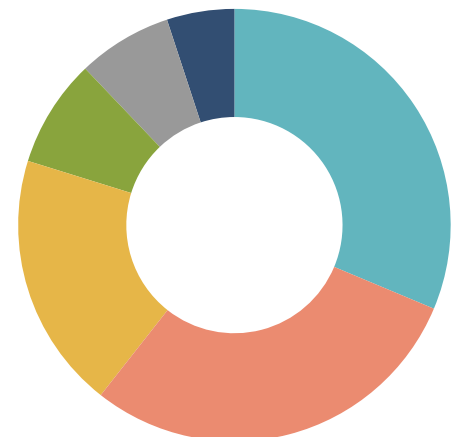
The industry is growing rapidly but is also fragmented, with a variety of employment arrangements. These include IHCAs, direct employment by clients/consumers, joint employment, and partnerships with large healthcare conglomerates. Several providers of homecare also offer a mix of services, including many that offer hospice as well as homecare. In Oregon in 2018, there were 162 licensed IHCAs, representing 128 unique employers.<sup>2</sup> These figures include a range

1 Health Industry Distributors Association (HIDA). 2018. "2018 Homecare Market Report." <https://www.researchandmarkets.com/reports/4700286/2018-home-care-market-report>

2 Oregon Health Authority. 2018. Licensing Data.

## Share of Licences by IHCA Business Type

- 31% Independent Small Business
- 29% Franchise
- 19% Local Chain
- 8% Regional Chain
- 7% Continuing Care Community
- 5% National Chain



of business structures, the largest proportion of which are independent small businesses, closely followed by franchises and then by local chains.<sup>1</sup> The share of Medicaid payments to Oregon IHCAs by business type shows that local chains receive the largest proportion of Medicaid payments for homecare, closely followed by franchises, then by national chains.<sup>2</sup> In 2017, Oregon IHCAs received a total of \$57.18 million in Medicaid revenue.

median monthly  
cost to clients  
of homecare in  
Oregon

\$4,957

\$1,350

median monthly  
wage for Oregon  
homecare worker

Notably, Medicaid only funds homecare services for about 15 percent of individuals receiving homecare.<sup>3</sup> As the need for homecare services is growing, health insurers are taking note, with Medicaid Advantage, Medicare Advantage, and the Oregon Health Plan moving toward increasing funding for homecare. Still, many clients cover some or all of the costs of homecare out of pocket.

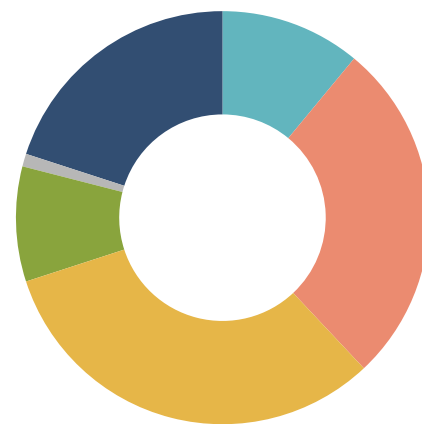
In total, the median cost to clients of homecare in Oregon is \$4,957/month.<sup>4</sup> However, the median homecare worker monthly wage is \$1,350.<sup>5</sup> To be able to recruit and retain the workforce that this growing profession requires, it is crucial that the expanded investments in the homecare industry are invested in raising standards for homecare workers.

## Who Are Homecare Workers?

Homecare workers go by many different names, including caregiver, personal care aide, homecaregiver, home health aide, and more. Considering the wide range of occupational titles and possible employment arrangements, here we define homecare workers as any workers performing assistance with activities of daily living to individuals in their own homes, without the need for a nursing degree, no matter their employer.<sup>6</sup>

Though it is difficult to get a precise count of nonunion homecare workers in Oregon, the Oregon Employment Department (OED) estimates that there are at least 8,000 private sector, nonunion homecare workers in Oregon. Additionally, more than 30,000 homecare workers and personal support workers, who serve the developmentally and physically disabled population, operate under a union collective bargaining agreement between SEIU 503 and the state.

## Share of Medicaid Payments to OR IHCAs by IHCA Business Type



- 11% Independent Small Business
- 27% Franchise
- 32% Local Chain
- 9% Regional Chain
- 1% Continuing Care Community
- 20% National Chain

<sup>1</sup> Oregon Health Authority. 2018. Licensing Data.

<sup>2</sup> Medicaid Payment Data. 2017.

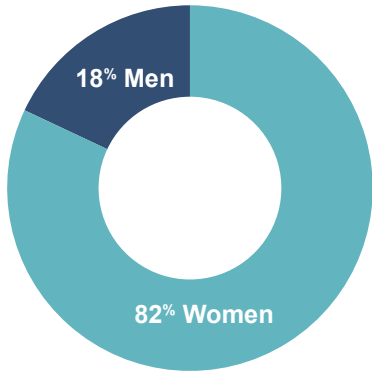
<sup>3</sup> Oregon Health Care Association. 2016. *Oregon Long Term Care State Report*.

<sup>4</sup> Oregon Homecare Costs Based on Oregon data from national survey of home health care providers: Genworth Financial, LLC. 2018. "Cost of Long Term Care Survey." <https://www.genworth.com/aging-and-you/finances/cost-of-care.html>

<sup>5</sup> American Community Survey (ACS) 2013-2017 5-Year Public Use Microdata Sample (PUMS).

<sup>6</sup> This definition follows that used in Oregon Senate Bill 669: <https://olis.leg.state.or.us/liz/2019R1/Downloads/MeasureDocument/SB669/Enrolled>

### Oregon Homecare Workers by Gender



82 percent of homecare workers in Oregon are women and their median age is 44 years old.<sup>1</sup>

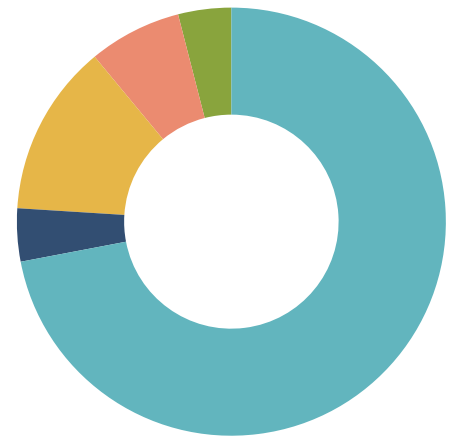
A larger proportion of Oregon homecare workers are workers of color and foreign born as compared to the population of Oregon. 22 percent of Oregon homecare workers are workers of color and 16 percent are foreign-born, while only 13 percent of Oregon residents are people of color and only 10 percent of Oregon residents are foreign-born.<sup>2</sup>

21 percent of Oregon homecare workers have an associates degree and 90 percent are at least high school graduates.<sup>3</sup>

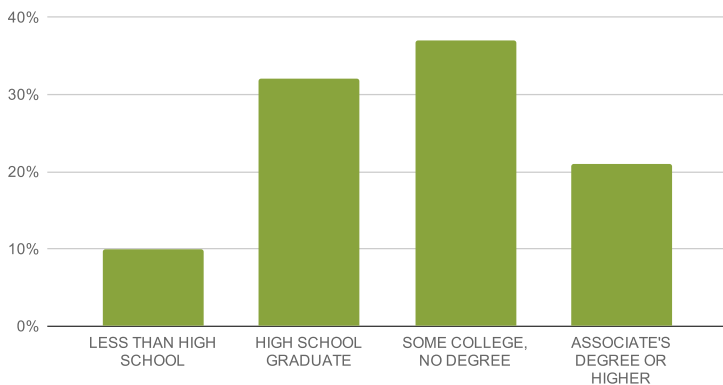
The median annual income for Oregon homecare workers is \$16,200.<sup>4</sup> This is 10 percent lower than the median annual income of Oregon workers in residential care homes and 27 percent lower than the median annual income of Oregon workers in nursing homes. 49 percent of all homecare workers in Oregon live under 200 percent of the poverty line, including 19 percent who live under the federal poverty line, and 57 percent rely on at least one form of public assistance.

### Oregon Homecare Workers Race/Ethnicity

- 72% White
- 4% Black or African
- 13% Hispanic or Latin
- 7% Asian or Pacific Islander
- 4% Other

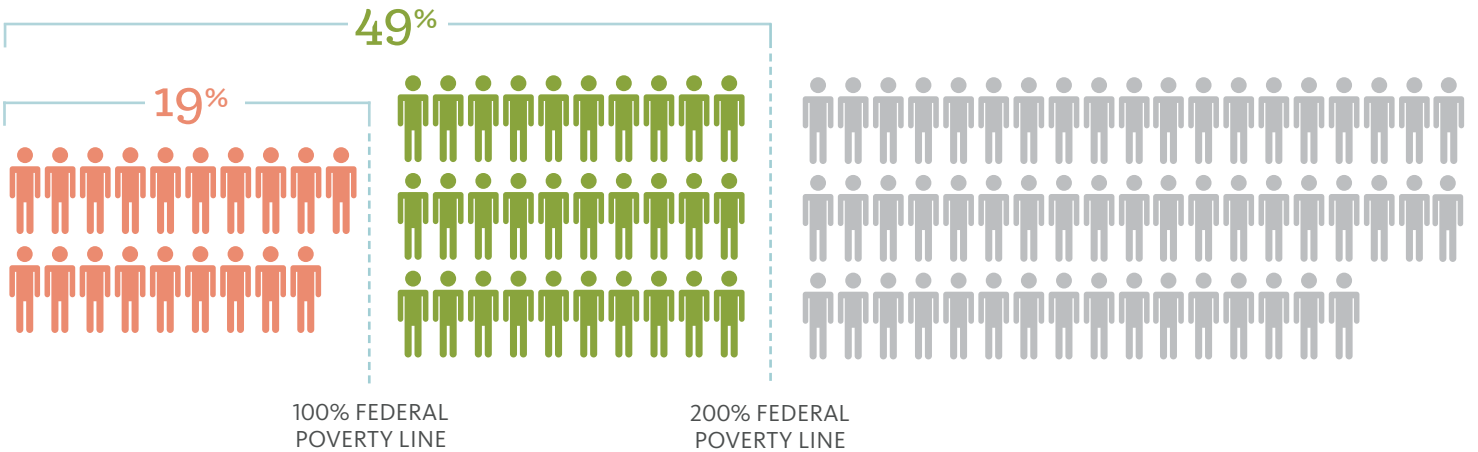


### Oregon Homecare Worker Educational Attainment

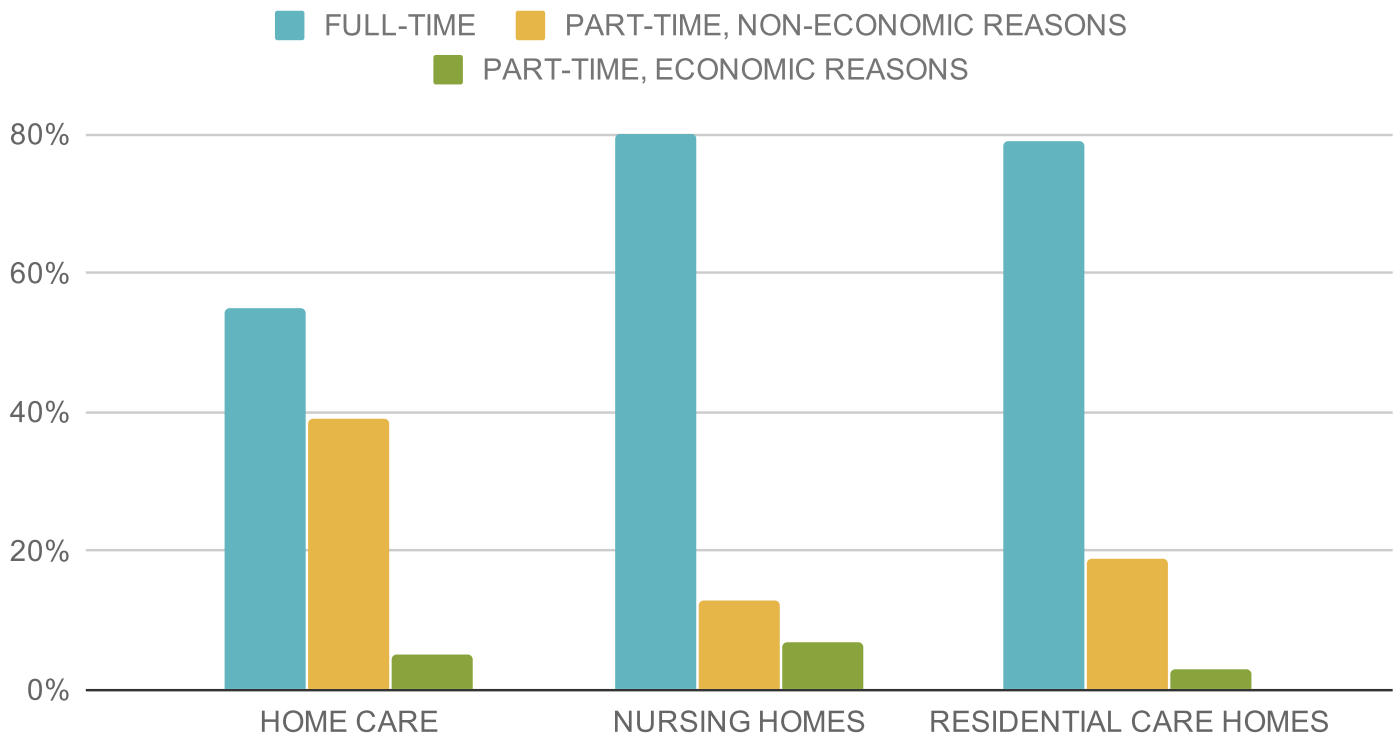


1 American Community Survey (ACS) 2013-2017 5-Year Public Use Microdata Sample (PUMS)  
 2 American Community Survey (ACS) 2013-2017 5-Year Public Use Microdata Sample (PUMS)  
 3 American Community Survey (ACS) 2013-2017 5-Year Public Use Microdata Sample (PUMS)  
 4 American Community Survey (ACS) 2013-2017 5-Year Public Use Microdata Sample (PUMS).

## Percentage of Oregon Homecare Workers Under 100% and 200% of the Federal Poverty Line



## Employment Status for Oregon Long-Term Care Workers





## Sarah Bennett

*Homecare worker for two years, currently working with DHS and previously in private agency homecare*

### How she got into homecare work:

I've always cared for others. Officially I really started caregiving work when I was 14 and my grandmother came down with hydrocephalus. She's alive now, thankfully, but at the time she quickly deteriorated, down to using a cane, then a walker, then a wheelchair because she was a fall risk and she was not remembering things, not wanting to eat

Nobody else wanted to deal with her and my mom was working 60 hours/week. So it was always just me when she was living with us. When she was hungry or needed help standing up or when she was embarrassed about going to the bathroom, I remember I was the one asking her.

Then my mom's bipolar got worse and she needed more emotional help but she was so stubborn and depressed so she wasn't getting any help. When I was senior in high school I went to the nurse, who was also acting as the on-call therapist and I honestly came to her

and said, 'My mom is incredibly depressed and talking about suicide. I don't know how to help. I know she needs help but won't ask for it. What are my options and can you help me?' She was the school nurse but that way I was able to get my mom into Lane County Mental Health and on the road to recovery for the past five years. My mom recently told me a couple weeks ago what I did there saved her life. Literally she had been so depressed that she tried to speak out and did not have the words to speak out. So I pulled out the megaphone.

One of the biggest things I think people should know is that when you think of someone who needs a caregiver, they might be old, or physically or mentally disabled in some way, but for the most part they can still speak for themselves. And I see that people always speak to next of kin or caregiver and you might think someone might be incapable of speaking. But as a caregiver I'm not only there to help them, but also to advocate. I'm less of their interpreter and more of their megaphone and when they are not being listened to I broadcast it. I just had to do that yesterday evening with a client. Her husband was trying to talk over her to tell me about what she needs. He didn't talk over her on purpose. He was trying his best, so I just replied really friendly and asked her, 'Let me hear from you what do you want to do? Eat?' And I told him, 'You know, I listen to her. She's my boss.'

I just see it as a matter of caring for people and caring for the community. Giving a little bit can mean the difference of life and death for someone else. I've specialized in hospice care because of that. A lot of people thinking it's weird how excited I get working with hospice patients. With end of life care I feel really fulfilled when I can help bring life into that situation. I try to get at least one smile throughout the day.



## The value of hospice care:

Not enough people talk about the end of life. In between the mess, the odors, the lack of things--except for an hour or two of coherency. I learned to stop whatever I'm doing and sit down and talk with them. Whatever they say I've learned to write it down. One client I had, she was in so much pain that she was on high end pain killer drugs but one time she was just talking nonstop for one and a half hours and it was the most coherent voice I'd ever heard from her. I grabbed a notebook and pen and wrote down and shared that with her family. She mentioned her daughter would be incredibly sad and upset when she left, but she did not hold any grudges and knows she did her very best. She told me she was in a lot of pain and wanted them to know she knew it's not anyone's fault.

## Her wage theft court victory and the difference between working for a private agency vs. public sector homecare:

Without the union's help I would have never been able to win. It would have gone under the rug like everything else. The union was working with Northwest Workers Justice Project and asking if anyone had had any issue with wage theft. They took a look at my case and saw it was significant. I can't give specific numbers as per the agreement, but we settled on getting not only what I was owed but they also paid my legal fees. I'm no longer employed by that private agency but it was honestly really tough. Once I raised the issue with the agency I no longer became what they called a star caregiver so they no longer gave me hours and hardly called me anymore to give me clients. I was constantly asking for more hours and they said it was a slow period and there are no new clients so I was down to 15 hours per week. So it was really tough living paycheck to paycheck and hoping it would be enough. Finally when I got a position through DHS I immediately started taking classes and it was some of the best training I'd gotten and honestly the difference from the private agency feels really good. I manage my own billing now. I can do it directly with my client and now the only times I have to communicate with a third party is with their case manager but before the private agency it was like it was forbidden to communicate directly. I hated the middle man, needing to always have a three way phone call. Now I'm back up to 40 hours per week and \$14.65/hour.



Nationally, while 52 percent of homecare workers have more than one client in their care and must travel between clients' homes, only 18 percent of homecare workers nationally had their job transportation costs covered by their employer.<sup>1</sup>

## Wage Theft and Compassion Exploitation

Homecare workers are particularly vulnerable to wage theft through off the clock work. Nationally, 83 percent of nonunion homecare workers have experienced overtime violations, 90 percent experienced off the clock work violations where they worked outside of their regularly scheduled hours without additional pay, 79 percent experienced meal break violations where they did not receive adequate time for paid meal breaks, and 18 percent experienced minimum wage violations.<sup>2</sup> These violation rates were significantly higher for non-union homecare workers as compared to their unionized counterparts.

Because homecare workers' schedules vary based on the needs of their clients, break time violations are common. Irene Hunt, an Oregon caregiver at unionized private agency Addus Homecare shares that homecare workers' schedules are so packed they often feel unable to take breaks:

*Our day can be very hectic. We are supposed to write in 10 minute break or 20 minute lunch. It depends on your day. Most of us never take it. Sometimes I pause in my car for 5 minutes. It depends on the day and if I am able to. Sometimes I go to the bathroom and sit there for 5 minutes, so I guess the bathroom is my break room.*

Rest time violations are particularly common when homecare workers are scheduled for shifts of 24 hours or longer. McClaine discusses how homecare workers lack legal protections and those that exist are not enforced. She describes how an employer pressured her to not raise an issue of rest break violations by threatening that the agency would lose her client:

*Homecare work doesn't get recognized the way it should be. In the state of Oregon we're not really covered by workman's comp and technically they can pay us less than minimum wage. For example, if you work a 24 hour shift you're supposed to have a separate bedroom and eight straight hours of downtime to actually rest and for which you don't get paid. And by the rules, if you sleep less than five hours you're supposed to get paid for the whole night.*

1 Christman, Anastasia and Caitlin Connolly. 2017. "Surveying the Homecare Workforce: Their Challenges and The Positive Impact of Unionization." *National Employment Law Project*.

2 Bernhardt, Annette et al. 2009. "Broken Laws, Unprotected Workers." *Center for Urban Economic Development, National Employment Law Project, and UCLA Institute for Research on Labor and Employment*.

52%

of homecare workers  
have more than one  
client in their care



Nicole Leseny, another private agency homecare worker in Oregon, describes how she had to “plan to be sleep deprived” in order to care for a client with dementia on 24 hour care:

*She can wake up 17 times in one night because her dementia causes so many wakings and she can panic and then it can all happen again five minutes later or 20 minutes later or every half hour. It depends, but there are only so many times you can wake up and still be able to get to sleep because you lose your circadian rhythms. Most elderly people sleep in segments. They don't sleep well and they have insomnia. This client is in her 90s and she is still a powerhouse. She can stand up on her own so she was getting up and going to the bathroom and of course she was a fall risk so now she'll sit up in bed and wait for me to help her to her feet and pivot her. As her dementia has increased all this has gotten worse and I had to give her daughter the bad news that this was normal for her condition. But the agency threatens that if you push the issue the family will withdraw care and the client will be put in a nursing home and then you're out of a job for a while. That happened to me. I had a 48 hour shift, for which I was paid 34 hours because of the eight hours of supposed rest, but I never slept even five straight hours because I had to attend to my client throughout the night.*

In addition to rest time violations, other labor standards are often not enforced for homecare workers. McClaine notes:

*Another way they get around us being able to get unemployment is if our client dies or we are between clients they will offer us a client we can't really take. They offered me a client who was 75 miles away and they don't pay mileage and it was for a tiny amount of time so I would be in the hole with gas, but if I don't accept then I'm turning down work and can't get unemployment. They say you get paid for travel time but with this agency there's no way to report travel time and if you push it they threaten to fire you or just not assign you clients for a week as retaliation. And don't get me started on FMLA [family and medical leave act] and how they try to make it so you can't take that.*

Due to their sense of responsibility to their clients, financial need, and fear of summary dismissal, homecare workers may be hesitant to refuse to do labor outside of their task list or work hours.<sup>1</sup>

A homecare worker with unionized private agency Addus Homecare, Stacy Heath, shares that the challenges of setting boundaries in isolated settings without sufficient support can lead homecare workers to endure hazardous working conditions:

*I know a caregiver who ended up with a client who was an alcoholic and another using drugs. It's scary for us. We love what we do and we are willing to help whomever so our mentality on the job is to do whatever the client needs and we are here for them so we always just say OK right away.*

Homecare workers typically have no control over other individuals who may come and go from their clients' homes. One homecare worker in Oregon shares that he worked with a client for a year because he felt sorry for him, though the working

<sup>1</sup> Mabry, Linda, Kelsey N. Parker, Sharon V. Thompson, Katrina M. Bettencourt, Afsara Haque, Kristy Luther Rhoten, Rob R. Wright, Jennifer A. Hess, Ryan Olson. 2018. “Protecting Workers in the Homecare Industry: Workers’ Experienced Job Demands, Resource Gaps, and Benefits Following a Socially Supportive Intervention.” *Home Health Care Services Quarterly*, 37(3): 259-276.

conditions were clearly dangerous. The client was an injured Navy veteran and the homecare workers who worked with him witnessed filthy conditions in the home with dog feces and urine, drug abuse, and weapons regularly left out in the open. They also expressed concern that the client's son had been accused of rape but the agency continued to send female caregivers into the home.

Due to the deep bonds they form with clients and their sense of responsibility and financial need, homecare workers are particularly susceptible to compassion exploitation,<sup>1</sup> where public and private agency employers implicitly or explicitly guilt and pressure workers into taking on additional work to support clients. This can take the form of pressuring workers to purchase supplies out of pocket, to stay in uncomfortable or unsafe environments, to work longer hours than scheduled, to accept repeated rest break violations, to work off the clock, and more.

Many homecare workers readily take on unpaid labor, in part because they recognize that they are crucial lifelines for their clients. Indeed, they are often the only person elderly and disabled clients have between them and the need to go to the emergency room. Homecare workers may be the only person clients are able to call to assist in the case of an emergency, and when their clients call, these workers often take unpaid time to assist.

In addition to insufficient travel time compensation and off the clock work, homecare workers are vulnerable to wage theft through expectations to purchase supplies for their clients out of their own pockets. Oregon homecare worker Cheryl Rogers shares that when she was working as a homecare worker for a private agency, the family of one of her clients regularly expected her to do tasks in addition to her job duties.



<sup>1</sup> Compassion exploitation is a term used and developed by Portland area behavioral health social service agency workers to describe how employers in mission-driven organizations implicitly or explicitly pressure workers to take on additional work or to avoid raising criticisms of their employer by guiltting them into thinking their actions could harm their clients. Employers thereby use workers' compassion for their clients as a tool to extract more work and productivity and ensure compliance, preventing workplace disruption.



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This included all household work for the entire family, in addition to the work she was hired to do for her client, without any cleaning supplies provided for her:

My client's girlfriend didn't think I was doing enough and she wanted me to clean up her mess too. I cleaned her fridge and it was so dirty that it took me an hour just to get everything out and an additional two hours to clean it. It was full of rotten food. Her daughter and two-year-old grandson were there too and she expected me to clean up after him. I cleaned their bathroom and I would mop and sweep. I looked behind the front door and the wall had spaghetti sauce all over the wall. I asked my client, *'What happened?'* He had no idea, so I washed it as far as I could reach with my disability and I told him that they'll have to wash the top, but two days later it was still there so I used a swiffer and washed the rest. They didn't give me any cleaning supplies but they wanted the bathroom washed down too so I bought supplies myself.

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## Nicole Leseny

*Private agency homecare worker for nine years*

### The challenges of working in private agency homecare:

Checks started to bounce. I thought, OK, there's a new accountant and maybe they're screwing up, but then the second one bounces and then they told us, 'Don't cash the third. Come in and we'll get you a new one.' Then Wednesday at 2pm I got an email saying I will no longer have a job by Friday at 5pm. I was one of the lucky ones because I got two days of notice. Some elderly clients didn't find out at all from the agency. One client with heavy dementia the agency called directly and they did not call the client's children so they didn't know what was going on.

One caregiver had wanted to take time to visit their parents but the agency guilted her and told her that she would be responsible for getting someone else in there to cover and that they would need to charge clients more, saying, 'You know clients don't have a lot as it is.' Plus the agency would encourage us to bring stuff to our clients like food or a pack of playing cards, but not pay us back for it.

### The emotional labor involved in her job:

Most of the homecare workers I know of care way more about their clients than themselves. The thing that no one ever talks about is the emotional toll, because we often only think about work as physical labor. I still come home exhausted because there is so much emotional labor that goes into it. All your stuff has to be set aside. If your family member is sick, if you have homework, if you're going to see your parents that weekend. You have to be completely focused on the client. Plus I work nights and I'm still tired but I have to be attuned to her so I'm not really resting even when I'm supposed to be asleep, and that is something that a lot of people do not understand.

Then after all this emotional labor, with the private agency I worked with, I wasn't allowed to go to funerals or talk with families after a client died. I had to go to work. We aren't treated like human beings. We have to be professional and not get attached, but to me it's impossible like telling someone to go see puppies and not get attached to puppies. Clients aren't puppies but it's just as nonsensical to me to expect that.

Hunt illustrates how she becomes immersed in her client's world:

*People with Alzheimer's, you get engulfed in the dementia world, which is very different from the world we live in. I walk into my client's world and get consumed by everything in that world and you get very close to them. We have a very unique relationship and we bonded immediately. He even told me I was his surrogate daughter so I know I'm going to need the time to process his passing and get myself healthy again because it can take a toll on your emotional mental health.*

Irene Hunt, Oregon homecare worker with unionized private agency Addus Homecare, notes that this expectation for workers to purchase supplies is not uncommon:

*I had a caregiver contact me the other day to ask where she could call because her client had no supplies for covering the bed when they leak out of their diaper and so that when we change the diaper it doesn't get all over the bedding. As homecare workers we know that people can't afford a lot, especially when they're older. First we let the office know, but they don't provide supplies and then we try to resource them for each other. I know of a couple places. Sometimes the Salvation Army or thrift stores can be a good place to purchase them, but sometimes our clients go without and the agency office just tells us to make do. That's just the half of it. Adult diapers and adult wipes are crazy expensive so I tell folks that adult wipes are three or four times more expensive than baby wipes so folks are just going to have to smell like babies since I'm the one paying for it out of pocket.*

## Emotional Labor and Connection with Clients

Homecare workers often report finding a sense of personal accomplishment and meaning due to the close bonds they form with their clients.<sup>1</sup> Workers develop deeply embodied empathy and work to recreate a sense of their clients' social and sensory worlds.<sup>2</sup> To do so, homecare workers often take on additional tasks in an effort to help older adults feel connected to their pasts and sustain their sense of personhood and independence, prioritizing their clients' needs above their own money (Buch 2013).

**only 18%**  
of homecare workers have  
job transportation costs  
covered by employer



1 Butler, Sandra S., Mark Brennan-Ing, Sara Wardamsky, Alison Ashley. 2014. "Determinants of Longer Job Tenure Among Homecare Aides: What Makes Some Stay on the Job While Others Leave?" *Journal of Applied Gerontology*, 33: 164-188.

2 Buch, Elana D. 2013. "Senses of Care: Embodying Inequality and Sustaining Personhood in the Homecare of Older Adults in Chicago." *American Ethnologist, Journal of the American Ethnological Society*, 40(4): 637-650.

# Cheryl Rogers

*Privately employed homecare worker for three years*



## How she started working in homecare:

My first client I had been friends with for 32 years. We met when our daughters were in kindergarten together. She weighed 432 pounds and was in a motorized chair. I felt like I was instrumental in getting her a doctor that cared so she was not just shoved under the rug. She had diabetes and bad neuropathy in her feet so I would sit on the floor and rub her feet with salve and let her fall asleep. She also had lymphoma and your body needs your lymph nodes to release water so her body was over 50% water.

Here I am with several disabilities of my own. I used to help mother in law when she had both hips replaced and I took care of my mother when she was ill. Since I was 18 months old I've had challenges of my own so I know what it's like. With my current client, Peter, he was partially impaired on his left side from his stroke. I can't use my right hand; it's just there, so I told him, 'I have some of the same challenges you have.'

## Her commitment to her client:

Right now I'm on layoff because my client is in rehab. I've been working with Peter for over a year. He's on senior disability funds

and when they leave their home to go to hospital or rehab they don't pay the caregiver because they figure the client is no longer in their home. Every time there's a doctor's appointment I go, but I'm not paid for any of that time. He had a stroke 4 years ago and has short term memory loss and is not really aware of what's going on. I need to know what's going on in case he does get to go back home.

I'm basically his voice to fill in his doctor and interpreter. Peter speaks Vietnamese and I speak English, but I also speak Peter. Doctors or nurses would ask him something and he would be confused and then I'd repeat exactly the same thing and he would be able to answer me. He's used to me I guess. The first time he went to the hospital I asked for an interpreter but he was too afraid and sat there crying so I stayed with him from 11am to 4pm. With Peter I'm his voice. Otherwise he wouldn't have a voice and wouldn't get the care he's getting.

He's only 57 years old and they had tried putting him in a group home but it was horrible and the life went out of him. He was just slumped in a chair. They left him in bed with a diaper most of the time. His sister had to move him to a different place and it's nicer and he's back up and walking. It's still not like being in his own home though.

It's challenging. I'd come home some days and not want to go back, but he needs me and now he lights up when he sees me. Just a smile is all you need to make the day better some days. Just give him a kind word. They may feel like crap but I let him know it's OK. We'll get through this. You're not here by yourself. That does a lot sometimes because they can feel alone and like nobody cares. I do a lot of laughing too because it's better than crying all day.

## The importance of homecare work:

Homecare is important because just because you're old or have a disability doesn't mean you need to be treated like a second class citizen or be torn out of your home. When you've been in your home a while and you get sick you don't want to leave your home where you feel comfortable and where you have dignity. There's time that a care home is the only choice you have, I've seen it where they're put in a home and then they just give up. If at all possible staying in the home is best and it can be cheaper. Especially if they have dementia. No matter what their challenges are I try to accommodate them being in their home as long as possible because I've seen how important that is.



Sarah Bennett, a public sector homecare worker and union member, illustrates how she works hard to find new ways to make her client feel comfortable:

*My client was a type A person all of her life and had control over everything until she had her strokes and she had to retire. Slowly more and more things started shutting down on her so she had to give up control because she had no other choice. But she hates having to look at the state of her house and feel how it's gone away from what she used to be able to do and now it's cluttered and messy. So I figure I just have to step up my game and figure out more ways to make her feel like it is still her home. Our last project was her curtains in her front room so when I was able to find some time I figured out how to get them down and fix and clean them and it made her feel a bit better.*

Despite the deep bonds homecare workers form with their clients and their clients families, many agencies prohibit workers from exchanging contact information and do not allow workers to stay in touch or take time to grieve when their clients pass away.

Hunt shares:

*I have a client who just passed away and I got very close with her husband over the time I spent caring for his wife. He didn't want anyone to help him and I was the only person he finally started letting help. When the end came for her, for my client, I was the person he needed to help him. They were married for 68 years and he would just tell me these stories about how his house was the most popular house on the block because his wife loved flowers and he had to do what his wife loved, so he planted so many flowers in front of their house and people from all around would pull over and take pictures. They were so close. He initially tried to put her into a home and when he brought her the first time he said, 'Oh wait I think I forgot something' and he went and grabbed her and came back out with her because he just couldn't leave her. They were so sweet.*

*What made me sad and what's really hard about this job is that she was my client. He wasn't. So when she passed the care ended and now it's extremely hard because I don't know what's going on with him or anything so it's just hard because sometimes you have to say goodbye and it's heartbreaking. You get this connection with the family but then your client passes away and you have to move on to the next person that needs your help and you can't stay in touch. What helps me get through it is knowing that I'm needed somewhere else, but it's still hard.*

She stresses that homecare work is a personal and emotional profession. Homecare workers need to be allowed to grieve and experience a full range of emotions:

*I've heard people tell us to not get attached, but that's not healthy, to bury your emotions and suppress them. We are human beings and we have a range of emotions including anger, sadness, and joy, and we have a right to feel for that individual. Whether we're feeling sad if they pass away or happiness because we brought happiness into their lives and we see the smile that we brought.*

*Every day we all mourn the loss of something. Somebody could lose a job, get a divorce, or lose a child. As clients they mourn because a piece of them is going each day. Maybe one day they can't drive any more or they may have had to retire early or maybe they can no longer bathe or feed themselves. As caregivers we mourn the loss of our clients every day because we see them slipping away every day. We need to be able to be full human beings on the job and away from it.*



Hunt notes that Addus workers won a first step in addressing this through their recent union contract:

*We won three days unpaid bereavement and we can use sick pay to pay for that time. This client I have now I've had for two and a half years. So my plan is to use three days and then add to those days and take more time off.*

## Working Conditions

### An Isolated and Hazardous Work Environment

Homecare workers experience a remarkably high rate of workplace injuries. Nationally, their injury rate is higher than for workers in the mining and oil and gas industries.<sup>1</sup> Homecare workers experience on the job injuries severe enough to cause them to miss work at a rate twice that of the U.S. labor force overall.<sup>2</sup> The physically demanding work that homecare workers engage in, such as lifting and moving clients and moving furniture, is associated with an increased risk of neck, back, and shoulder musculoskeletal disorders.<sup>3</sup> The top three regular on the job hazards that homecare workers reported in an Oregon study are lifting or transporting clients, bathing clients, and cleaning bathrooms.<sup>4</sup> In a Massachusetts study of homecare workers, 6.4 percent had experienced at least one sharps injury from a needle, scalpel, or other sharp object

that could result in exposure to blood or other bodily fluids. 6.7 percent had been exposed to blood and other bodily fluids in direct contact with their eyes, mouth, or broken skin.<sup>5</sup>

Most homecare workers are the only worker in their worksite and this isolation makes them particularly vulnerable to abuse. Nationally, nearly one in four homecare workers has experienced verbal abuse and 7.5 percent have experienced physical abuse.<sup>6</sup> The rate is particularly high in Oregon, with 61 percent of female homecare workers having experienced workplace violence, including verbal abuse, physical violence, or sexual assault.<sup>7</sup>

1 Farrell, Chris. 2018. "The Shortage of Homecare Workers: Worse Than You Think," *Forbes*, April 18, 2018.

2 Seavey, Dorie and Abby Marquand. 2011. "Caring in America: A Comprehensive Analysis of the Nation's Fastest-Growing Jobs: Home Health and Personal Care Aides." *Paraprofessional Healthcare Institute*.

3 Kim, Il-Ho, Jeanne Geiger-Brown, Alison Trinkoff, and Carles Muntaner. 2010. "Physically Demanding Workloads and the Risks of Musculoskeletal Disorders in Homecare Workers in The USA." *Health and Social Care in the Community*, 18(5): 445-455.

4 Mabry, Linda, Kelsey N. Parker, Sharon V. Thompson, Katrina M. Bettencourt, Afsara Haque, Kristy Luther Rhoten, Rob R. Wright, Jennifer A. Hess, Ryan Olson. 2018. "Protecting Workers in the Homecare Industry: Workers' Experienced Job Demands, Resource Gaps, and Benefits Following a Socially Supportive Intervention." *Home Health Care Services Quarterly*, 37(3): 259-276.

5 Quinn, Margaret M., Pia K. Markkanen, Catherine J. Galligan, David Kriebel, Stephanie M. Chalupka, Hyun Kim, Rebecca J. Gore, Susan R. Sama, Angela K. Laramie, and Letitia Davis. 2009. "Sharps Injuries and Other Blood and Body Fluid Exposures Among Home Health Care Nurses and Aides." *American Journal of Public Health*, 99(3): 710-717.

6 Karlsson Nicole D., Pia K. Markkanen, David Kriebel, Rebecca J. Gore, Catherine J. Galligan, Susan R. Sama, and Margaret Quinn. 2019. "Homecare Aides' Experiences of Verbal Abuse: A Survey of Characteristics and Risk Factors." *Occupational and Environmental Medicine*, 76:448-454.

7 Ginger C. Hanson et al., *Workplace violence against homecare workers and its relationship with workers health outcomes: A cross-sectional study*, BMC Public Health, 15:11, 2015.

## 61% of Female Home Care Workers in Oregon have Experienced Workplace Abuse

In addition to isolation, risk factors for experiencing abuse include working in cramped quarters, working with clients with dementia, and having an unpredictable schedule without a coordinated care plan. Additionally, employer policies can compound homecare worker isolation. Many agencies explicitly prohibit or implicitly prevent workers from sharing contact information or

communicating outside of work hours with other homecare workers or with their clients and their families. Some employers further prevent workers from sharing their last names or other identifying information with one another or with clients.

Many private agency employers also require workers and clients to sign non-solicitation and non-compete agreements, which further prevents them from communicating with clients and their families if either party moves to another agency. In practice this means that workers and clients lose the strong bonds of trust and connection if either moves to a different agency. These employer policies also prevent workers from grieving patients who have passed away or from staying in touch with grieving family members with whom they had bonded.

Oregon homecare workers describe these policies as dehumanizing. Mara McClaine, a private agency homecare worker in Oregon, shares how employers can make homecare workers “feel like we don’t have value, but it’s really a highly skilled job and we are a lot smarter than people think we are.” Employers and policymakers have long devalued this feminized and racialized workforce and portrayed workers as unskilled. Indeed, one outcome of racist and sexist exclusion from FLSA is that homecare work is misunderstood as unskilled labor.<sup>1</sup> However, in reality, homecare work involves developing multiple skills, often in isolation and without sufficient training. These skills include gathering and synthesizing clinical knowledge, often with only partial access to client records, interpreting clients’ plans of care, observing and responding to symptoms, heavy labor involved in moving and bathing clients while maintaining clients’ dignity, communicating with multiple parties, and a high degree of multitasking and triaging clients’ needs.<sup>2</sup>

Cheryl Rogers notes how important communication with other homecare workers can be to share strategies for how to deal with client challenges, particularly in the absence of adequate training:

*My client was on a medication twice a day but he only took them when I was there so out of 14 that he was supposed to take, he only took 5 per week and with other caregivers we got to talking and they told me there’s a sustained version of that medication and his doctor thought that was a good idea so he’d get 5 out of 7. The doctor asked if I had a medical background and I said no, that I was just talking to other caregivers. I hadn’t received any training on this, but we discussed it and I knew that taking just 5 out of 14 meds he needed was unacceptable.*

1 Kahn, Karen, Abby Marquand, and Stephen Campbell. 2015. “Paying the Price: How Poverty Wages Undermine Homecare in America.” *Paraprofessional Healthcare Institute*.

2 Drake, Angelina Del Rio. 2019. “Let’s Call Homecare Work What It Is: Skilled Work.” *Paraprofessional Healthcare Institute*, February 10, 2020.

One private agency homecare worker in Oregon, who requested to remain anonymous shares:

*I had a client with heavy Alzheimer's who really needed to just have male caregivers, but his family said that he doesn't want male caregivers. I worked nights with him and he was out of it. He pinned me to the bed and I eventually managed to get out from under him, but this wasn't the first or only time. Another time happened when I was downstairs getting food and other people called my boss saying I was yelling at him and I was the one who got in trouble. Even though it wasn't like this was not known. The agency knew. Another caregiver threw out her arm trying to get away from him. But other co-workers who had experienced the same thing were too scared to speak up. And this was a more extreme case. For other clients sometimes being felt up is part of it because clients don't know what's going on all the time and they no longer have impulse control and that can be really horrible. But I don't ever blame the clients. I blame my employer for not listening and not backing me up. And the lack of training and protocols for how to get out of a bad situation because in my brain I'm thinking, 'Don't hurt him.' I'm not necessarily first thinking about myself because he doesn't really know what he's doing.*

Isolation and a lack of coordinated communication plans or agency protocols for dangerous situations leaves homecare workers especially vulnerable to sexual harassment and assault.

McLaine notes that, unfortunately sexual assault is an all too common experience:

*Homecare workers are regularly assaulted sexually, verbally, and physically. A lot of us go into homecare work because we have experienced trauma in our lives, which can make us empathetic caregivers. But it also means we can end up dealing with hypervigilance and have PTSD and then our experiences on the job just kind of compound that. It can make us amazing caregivers, but so many homecare workers I've seen, our personal lives are in shreds, but we come to work and do an incredible job because we are strong, resilient humans.*

Heath describes how sexual harassment came up in a meeting with workers during Addus Homecare collective bargaining:

*In the middle of the meeting a caregiver brought up sexual harassment, so one caregiver yelled out, 'How many people in here have been sexually harassed on the job?' And just about every hand went up. We talked about how, if we don't know what's in our client's files, we don't know what we're walking into. It could be any number of things. Some clients have mental illnesses and don't always like to take their meds consistently so they may have an episode while we're there providing care, but if we don't know that from their files then we don't know what to expect.*

*Personally, I'm reluctant to take male clients because I'm always questioning if nobody else is in the home and it's just me and him, I get very concerned about being alone. One of the things we talked about too is to exchange phone numbers with other caregivers and how we can try to let each other know about our clients if we end up subbing for someone. I had a caregiver text me when she found out I would be subbing for her gentleman client and she told me to be mindful of how dirty his place was and to bring a mask and gloves. We came up with that communication to support one another and to have each other's backs.*

Heath adds:

*Now the charts are charted so that the next caregiver knows this person has a mental disability or an anger problem. We're walking into people's homes and we don't know what we're walking into, literally. Because before, the care plan didn't have all those details. It would just say they need just personal care or cleaning, vacuuming, or mopping, or bathing, but it didn't let us know any specifics. And if something dangerous came up there was no protocol and now their file is flagged, but we need to address it even more.*

## Training

Oregon homecare workers have advocated for investments in training to address these hazardous working conditions. Oregon studies have demonstrated that paid training in a confidential environment with structured and facilitated peer support allows homecare workers to share concretely useful resources about how to prevent injury, acquire safety materials and equipment, and learn communication strategies to facilitate implementation of health and safety procedures. Paid training in confidential settings with peer support also facilitates problem solving around the complicated emotional labor that homecare workers often have to perform in isolated settings.<sup>1</sup>

Carolyn Leggett, a public sector homecare worker and union member, who previously worked in nonunion private sector homecare, and prior to that as an EMT, notes the dangers of lack of training in elder care:

*In this work we deal with clients who take so many different medications and they can all have side effects that are known and unknown and reactions and interactions that can be more unpredictable in the elderly. I've seen that a lot of people don't know what a UTI looks like for older people so they likely do not recognize it. Some people have to have medications in weekly planner that's easier to keep track of, but if a homecare worker has zero training then it can be even more challenging to keep track of.*

*Instead, it could be coordinated with a pharmacy to package medications, but at the same time, somebody with thorough medication training can look at a list of pills and set it up if it is in the care plan. We can't do anything if it's not in the care plan, but where's the training and where's the oversight here? What happens if a client has two Coumadin pills when they were only supposed to have one blood thinner or what if they miss a day? It can be serious.*

*Even on bathing and moving clients--if you don't have training and you don't know someone it can be awkward or even dangerous. I've had clients who were afraid of the Hoyer lift because they had been dropped too many times by someone without training. That's a machine the state paid for and now it's just sitting there because they're too afraid to use it. The lack of training and overall lack of respect for caregivers and for the elderly is a symptom of a larger problem. A civilized society would not let this happen to its seniors.*

Hunt shares that she and her coworkers at Addus Homecare bargained for and won a process for sharing information about challenging or dangerous clients:

*In our contract now it is going to be documented every time a worker files a claim or notes an issue with a client--especially a safety issue--it will be filed in that client and worker's folder and upon written request we can ask if this has been happening to other caregivers and ask why is the agency still sending women here and sticking with this client because something needs to happen so this doesn't happen to the next caregiver.*

<sup>1</sup> Mabry, Linda, Kelsey N. Parker, Sharon V. Thompson, Katrina M. Bettencourt, Afsara Haque, Kristy Luther Rhoten, Rob R. Wright, Jennifer A. Hess, Ryan Olson. 2018. "Protecting Workers in the Homecare Industry: Workers' Experienced Job Demands, Resource Gaps, and Benefits Following a Socially Supportive Intervention." *Home Health Care Services Quarterly*, 37(3): 259-276.



Nicole Leseny explains the need for training on Hoyer lifts:

*A Hoyer lift is like a crane to help move clients. You have what looks like a parachute made of heavier cloth or heavy mesh and it would have three hoops on each side and you take the Hoyer and sometimes crank it. You use your own power or some are automatic--which when you get that it can be like a gift from God. Then when you get it under the person it lifts up so they are lifted up off the bed. It looks like they are laying in the cloth, but it can't be comfortable. Then they can be put in a wheelchair or a different chair. It's lots of maneuvering and rolling and it is not not easy equipment to use. I had a client with dementia who was in Depends and sometimes the sheets would get messy but she wouldn't always be able to understand to help so you could clean the sheets so I would need to use the lift, but sometimes I would just stay after my shift to wait for the next worker because you really need two people to operate it properly or it can be dangerous. And they didn't give us training on it. They just said figure it out.*

Rachel Bennett, a public sector homecare worker with DHS, who now has her Certified Nursing Assistant (CNA) license and who has previously worked in private agency homecare notes that training is essential and really lacking in the private agencies where she worked:

*DHS training is OK. There's still work to be done, but for the most part private agencies don't do training well at all. You just have to figure it out on your own. One time I was given a client to work with who required a Hoyer lift and I was given no training. None. And I was the only caregiver at the location. Typically you'd want at least two people around when operating a Hoyer lift. It is possible to operate it alone, but it's a lot less safe. The agency gave us no training on the use of equipment and no one to assist.*

*Another thing I wish I would have known about before CNA training was how to identify a decubitis, which is a bedsore or pressure sore. When you're working with people with limited mobility this is very important to be able to identify. Imagine if you will, that someone develops a decubitis three weeks before a visit by a nurse and their caregiver has no training in identifying it. Stage one decubitis just looks like a red spot under the skin, but underneath there is cell death and decay and it can escalate really quickly.*

## Lack of Labor Protections

Despite the fact that homecare workers face hazardous working conditions, with injury rates higher than those in mining or oil and gas extraction industries,<sup>1</sup> homecare workers have long been excluded from basic labor protections. Their exclusion from FLSA when it was passed in 1938 was a racist and sexist exclusion

<sup>1</sup> Farrell, Chris. 2018. "The Shortage of Homecare Workers: Worse Than You Think," *Forbes*, April 18, 2018.

of black women, who performed the majority of care work at the time. New Deal era Southern legislators argued for the exclusion of majority black labor forces, including agricultural workers and domestic workers, from FLSA. They insisted that states should be able to continue to pay black workers less than white workers without the federal government setting labor standards for all workers. This resulted in the exclusion of significant numbers of black workers from labor protections. For 75 years, this national exclusion from basic labor protections continued to impact what was at the time a disproportionately black workforce, which then became a majority Latina population of homecare workers.<sup>1</sup> In Oregon, homecare workers are majority women and majority white, though there are larger proportions of workers of color in homecare work in the state than in the broader Oregon labor force.

Though the federal Department of Labor issued a rule change in 2013 to expand FLSA coverage to include homecare workers, Oregon currently retains a state companionship exemption. This means that homecare workers in Oregon may not be covered under higher state standards. Other states have closed this exemption and worker advocates note that the Oregon state enforcement agency, BOLI, has the power to do so as well.

Nationally homecare workers  
experience injury rates  
**2x higher**  
than the U.S. labor force overall



## Lack of Regulatory Oversight

The fragmentation and rapid growth of the homecare market makes it particularly challenging to provide adequate oversight. The top five compliance issues for Oregon homecare agencies are medication compliance, client rights violations, issues with orientation and training, lack of compliance with criminal records checks, and insufficient site visits and monitoring.<sup>2</sup> However, the agency tasked with regulatory oversight, including licensing, inspection, and complaints, lacks sufficient staff and resources to proactively monitor all IHCA's. The program is tasked with licensing and oversight of 19 different kinds of long-term care facilities, including IHCA's. In 2018, the Health Facility Licensing and Certification Program had just 17 total staff, including managers.

Insufficient regulatory oversight is a particular challenge for nonunion homecare workers, who do not have access to a union grievance process and may have less

1 Perea, Juan F. 2011. "The Echoes of Slavery: Recognizing the Racist Origins of the Agricultural and Domestic Worker Exclusion from the National Labor Relations Act." *Ohio State Law Journal*, 72(1): 95-138.

2 Oregon Health Authority 2017-2018 Survey of homecare agencies.

### Average Hourly Wage for Oregon Homecare Workers:

\$12.75/hr	Nonunion
\$14.70/hr	Union

### Top 10% of Wage Earners:

\$15.10/hr	Nonunion
\$18.60/hr	Union

access to sufficient training or to knowledge about their rights as workers and how to file claims against their employer.

## The Union Advantage in Oregon Homecare Work

Despite the proven benefits of unionization for homecare workers, their rights to unionize have faced significant attacks. The 2014 U.S. Supreme Court decision *Harris v. Quinn* requires unionized homecare workers to opt in and explicitly state they want to join their union and pay dues, and a recent Trump administration rule bars union dues deduction from paychecks for homecare workers who are paid directly by Medicaid funding.<sup>1</sup>

Nationally, unionized homecare workers experience a range of benefits as compared to their nonunion counterparts. Union homecare workers are more likely to expect to still be a homecare worker a year from now, less likely to be looking for a job outside of homecare, more likely to say they would benefit from training, less likely to not be paid overtime, and more likely receive benefits and higher average wages than nonunion homecare workers.<sup>2</sup>

In Oregon, homecare workers with the public state agency, Department of Human Services (DHS) won their union in 2000 with the passage of Measure 99. Since then, union homecare workers have won significant wage increases, health insurance, paid time off, training, and a process for addressing dangerous work environments. Their hard-fought victories include wage increases, from \$2.30 per hour in 2001 to a base wage of \$14.65. They also won the Homecare Workers Supplemental & Benefits Trust, through which they can receive paid time off and assistance with medical, dental, and vision insurance.

Most nonunion homecare workers in the state lack access to these crucial benefits. The majority of union homecare workers in Oregon are employed through DHS, though private sector homecare workers employed by Addus Homecare, who recently won significant gains in a union contract, are a notable exception. Addus homecare workers won notable increases in wages and benefits, including raises that amount to an 11.5 percent increase over ten months, paid time off, stronger protections against sexual harassment, and worker input in the training process.

For example: In San Francisco, union homecare workers nearly doubled wages and increased retention from 39 percent to 74 percent. In New York City a homecare worker-owned cooperative won a total compensation package with benefits, training, and advancement opportunities. In New Mexico a homecare worker-led coalition has won policy victories to advance training and credentialing opportunities and eliminate the state's companionship exemption. In North Dakota homecare workers won a \$1/hour wage increase that reduced turnover from 43 percent to 33 percent. In Washington union homecare workers have won wage increases, paid time off, health plan, training, and a career ladder.<sup>1</sup>

1 Kahn, Karen, Abby Marquand, and Stephen Campbell. 2015. "Paying the Price: How Poverty Wages Undermine Homecare in America." *Paraprofessional Healthcare Institute*.

1 Gomez, Amanda Michelle. 2019. "It's a Racist and Sexist Attack": Trump's Regulation to Weaken Home Health Care Unions Takes Effect." *Think Progress*, July 5, 2019.

2 Christman, Anastasia and Caitlin Connolly. 2017. "Surveying the Homecare Workforce: Their Challenges and The Positive Impact of Unionization." *National Employment Law Project*.





## Stacy Heath

*Homecare Worker at unionized private agency Addus Homecare for 6 years*

### How she started working in homecare:

A friend of mine from my church moved her mother into her care and I felt moved to help her. Then I transitioned to going to her house to give my friend a break so she could go do things. She saw her mother needed more care and knew she couldn't do it herself. She found Addus and asked them if they would hire me because I was already working with her mom and she didn't want her to start with someone new.

Originally I only worked with her and then I got other clients because her daughter had to fight to get her hours back. It kept flip flopping around because client hours change as the state said they didn't qualify for hours and then she fought to get hours back and it kept changing so we went through a lot of bouncing around. It puts us all in a tough position income-wise because we have to make a living, so all of a sudden something happens with a client and the agency is scrambling, trying to find a client and make sure it's a good match. We have bills to pay and it's hard for the clients because they lose us and they end up lacking the care they need.

### What she appreciates about her job:

I've learned that apparently I'm a people person. I never wanted to work in a facility because I love the one on one care. I love giving my undivided attention to one person and focusing on that one person and all of their needs. With clients with Alzheimers they pick up on our emotions visually and facial expressions so you have to meet their emotional, psychological, physical, and spiritual needs.

I just have this compassion for clients with Alzheimers because they are outcasts in our society, and even though the word is getting out about the disease, there's a stigma and not enough support around them in communities here. I like to make them feel like they are still human beings who are still a part of our community. They are our community.

I like working with people with Alzheimers even though it can drain you emotionally and mentally. One of the things that I stress with my agency and with my union is the importance of keeping our mental and emotional wellbeing intact, of making sure we are really taking care of ourselves.

### How she feels about the new union contract with Addus:

I feel pretty good for the most part. We got them to move us to one pay scale. We were on two pay scales and they had tried to come back and say if you want a raise and higher scale then you will need to pay more into health and dental and finally they agreed to not do that. I'm also really big on the need for more and better training and we did surveys and heard that is a need. Something simple like a Hoyer lift or oxygen tank or catheter care, we had no training on so caregivers are in situations where they have to look it up on Youtube or have a family member show them-- and it can be dangerous.

Overall, as a union, we're about progression. Nobody should have to be stuck in positions where we can't progress. We can all rally and get behind one another to fight for what we deserve. As much as we give of ourselves to clients we deserve wages and conditions that reflect that. Listening to caregivers' stories it hit me that not only are clients important but caregivers' struggles are real too. I heard caregivers saying how they are only able to eat cereal for every meal because their wages were going up and down, so I think bargaining is crucial. It's needed and important for wages and for caregivers' safety.

100%

of union homecare workers in Oregon have employer-provided health insurance

40%

of nonunion homecare workers in Oregon have employer-provided health insurance

39%

of nonunion homecare workers in Oregon rely on Medicaid, Medicare, or other public health coverage

## Wages, Benefits, and Reliance on Public Safety Net Programs

The union advantage for Oregon homecare workers is clear in their wage differential. In Oregon, union homecare workers working with DHS won wage increases of 44 percent from 2006 to 2016.<sup>1</sup> In contrast, nonunion private agency homecare workers' wages stagnated, with several homecare workers seeing declines in real wages when adjusted for inflation.<sup>2</sup> In 2018 in Oregon, the average hourly wage for nonunion homecare workers was \$12.70/hour vs. \$14.70/hour for union homecare workers. The top ten percent of wage earners in nonunion homecare in Oregon earn \$15.10/hour vs. \$18.60/hour for the top ten percent of union homecare workers in Oregon.<sup>3</sup>

McLaine shares how a private agency she worked for as a homecare worker in Oregon, "told everyone they were giving us a raise when it was actually just the state-mandated minimum wage increase.

You can work a 48 hour week and still need food stamps. So you're choosing between eating or fixing your car, which by the way, you need to be able to get to your clients to get to work."

Leseny describes how the private agency she worked for did not give her a raise for so long that once the state minimum wage was raised they had to raise her wage:

*I'd been there 8 years and I was getting paid less than some of the newer workers. First they gave an incremental quarter raise that went into effect over one and a half years as I did more book and movie trainings and I had to do book reports and quizzes on the movies. But that stopped after a certain point and I got no raise for five years. Then what I was making was about to become the state minimum wage so they had to raise my wage just a bit.*

In 2016, 60 percent of nonunion homecare workers in Oregon received some kind of public assistance. This included 46 percent who received food and nutrition assistance, 27 percent who were on Medicaid, and 4 percent who received cash assistance. In contrast, unionized public sector homecare workers use of public assistance dropped from 33% in 2012 to 23% in 2017.<sup>4</sup>

While unionized homecare workers have health insurance through the state agency, thanks to their union contract, only 40 percent of homecare workers in Oregon have employer-provided health insurance, and 39 percent rely on Medicaid, Medicare, or other public coverage.<sup>5</sup>

1 SEIU 503, 2005-2007 Homecare Worker Collective Bargaining Agreement, p. 8.

2 Bureau of Labor Statistics (BLS) Occupational Employment Statistics (OES) program May 2016 State Occupational Employment and Wage Estimates.

3 Oregon Employment Department wage data for homecare work occupations.

4 Oregon Department of Human Services SNAP utilization data.

5 American Community Survey (ACS) 2012-2016 5-Year Public Use Microdata Sample (PUMS)

## Training, Communication, and Turnover

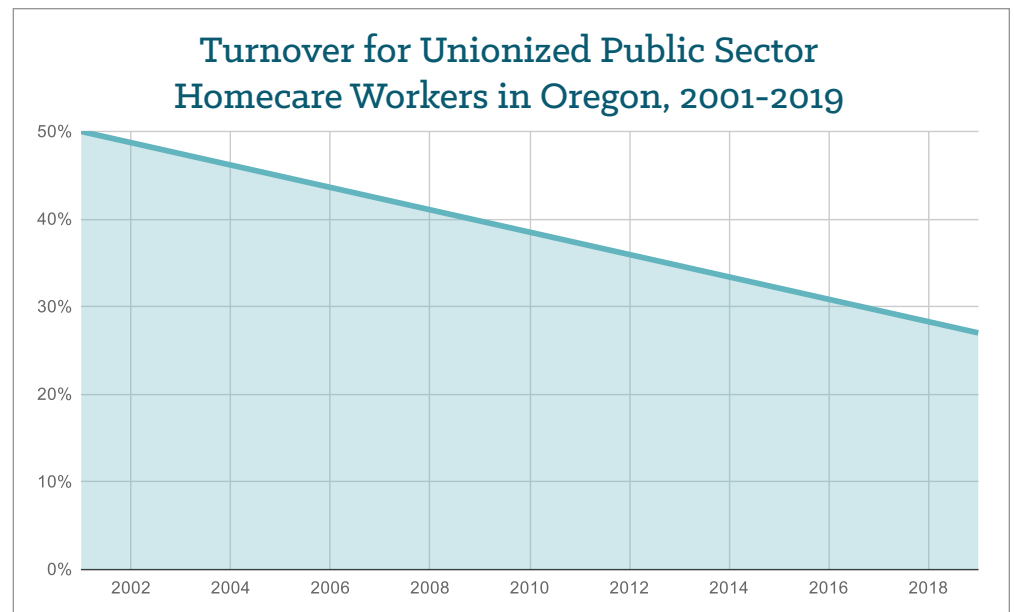
Union homecare workers have advocated for and won increased investments in required, culturally-specific training that is available online for those in remote rural areas. They also have processes to allow for communication with other homecare workers to share tips and resources. Rachel Bennett shares that she prefers working in the unionized public sector setting as compared to her previous work with private homecare agencies:

*DHS has been the most suitable for me. It's easier as far as communication goes. Before I had to go through the agency for scheduling or even with emergencies. Now I can just talk directly with my client and their family in most cases and with other caregivers.*

In 2019, Oregon homecare workers advocated for and won increased training standards through Oregon Senate Bill 669, which raises training standards by aligning training standards for private agency homecare workers with those required for public agency homecare workers and establishes a single regulatory structure with increased enforcement powers.

Union homecare workers in Oregon have also won career progression standards. They have the opportunity to boost their wages by a dollar/hour by completing additional training and qualifying as an Enhanced Homecare Worker who is then able to serve clients with more medically driven services.<sup>1</sup> In contrast, nonunion homecare workers take on additional care obligations without any guarantee of additional training or pay.

These hard fought gains have resulted in improved worker retention union homecare settings. Turnover for union homecare workers in Oregon decreased from 50 percent in 2001 to 27 percent in 2019.<sup>2</sup> In contrast, Oregon private homecare agencies have turnover rates of about 69 percent.<sup>3</sup> As stability of care is crucial for client outcomes, turnover is often a metric for quality of care.<sup>4</sup>



1 SEIU 503, 2015-2019 Homecare Collective Bargaining Agreement, p. 42.

2 SEIU 503. 2019. "The Transformation of Long-Term Care in Oregon: A Union Organizing Story." May 2019.

3 Zuckerbraun, Sara, Joshua Weiner, Mary McGinn-Shapiro, Kristie Porter, Lanting Dai, and Hillary Kruger. 2015. "Wages, Fringe Benefits, and Turnover for Direct Care Workers Working for Long-Term Care Providers in Oregon." *RTI International for the Oregon Department of Human Services*.

4 Dill, Janette S. and John Cagle. 2010. "Caregiving In A Patient's Place of Residence: Turnover of Direct Care Workers In Homecare and Hospice Agencies." *Journal of Aging Health*, 22(6): 713-33.

## Conclusion

Homecare workers provide skilled labor that enables elderly and disabled individuals to continue living in their homes and communities. Due to the large concentration of older residents, Oregon has a particularly strong need to recruit and retain a skilled and dedicated homecare workforce. Homecare work is the fastest growing occupation in the country, but low wages, hazardous working conditions, and poor labor standards make that recruitment and retention challenging.

The Oregon homecare workforce is majority women, with a high proportion of workers of color as compared to the Oregon workforce overall. Long devalued, homecare workers exhibit skill and remarkable dedication in their profession. Many homecare employers use compassion exploitation to implicitly or explicitly pressure workers to pay for supplies out of pocket and work through rest breaks or otherwise off the clock. Despite their exceptional level of dedication, many nonunion homecare workers are prohibited by their employers from taking time to grieve or stay in touch with clients or their families.

Though the homecare industry is growing rapidly, many workers have yet to see the benefits of that growth and most nonunion private agency homecare workers' wages have stagnated. In total, the median cost to clients of homecare in Oregon is \$4,957/month.<sup>1</sup> However, the median homecare worker monthly wage is \$1,350.<sup>2</sup> Because homecare work is the fastest growing occupation, investing in raising wages and labor standards for homecare workers has significant impacts on our national and local economies.<sup>3</sup>

Though unionized homecare workers in Oregon have made notable advances in wages, benefits, and training, many nonunion private agency homecare workers still receive poverty wages, no benefits, and insufficient training. A recent law, SB 669 provides a necessary expansion of training requirements, but Oregon homecare workers emphasize that even more must be done to strengthen standards to equip homecare workers to face often hazardous working conditions. Nationally, the injury rate for homecare workers is higher than for workers in the mining and oil and gas industries.<sup>4</sup> Working in isolated environments, homecare workers experience abuse, harassment, and sexual assault on the job. Many nonunion private agency homecare employers compound these challenges by prohibiting workers from sharing information with each other about challenging or dangerous working environments.

In addition to increasing wages and benefits, investing in homecare workers can include expanding paid training in confidential settings with facilitated peer support, building a safety infrastructure that includes regular safety audits, field safety advocates overseen by a safety and health director and safety committees with

1 Oregon Homecare Costs Based on Oregon data from national survey of home health care providers: Genworth Financial, LLC. 2018. "Cost of Long Term Care Survey." <https://www.genworth.com/aging-and-you/finances/cost-of-care.html>

2 American Community Survey (ACS) 2013-2017 5-Year Public Use Microdata Sample (PUMS).

3 Kahn, Karen, Abby Marquand, and Stephen Campbell. 2015. "Paying the Price: How Poverty Wages Undermine Homecare in America." *Paraprofessional Healthcare Institute*.

4 Farrell, Chris. 2018. "The Shortage of Homecare Workers: Worse Than You Think," *Forbes*, April 18, 2018.

worker representation, and the development of an equipment library to prevent workers from paying for needed equipment themselves.<sup>1</sup> While training and protocols for hazardous situations are necessary, when homecare workers are employed in settings where they have to deal with particularly challenging clients and racist and sexist microaggressions, they could receive additional hazard pay.<sup>2</sup>

Considering the significant benefits of unionization for this workforce, legislative and advocacy efforts should also support collective bargaining for homecare workers. Union and nonunion homecare workers strategize to navigate hazardous working conditions and should be able to freely communicate with each other and with their clients. Finally, homecare workers need proactive support from enforcement agencies, which, in turn, require more robust resources to adequately serve this isolated workforce. As our population ages and the need for homecare workers grows, strengthened labor standards and protections can help ensure that Oregon is able to recruit and retain a stable, respected, professional homecare workforce.



1 Mabry, Linda, Kelsey N. Parker, Sharon V. Thompson, Katrina M. Bettencourt, Afsara Haque, Kristy Luther Rhoten, Rob R. Wright, Jennifer A. Hess, Ryan Olson. 2018. "Protecting Workers in the Homecare Industry: Workers' Experienced Job Demands, Resource Gaps, and Benefits Following a Socially Supportive Intervention." *Home Health Care Services Quarterly*, 37(3): 259-276.

2 Dodson, Lisa and Rebekah M. Zincauge. 2007. "'It's Like a Family': Caring Labor, Exploitation, and Race in American Nursing Homes." *Gender and Society*, 21: 905-928.