Improving Job Quality for Home Health Aides

Reflections on NYACH’s Quality Home Care Training Initiative

INDUSTRY BRIEF
In 2014, the New York Alliance for Careers in Healthcare (NYACH) began a multi-year investment in supporting improvements in job quality for home health aides. Over four years, NYACH partnered with leaders in the home care industry in New York City to roll out a program recognized as a gold standard for training home health aides, one of the most essential yet undervalued labor forces in our nation’s economy. Here we reflect on the program’s successes, challenges facing the industry, and next phase of NYACH’s work to support the industry and its workforce.

THE PROBLEM

Home health aides are often considered the unsung heroes of our long-term care system, ensuring that hundreds of thousands of New Yorkers can stay in their homes and live fulfilling lives despite illness or disability.

But historically, this workforce has been undervalued — earning near the bottom of all workers, despite their proximity and importance to the City’s most vulnerable people. Even well-meaning employers cannot make or sustain the investments necessary to improve job quality for home health aides, in large part due to a reliance on constrained funding from Medicaid programs. Further, while recent changes to labor policy have improved wages, benefits, and working standards for home health aides, they have also put added strain on home care agencies’ ability to allocate resources to supplemental programs. The result of this is perpetually poor job quality for this workforce, leading to high rates of turnover, shortages, and ongoing threats to continuity of care for those that rely on home health aides.

The job quality issues are complex. Research points to a multitude of factors contributing. Further, the federal minimum training standards for home health aide certification have not evolved since their enactment in the mid-1980s and most states, including New York, require nothing beyond this minimum, despite increasingly complex patient needs. Meanwhile, research has demonstrated the value of most, high-quality training for certification, especially as it relates to communication, problem solving, and preparedness for the job. And yet few home care agencies, where the bulk of home health aide certification training is conducted, have the capacity to implement or sustain this approach.
THE VISION

NYACH’s partnership with home care employers and industry leaders illuminated a need for investments in improving job quality for home health aides. This informed the Homecare Aide Workforce Initiative (HAWI) Program and planted the seeds for the expansion of a best practice approach to providing training to home health aides that was developed by PHI [see sidebar]. The model was considerably more intensive and robust than the typical training delivered by agencies — minimum training hours delivered in a didactic, lecture-heavy approach. The intention was that in demonstrating improved outcomes for the home health aide workforce, the case would be made that investment in an enhanced certification training would have a return on investment for the industry.

NYACH supported a strategy to scale and entrench the enhanced certificate training model given the successes of the HAWI initiative.

THE HOME CARE AIDE WORKFORCE INITIATIVE (HAWI)

In 2014, NYACH was a partner in the development and roll out of an enhanced training model designed by PHI, a national home health care industry expert. The model was pilot tested with five home care agencies in New York City.

PHI HHA TRAINING MODEL

The enhanced HHA training model consisted of the following:

- an enhanced approach to recruitment and screening to ensure a good fit between the candidate and job
- 120 hours of curriculum (45 hours beyond the state minimum) that focused on core competencies for the role including communication, patient-centered care, and cultural competence
- accommodating of low-literacy levels
- adult-learner centered teaching methods, including participatory activities, like role-play and skill demonstrations
- an assistant trainer who is a home health aide
- a peer mentor

An independent evaluation of the HAWI pilot program in 2015 demonstrated value — improved retention and job satisfaction among the home health aides who participated.

This initiative was funded by the UJA Federation of New York and the Harry and Jeanette Weinberg Foundation.
EXPANDING THE MODEL

NYACH focused on spreading the enhanced training model by building the capacity of NYC’s community college system to address what industry experts described as a demand for certified home health aides that outpaced what home care agency sponsored (employer-based) training programs could provide. Further expansion efforts focused on increasing the number of home care agencies using this home health aide certification training model.

Over the course of four years, NYACH contracted with PHI to provide instructor training and technical assistance to three community colleges at the City University of New York (CUNY) and eight home care agencies in NYC to support the expansion of the enhanced home health aide training model. NYACH also funded PHI to train staff at Workforce1 Career Centers to build their capacity to recruit and assess strong candidates for the home health aide role. Through this program, more than 1,200 home health aides in NYC have been trained through the enhanced approach. Implementation of this program was funded by the NYC Department of Small Business Services (SBS) with support from the NYC Mayor’s Office for Economic Opportunity, the NYC Workforce Funders, and employer contributions.

“… Our home health aides love the training — it’s just better for them…”

TRAINER AT SUNNYSIDE COMMUNITY SERVICES

GOALS

With the enhanced approaches to screening and recruitment, a longer, adult-learner centered and participatory approach to training, and an upfront commitment from employers, the program aimed to meet the following goals: 1) improved recruitment; 2) improved training outcomes; 3) better job performance; 4) improved retention; and 5) greater job satisfaction for home health aides.

OUTCOMES

With an eye towards building system-wide, sustainable improvements in the healthcare workforce development system, it seemed an opportune time to evaluate the extent to which this universally valued approach was still effective and could become the “new norm” given today’s policy climate.
1) IMPROVED RECRUITMENT

Recruitment during the program as in general for the industry, was challenging. Despite 77% of home health aides being placed in jobs through the program, employers found that improved recruitment and screening practices adopted by the Workforce1 Career Centers as part of the model were not enough to overcome the inherent challenges in recruiting a high volume of candidates for this position.

2) IMPROVED TRAINING OUTCOMES

Employers that implemented the enhanced home health aide training model valued the program. Satisfaction with training, cohort over cohort, was superior to other trainings and that it better addressed through this program — for example wages, supervision, and stable schedules — which may have dwarfed the importance of entry-level training.

3) GREATER JOB SATISFACTION

While home health aide surveyed directly after completing training reported higher levels of job satisfaction than is typical in the industry, some job quality issues persisted. A relatively low percentage of home health aides trained through the program attained a full-time schedule, despite that as an eligibility requirement for the program employer partners were required to intend to ramp newly hired home health aides up to this level within three months. When surveyed several months after hire, one of the primary complaints of home health aides was that they did not have enough hours. Further examination demonstrated that in addition to employer practices, the tendency to keep hours low for home health aides has been exacerbated by recent policy changes that trigger employment benefits or overtime pay at a certain threshold.

4) IMPROVED RETENTION

Improvements in certification training alone were not enough to impact six- and twelve-month retention rates for home health aides, and even the home care agencies that conducted this training over multiple years saw the same levels of turnover as is typical for the industry. This was likely due to a multitude of factors known to contribute to turnover were not addressed through this program — for example wages, supervision, and stable schedules — which may have dwarfed the importance of entry-level training.

5) IMROVED JOB PERFORMANCE

Employer partners in the program — either through hiring from the CUNY-based cohorts or delivering the training at their agency — remarked that this training was superior to other trainings and that it better prepared home health aides to succeed on the job. Similarly, home health aides reported high satisfaction with the training and felt more capable of handling many of the challenges of the role due to the training.

The program supported improved recruitment and screening for home health aides and delivered a better prepared workforce to NYC’s home care industry. But the enhanced training alone was not enough to improve job satisfaction or ensure adequate work hours. In addition, efforts to build capacity within CUNY to deliver this training over the long-term didn’t take root with sustainable funding.

Home care agencies face many pressures, mostly fiscal, and are driven in policy changes that have resulted in increased labor costs with a lag in Medicaid reimbursements. While labor policies supporting job quality for home health aides are critical, home care will remain constrained without timely increases in reimbursement reflective of the true cost of labor. This means that agencies can’t afford to make worthwhile investments in their staff if they are not mandatory.

That said, several home care agencies that participated in the initiative have adopted the enhanced employer-based training model in full or part, though this has only proven possible at larger home care agencies with dedicated staff for fundraising. While the education and experience barriers to entry into the home care field are minimal, other factors make home health aide recruitment and retention challenging. The job is emotionally and physically taxing and the isolation of working in a private home doesn’t suit everyone. Further, when the labor market tightens, and it has over the past several years, it becomes increasingly difficult to recruit individuals to this type of work.

In NYC, where home health aides were typically paid higher than minimum wage, the new minimum wage — now at $15 per hour as of January 2019 — has increased competition from other sectors where jobs may offer more predictable hours and be less demanding. Recruitment will likely remain a challenge until other aspects of job quality are rectified.

In conclusion, although the current policy climate made it difficult to identify an ongoing funding mechanism for most employers to sustain the enhanced certification training, the four-year pilot program still had an important impact on individuals and the system. Nearly 1,200 home health aides became certified through a high-quality, learner-centered training model, with 77% resulting in employment. In addition, the program demonstrated the ability to bring together different stakeholders of the workforce development system to meet the high demand for home health aides through an expanded, industry-informed model.

SUSTAINABILITY IN THE CURRENT POLICY ENVIRONMENT
PHASE II

With the demand for home health aides projected to increase, issues around job quality will continue to be paramount.

However, unlike in other sectors, the burden cannot be placed on the employer alone. System-wide changes should support effective, evidence-based strategies to better prepare and support this workforce. This means more sustained, predictable funding, through Medicaid reimbursement rates that are built by factoring in true labor costs and preemptively altered in advance of policy implementations that mandate new labor expenditures. Meanwhile it remains essential that the workforce development field continues to gather evidence and research in support of improving job quality for home health aides, such as strategies to stabilize full-time hours, research policy solutions to address scheduling and supervision, and innovative approaches to career advancement and specialization of home health aides.

The next phase of NYACH’s work will focus on a multi-pronged approach to making systemic improvements in home health aide job quality areas beyond solely enhanced entry-level training, including supervisory practices and testing innovative career advancement opportunities and integration into the care delivery team.

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ABOUT THE NEW YORK ALLIANCE FOR CAREERS IN HEALTHCARE

The New York Alliance for Careers in Healthcare (NYACH) is an employer-led industry partnership at the NYC Department of Small Business Services (SBS) formed in 2011 to address workforce challenges in healthcare. NYACH’s mission is to build an effective healthcare workforce development system in NYC by identifying healthcare employers’ needs; helping education and training organizations adapt their approach to better meet those needs; and ensuring low income and unemployed New Yorkers have access to viable career opportunities in healthcare.

NYACHnyc.org

ABOUT THE NYC DEPARTMENT OF SMALL BUSINESS SERVICES

The NYC Department of Small Business Services (SBS) helps unlock economic potential and create economic security for all New Yorkers by connecting New Yorkers to good jobs, creating stronger businesses, and building thriving neighborhoods across the five boroughs.

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