



RALPH C. WILSON, JR.
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REPORT

Improving Home Care Employment Opportunities: Assessing the Feasibility of Home Care Cooperative Development in the Buffalo Region, New York

After decades of decline, the Buffalo region has seen significant investment in recent years. However, most workforce efforts have focused on building the pipeline into higher-paying careers—leaving the region’s lowest-wage workers in ongoing financial precarity. Chief among these marginalized workers are home care workers, who face few opportunities to build their skills and progress beyond entry-level wages. As a result, Buffalo home care employers are struggling to recruit and retain enough workers to meet growing demand. This raises a timely question: can cooperative development help improve employment in Buffalo’s home care sector? This report examines the feasibility of cooperative development in Buffalo’s home care sector as a strategy for improving job opportunities in the region, addressing the home care workforce crisis, and strengthening access to quality care for those who need it.

INTRODUCTION

Decades of decline in the manufacturing sector have left Buffalo, New York, among the most impoverished cities in the United States. In recent years, however, there has been increased investment in the region, particularly since 2012 through Governor Andrew Cuomo’s “Buffalo Billion” economic development initiative.

As part of this investment, the city has made a special effort to improve economic opportunities for Buffalo’s low-income communities, which are largely comprised of people of color. However, most workforce development efforts have focused on building the pipeline into higher-paying careers in manufacturing and health care, rather than into lower-paid jobs—leaving the region’s lowest-wage workers in ongoing financial precarity.

Chief among this group of workers are home care workers, who face few opportunities to build their skills and progress beyond the occupation’s low entry-level wages. As a result, Buffalo employers struggle to recruit and retain a stable workforce that can meet the growing demand for long-term services and supports—especially in a tight labor market, where job seekers can find similar or higher wages in other sectors, such as food services and retail.

This report examines the feasibility of cooperative development in Buffalo’s home care sector as a strategy for improving job opportunities in the region, addressing the home care workforce crisis and strengthening access to quality care for those who need it. The report draws on public survey data, stakeholder interviews, and published reports, and considers the composition of Buffalo’s home care sector and the factors that influence it—including the local labor market, the home care workforce, and a range of other issues—to identify promising levers for cooperative development as well as potential challenges and barriers.

This is one of three reports on the feasibility of cooperative development in home care that has been made possible by generous funding from the Ralph C. Wilson Jr. Foundation. The other reports focus on Rochester, New York, and Detroit, Michigan.

METHODOLOGY

In the research informing this report, PHI integrated quantitative analyses of public datasets with qualitative interviews to achieve a multifaceted understanding of home care in Buffalo and the feasibility of cooperative development. The investigation was built around the following core factors, identified from the research team’s prior experience with cooperative development in home care and the literature:

- Consumer demand for home care, to assess the scope of need relative to workforce supply;
- The home care sector, to understand the current configuration of services, regulatory environment, and payment streams, and the implications for new entrants to the market;
- Labor pool characteristics, to draw out issues that may impact the home care workforce;

- The home care workforce, including current size, projected growth, and demographic characteristics;
- Home care workforce development, including the training landscape and other workforce development initiatives;
- Recruitment and retention factors, including wages and benefits and the availability of full-time hours, opportunities for advancement, and other supportive factors;
- Employment and social supports, to assess the availability of supportive services for jobseekers and incumbent workers; and
- Business development resources, to evaluate the availability of specialized support for cooperative business development and operations.

Quantitative analyses drew primarily from the U.S. Census Bureau’s American Community Survey and the Bureau of Labor Statistics (BLS)’s Occupational Employment Statistics and Employment Projections programs. The American Community Survey was used to estimate consumer demand for home care services, as well as home care workers’ demographics, employment status, annual earnings, poverty status, reliance on public assistance, and health insurance status. The BLS Occupational Employment Statistics were used to analyze home care workers’ wages, calculated as a weighted average of median hourly wages by occupation. Median wages are preferable to mean wages, which are skewed by a small proportion of atypically highly paid home care workers. The BLS Employment Projections were used to estimate future demand for home care workers.

Of note: because it was necessary to draw from several different public datasets to develop a comprehensive understanding of the home care sector in Buffalo, the data presented in this report are not all from the same year. In every case, the most recent data available was used to offer the most accurate, current depiction of the economy and home care landscape in Buffalo. Endnotes are used to indicate the dataset and year for each data point.

Analyses included personal care aides (PCAs), home health aides (HHAs), and certified nursing assistants (CNAs) who are employed in the home care sector.¹ The three occupational titles are defined by the BLS Standard Occupational Classification system. Please refer to the Key Terms on page 5 for brief definitions of these occupational and industry codes.

Wherever possible, specific data is included on the city of Buffalo and Erie County. However, due to sample size concerns, the Buffalo Core-Based Statistical Area (CBSA) was used when analyzing the national datasets described above.² As defined by the U.S. Census, CBSAs are geographic regions consisting of one or more counties that are economically and socially integrated with an urban core of at least 10,000 residents. The Buffalo CBSA (hitherto referred to as the “Buffalo region,” or simply “Buffalo”) includes both Erie and Niagara counties.

The research team also interviewed 16 stakeholders representing local and state government agencies, labor unions, home care providers, and nonprofit organizations and membership groups representing consumers and workers. Stakeholders were identified through existing PHI contacts, online searches, and snowball sampling, whereby each interviewee was asked to suggest other potential interviewees.

Conducted by telephone during September and October 2018, the interviews were guided by a set of semi-structured questions developed at the outset of the research and then adapted for each interview according to the stakeholder’s interests and expertise. Sample questions from the interview guide include: “What are the strengths of the home care sector in Buffalo? What is working well?” and “What are the most pressing problems in home care in Buffalo?” Extensive notes were taken during the interviews, capturing verbatim quotes when possible, and then analyzed thematically using the core factors listed above as *a priori* codes. Italics are used throughout the report to denote direct quotes.

Finally, a range of academic articles and other reports were selectively reviewed to inform our background understanding of best practices in cooperative development and to enhance our analysis of the Buffalo context for home care cooperative development in particular.

WHY HOME CARE COOPERATIVES?

Across the United States, a small number of agencies are setting a powerful example of democratic ownership within the home care industry. These include Cooperative Home Care Associates, founded in the Bronx in 1985 and now the country’s largest worker-owned company, and 10 other home care cooperatives (7 of which have been established since 2012, indicating increased momentum in the sector). By embracing a worker-centric approach, home care cooperatives challenge the status quo in their industry: empowering workers as decision-makers, investing in their jobs and careers, and encouraging their long-term commitment to the business. As a result, home care cooperatives experience turnover rates that are less than half the national average (at 29 versus 67 percent).

Alongside other high-road employers, home care cooperatives are leading the way in improving job quality for direct care workers—and quality of care for the individuals they serve. However, their impact on the national home care landscape remains modest at this time. Home care cooperatives employ approximately 2,600 workers in total, which is only 0.1 percent of the nation’s home care workforce. Just 2 out of 11 coops employ more than 100 people, while 6 have fewer than 20 employees. The two largest (Cooperative Home Care Associates in New York and Home Care Associates in Philadelphia) are the only cooperatives able to offer health insurance and other advanced benefits, and few are able to pay regular patronage dividends.

Overall, these figures indicate the inherent difficulty in launching home care cooperatives and bringing them to scale. But they also suggest an opportunity for leadership for entities committed to overcoming these challenges through collaboration and innovation, particularly through business conversions.

Source: Kazda, Katrina. 2018. “Home Care Overview.” Presentation at the National Homecare Cooperatives Conference, Dulles, DC, November 14, 2018.

KEY TERMS AND SOURCES

The Home Care Industry in New York State

Certified Home Health Agency (CHHA): CHHAs provide nursing care, home health aide services, and a range of other services (such as physical therapy, occupational therapy, speech therapy, medical supplies and equipment, social work, and/or nutrition services) on an intermediate or long-term basis, with reimbursement through Medicare, Medicaid, private payment, or certain health insurers.

Licensed Home Care Services Agency (LHCSA): LHCSAs provide nursing care, personal care, homemaker services, home health aide services, and other supports to individuals who pay privately or with long-term care insurance and to Medicaid enrollees through contracts with managed care organizations and certified home health agencies.

Managed Long-Term Care: Under this payment model, private companies called managed care organizations receive a capitated payment from the state to contract with providers and coordinate services for Medicaid consumers. In New York, Medicaid managed long-term care is mandatory for individuals who are over 21 years old, dually eligible for Medicare and Medicaid, and require care for more than 120 days. It is optional for other Medicaid recipients of long-term care services.

Home Care Occupations and Industry Titles in Government Data

The home care workforce comprises the following three occupations as classified by the Standard Occupational Classification (SOC) system developed by the Bureau of Labor Statistics:

Personal Care Aide (PCA): PCAs assist individuals with activities of daily living (such as bathing, dressing, and eating), and often help with housekeeping, meal preparation, medication management, and/or other instrumental activities of daily living. PCAs may also help individuals maintain employment and other types of social engagement.

Home Health Aide (HHA): As well as assisting with activities of daily living, HHAs perform clinical tasks such as wound care, blood pressure readings, and range-of-motion exercises. They also provide dietary support and observe for changes in individuals' health and social conditions. Their work is supervised by licensed nurses or therapists.

Nursing Assistant: In the context of home care, nursing assistants perform the same work as HHAs (although nursing assistants are primarily employed in skilled nursing homes). In New York, nursing assistants may work in home care settings after taking an abbreviated HHA training.

Data Terms and Sources

American Community Survey: This annual U.S. Census survey captures responses from millions of American households on a range of indicators, from demographic characteristics to education and employment.

Core-Based Statistical Area (CBSA): CBSAs consist of a county or counties (or equivalent entities) that are socially and economically integrated with at least one urbanized core of at least 10,000 people, as measured through commuting ties.

County Business Patterns (CBP): This annual data report draws from several U.S. Census programs to provide industry-level data from counties and zip codes nationwide.

Economic Census: Administered every five years, this survey by the U.S. Census is the most extensive collection of data related to business activities, capturing responses from four million businesses across industries and geographic areas. Data are released four years after the survey is complete.

Employment Projections Program: This Bureau of Labor Statistics program uses past industry data and expert guidance to make 10-year projections about the demand for workers by occupation and industry. Projections for even-numbered years are released every two years with a one-year lag time.

Occupational Employment Survey: This Bureau of Labor Statistics survey reaches 200,000 businesses semi-annually. Each year, three years of pooled data are released for every occupation and industry from local metropolitan statistical areas to the national level.

Quarterly Census of Employment and Wages (QCEW): This Bureau of Labor Statistics program publishes a quarterly count of employment and wages reported by employers covering more than 95 percent of U.S. jobs/ Data are available by detailed industry from counties to the national level.

KEY FINDINGS ON THE FEASIBILITY OF COOPERATIVE DEVELOPMENT IN THE BUFFALO REGION

Consumer Demand for Home Care

Across the country, the need for home care is increasing rapidly as our population grows older and the balance of long-term services and supports shifts away from institutions to home and community-based settings.³

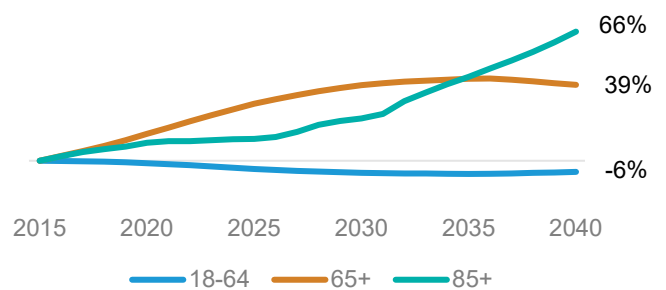
In the Buffalo region, approximately 56,564 residents (7 percent of the population) experience difficulty with activities of daily living (ADLs) or instrumental activities of daily living (IADLs).⁴ This estimate includes 1 percent of children under age 18 (2,934 individuals), 5 percent of adults aged 18 to 64 (32,365 individuals) and 18 percent of those aged 65 and older (34,517 individuals). While most of these individuals are likely to rely on unpaid support from family members or friends, research suggests that up to 23 percent or more may require paid assistance.⁵

From 2015 to 2040, the population of adults aged 65 and over in Erie County is expected to increase by 39 percent, and the number of adults aged 85 and older will increase by 66 percent.⁶ There will be proportionally fewer working-age adults (aged 18 to 64) to provide care, as this population is expected to decrease by 6 percent in the same timeframe. (The recent economic uptick in the region, however, may change these projections about the working-age population in Buffalo, as discussed further in the “Labor Pool” section.)

Of note, consumer demand for home care is not distributed evenly across the Buffalo region. Older adults living in the city of Buffalo are more likely to have a disability (24 percent) compared to those living in the rest of Erie County (17 percent).⁷ However, because many residents left the city during Buffalo’s long period of economic decline, there is a higher proportion of older people living in the surrounding county (18 percent, versus 12 percent in the city)⁸—therefore older suburban residents with a long-term care need outnumber their urban counterparts by nearly three to one (20,897 versus 7,444).

Corroborating these data, the stakeholders in this study reported that they are seeing substantial growth in their suburban client base, but struggling to recruit workers to meet those clients’ needs. Transportation is one key challenge for providing home care to suburban residents, as discussed below. Racial discrimination can also present a barrier: one agency owner reported that employees sometimes turn down cases or ask for reassignment because they are more likely to experience racism in the largely white suburbs. Some agencies have experimented with recruiting workers directly from suburban communities, but face competition from large retail employers. One agency

POPULATION CHANGE BY AGE IN ERIE COUNTY, 2015-2040



Source: Cornell University Program on Applied Demographics. “New York State Projection Data by County.” <https://pad.human.cornell.edu/counties/projections.cfm>. Accessed 12/18/19.

owner commented that the promise of an employee discount serves as an incentive for young suburban job seekers to work at the local Target, rather than considering a career in home care.

These are challenges that a cooperative home care agency would be well-positioned to address. First, a cooperative agency could compete with suburban retailers by advertising the benefits that are unique to the cooperative business model, including employee ownership. Second, the democratic governance structure of a home care cooperative provides inherent motivation to address the discrimination that worker-owners may experience. A home care cooperative could provide training in communication and cultural competence to equip their workers to navigate these challenges. At Cooperative Home Care Associates (CHCA) in the Bronx, for example, the employer-based training program for entry-level workers includes topics in respectful and cross-cultural communication and collaborative problem-solving that go beyond state minimum training standards.⁹ Incumbent workers at CHCA also receive in-service instruction in cultural competence as well as supportive supervision to help workers hone and apply their conflict resolution skills.

The Home Care Sector

The main providers of in-home care in New York are licensed home care service agencies (LHCSAs). LHCSAs provide nursing care, personal care, home health, homemaker services, and other supports to individuals with Medicaid or Medicare coverage or individuals who pay privately or have long-term care insurance coverage.

The New York State Department of Health reports that there are 70 LHCSAs currently in operation in Erie County (as of August 2018).¹⁰ There are also nine Certified Home Health Agencies (CHHAs), which provide a range of skilled nursing services in addition to home health aide services. Most of Erie County's LHCSAs (81 percent) have additional locations in other counties; 8 have more than one location within Erie County.

Public survey data from the Bureau of Labor Statistics (BLS) was used to analyze trends in the home care sector in Erie County. Combining this with data for the home care sector shows that the total number of home care establishments in Buffalo has grown by 50 percent since 2007.

The federal Economic Census provides information on ownership status and revenue in the sector. The Economic Census offers more detail than the BLS survey cited above but is much less timely; the survey is only conducted every five years and data are released three to four years later. Thus, the following data from the 2012 survey are the most recent available. Again, data for the two home care industries are combined to produce these figures. The Economic Census shows nonprofit establishments constituted 63 of the home care industry in the Buffalo region in 2012 (Table 1).¹¹ On average, these nonprofit organizations had higher revenue than for-profits (\$3.5 million versus \$2.5 million).

Several factors differentiate nonprofit agencies from for-profit agencies. First, research suggests that for-profit agencies tend to have higher administrative costs but also larger profits than nonprofit agencies.¹² Nonprofit home care agencies tend to offer better job quality, including higher wages, better access to full-time work, and higher annual earnings.¹³ These findings support the notion that nonprofit agencies may be more worker-centered—and thus more amenable to transitioning to a worker-ownership model—than for-profit agencies.

Table 1: Characteristics of the Home Care Sector in the Buffalo Region, 2012

| | Percent of Industry | Revenue | Average Revenue |
|----------------------------------|---------------------|---------------|-----------------|
| For-Profit Establishments | 37% | \$137,451,000 | \$2,499,109 |
| Nonprofit Establishments | 63% | \$328,063,000 | \$3,527,559 |
| All Establishments | 100% | \$465,514,000 | \$3,145,365 |

Source: U.S. Census Bureau. 2015. *2012 Economic Census of the United States, Health Care and Social Assistance: Geographic Area Series: Summary Statistics for the U.S., States, Metro Areas, Counties, and Places.*

<https://www.census.gov/data/tables/2012/econ/census/health-care-social-assistance.html>

However, agency size is also a factor when considering cooperative development in home care. The federal County Business Patterns survey collects data on business size annually. In Erie County in 2016, this survey shows that just 18 percent of home care establishments employed 100 or more workers, while 30 percent employed 20 to 99 workers and 52 percent employed fewer than 20 workers.¹⁴ These data depict a fragmented home care system in the county. Significant competition among providers complicates service delivery and workforce development in home care—but also highlights another opportunity for cooperative development through acquisition and consolidation of smaller for-profit agencies.

Home care providers in Buffalo are also affected by statewide trends, namely the moratorium on new LHCSAs and the new contracting limits for managed long-term care plans (MLTCPs).¹⁵ In interviews, Buffalo stakeholders echoed concerns about these trends and, more broadly, about the financial constraints they’re experiencing. One agency stakeholder reported that “*we’re constantly chasing our tail with the rates.*” Another claimed the state was “*shooting themselves in the foot by restricting reimbursement rates,*” citing the role of low wages in exacerbating the workforce shortage in this field.

Employers in Buffalo also reported difficulties in covering mandated costs, such as minimum wage increases, without higher reimbursement rates from the state or from private-pay consumer fees. Notably, the New York State Department of Health reports that half of Erie County’s home care providers offer physical therapy services, a significant minority provide occupational and speech therapies, and a third provide social, nutritional, and/or medical supply services.¹⁶ These supplemental sources of revenue suggest a lesson for any new competitor in the sector, including a home care cooperative, which is the need to diversify income streams beyond nursing and direct care.

Labor Pool Characteristics

After decades of decline, Buffalo’s economy has begun to improve since the last recession. As one regional labor economist stated: “*Buffalo never recovered from recessions. This time we did.*” The region has benefited from significant public and private investment, including an influx of new manufacturing, health care, and research companies.

This economic upturn is driving demand for more workers in Buffalo. Just under two-thirds of the adult population (aged 16 and above) in the Buffalo region are currently participating in the labor

force (63 percent of the population, or 582,015 people).¹⁷ Among those participating in the labor force, the unemployment rate was 4.3 percent in August 2018, which was 1.1 percent lower than the previous year.¹⁸ Nationally, the unemployment rate was 3.9 percent, which was 0.6 percent lower than the previous year.

A key trend as members of the “baby boomer” generation have approached retirement age has been the aging of the current labor force in Buffalo. That tide may be turning, however: from 2011 to 2016, the population of Buffalo residents aged 25 to 35 rose 13 percent, much faster than in many U.S. cities.¹⁹ However, growth within this age cohort has been fastest among college-educated adults, who are unlikely to fill home care jobs.

Labor force participation and employment rates vary considerably by demographics in the Buffalo region, particularly by race/ethnicity.²⁰ Labor force participation rates are lower among Black/African-American residents (55 percent participation compared to 64 percent of white residents), and the unemployment rate among Black/African-American residents is nearly three times higher than among white residents (14 percent versus 5 percent).²¹

On a related note, 32 percent of Black/African-Americans in Buffalo live in poverty, compared to 9 percent of white residents. Moreover, the Buffalo region is the sixth most segregated major metropolitan region by race: 64 percent of people of color in Buffalo live in a neighborhood with concentrated poverty, compared to 14 percent of the region’s white residents.²² Individuals in these neighborhoods could fill home care jobs *if* offered the supports they need to overcome barriers to employment, as discussed below.

Immigrants also constitute a large segment of the labor pool in Buffalo. From 2000 to 2014, the number of immigrants in the Buffalo CBSA grew by a third, largely due to refugee resettlement programs. At a more local level, nearly 10,000 refugees resettled in Erie County between 2003 and 2014.²³ New immigrants who have arrived in Erie County since 2010 are more likely to be unemployed than native-born residents: 4.7 percent versus 3.9 percent.²⁴ Also, just 48 percent participate in the labor force, compared to 63 percent of native-born citizens. Regional workforce development experts interviewed suggested that language barriers pose challenges in bringing these workers into the labor force. The data corroborate this claim: among immigrants who have arrived since 2010, 52 percent speak English less than “very well.”

These findings on Buffalo’s labor force suggest several opportunities for recruiting new workers to home care careers. Indeed, agency stakeholders mentioned several efforts to target new pools of workers, particularly people who might value flexible employment opportunities in home care such as recent retirees and parents of young children, who currently participate in the labor force at a lower rate. One agency has paid immigrants to provide personal care through the consumer-directed program, allowing them to provide culturally competent assistance in their own communities. A home care cooperative would have a competitive advantage in this area, as already noted, by offering more training, advancement, and leadership opportunities for workers.

The Home Care Workforce

According to the most recent data from the BLS (2016), there are nearly 12,000 home care workers in the Buffalo region, including approximately 3,700 home health aides (HHAs) and 8,300 personal care aides (PCAs).²⁵ Among Buffalo’s home care workers, approximately 13 percent are

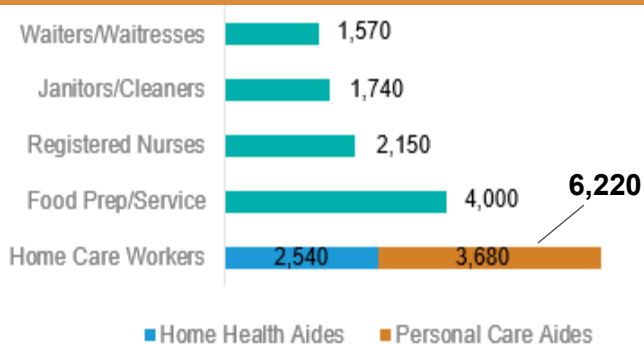
independent providers, which means that they work through the publicly funded Consumer Directed Personal Assistance Program or private hiring arrangements on the gray market, rather than working for a home care agency.²⁶ (It is difficult to determine a full count of independent providers, however, as workers in private arrangements may not report their occupation on official surveys.)

The Buffalo area home care workforce is predominantly female (87 percent) with a median age of 37.²⁷ Over half of Buffalo’s home care workers are people of color, including 41 percent who are Black/African-American. The majority are U.S. citizens by birth (92 percent). By comparison, although also predominantly female (93 percent), the statewide home care workforce is considerably older (with a median age of 48), nearly 80 percent people of color, and 69 percent immigrants. Fifty percent of Buffalo’s home care workforce has some college education, which is higher than the state average of 35 percent, while 34 percent have a high school education.

Because the federal BLS only produces state-level employment projections, New York State Department of Labor statistics were used to generate regional projections for this workforce. However, the state agency uses a unique geographic definition called “labor market regions.” Buffalo is located in the Western New York labor market region, which comprises Allegany, Cattaraugus, Chautauqua, Erie, and Niagara counties. These counties are expected to add 6,220 new home care jobs between 2016 and 2026; this will include 2,540 new HHAs and 3,680 new PCAs.²⁸

Although the expected growth among these occupations in the Western New York region is not as high as the estimated statewide growth for the home care workforce, home care occupations will collectively add more new jobs to the region than any other single occupation. The second largest number of new jobs are projected for the food preparation and service sector—the sector that home care agencies cite as a key competitor in recruiting workers.

PROJECTED EMPLOYMENT GROWTH FOR WESTERN NEW YORK, 2016-2026



Source: New York State Department of Labor. “Long-Term Occupational Employment Projections.” <https://www.labor.ny.gov/stats/lproj.shtm>. Accessed 12/18/19. (Occupational employment projections are not available at the single county level.)

Western New York’s home care sector is rapidly adding jobs, but the supply of workers to fill those jobs is limited by several factors, including a decreasing number of working-age adults and the demographic variations in labor force participation and employment described above. Job quality is also a deterrent, as discussed later in this report.

As a result, the region is facing a growing workforce shortage, like many parts of the state and nation—a theme that was raised throughout our stakeholder interviews in both Buffalo and Rochester. As one Buffalo home care agency owner put it, “*I’m scared to death of the future. Baby boomers are coming and we don’t have the workforce to serve them.*”

Home Care Workforce Development

This section explores the training and workforce development landscape for home care workers in the Buffalo region.

Training requirements and programs

Several agency owners emphasized the complex, challenging nature of home care jobs, especially given the high levels of need among home care consumers. One agency owner drew a comparison with nursing assistants in nursing homes, who provide services as part of a team: “[Home care workers] are everything in the home—they’re the dietary department and the social work department—and no one appreciates that.” Yet inadequate training content and methods often leave workers feeling unprepared, which contributes to stress, burnout, injuries, and eventually, turnover.

New York State requires HHAs to complete 75 hours of training before obtaining certification, including 59 hours in the classroom and 16 hours of supervised practical training. These requirements meet the federal minimum training standard. Training requirements for PCAs vary by program. Under the Medicaid State Plan, the Long-Term Home Health Care Program Waiver, and the Nursing Home Transition and Diversion Waiver, PCAs are required to complete a 40-hour state-approved training program and pass a competency evaluation. PCAs working as direct support professionals in the Office of People with Developmental Disabilities Waiver Program must be trained by provider agencies in alignment with seven competency goals, while PCAs in the Consumer Directed Personal Assistance Program are trained by their consumers.

According to the New York State Department of Health’s list of approved education and training programs, there are 35 registered training programs for home care workers in the Buffalo region, including 18 PCA training programs and 17 HHA training programs.²⁹ Of these, 15 HHA programs and 14 PCA programs operate in Erie County. There are not any training programs registered through the Department of Education in the Western New York Region.³⁰

These training programs are primarily operated by home care providers and do not require tuition fees from trainees, per Department of Health regulations. The primary alternative for HHA training is offered by the Erie 1 Board of Cooperative Educational Services (BOCES). The BOCES training manager estimated that three-quarters of HHA trainees are referred to BOCES by their employers, and one-quarter find out about the training through regional career centers.

The BOCES training manager also explained that the HHA training course costs \$1,200, but most trainees are eligible for grants, such as the Health Profession Opportunity Grant (HPOG) described below. Some trainees pay their own tuition, but they are primarily certified nursing assistants (CNAs) who pay \$300 to achieve an additional HHA credential. Grant funding has diminished in recent years as workforce development funders shifted their focus toward higher-paying jobs in health care. To illustrate this point, the BOCES training manager reported that a grant from the New York State Department of Health originally funded training for 60 HHAs over two years, but during the most recently funding cycle, it only funded training for 30 workers. The training manager explained, “Part of the reason they say HHA isn’t being funded is the salary isn’t good and they aren’t provided with benefits.” Currently, BOCES trains around 50 HHAs per year, compared to around 120 licensed practical nurses.

Buffalo home care agency owners and workforce development stakeholders reported immense barriers to providing workers with training. They noted that, during the economic recession, job seekers were more willing to enroll in home care training because they had few other options for employment. In a tight labor market, attracting new trainees has become more difficult because, as one home care agency stakeholder put it, “*people can’t quit their other jobs for three weeks to train full time,*” so they opt for work in sectors where training is provided on the job. In home care, trainees do not become employees of home care agencies until their certification training is completed and they begin fulfilling case assignments. These findings indicate that, in order to attract people who are already employed, cooperatives and other worker-centered agencies need to offer flexible training options, like weekend and evening classes.

Other workforce development resources

In the past, Buffalo’s economy relied predominantly on manufacturing, which left the city vulnerable to the changing tides of global commerce. As one labor economist put it, “*Whenever there was a downturn, the U.S. would get a cold and we would get pneumonia.*” As noted above, however, Buffalo’s economy has grown more resilient within the past decade thanks to increased investment in a more diverse set of industries. In general, the workforce development system aims to channel job seekers into careers that offer economic stability, and therefore is not structured to support low-income jobs such as home care. However, there may be opportunities ahead to leverage these programs to build a stronger pipeline of HHA and PCA job candidates.

To fill new jobs in the region and replace workers as they retire, new funding has been invested in Buffalo’s workforce development system, primarily through the Buffalo and Erie County Workforce Investment Board. With most relevance to home care, the Buffalo and Erie County Workforce Investment Board has been participating in the federal Health Profession Opportunity Grant (HPOG) program since 2010, in partnership with local schools, area health care employers, 1199SEIU, the Erie County Department of Social Services, and the New York State Department of Labor.³¹ HPOG supports low-income individuals, including those enrolled in the Temporary Assistance for Needy Families (TANF) program, to enter high-demand health care careers. As of 2018, Buffalo’s HPOG program has helped over 1,000 people find employment in health care, including as HHAs.

However, according to one workforce development expert, for TANF enrollees, “*taking jobs as home health aides or certified nursing assistants would mean a cut in pay.*” In other words, newly trained home care workers risk losing valuable public supports—and therefore reducing their total income—when they become employed or try to increase their hours. The Workforce Investment Board is therefore more likely to encourage workers to explore careers as licensed practical nurses, who earn a median of \$17.00 per hour, rather than supporting training for low-wage positions in home care.³²

Both Workforce Investment Organizations (WIOs) and 1199SEIU offer new options to train home care workers in the Western New York region, including in Buffalo. A cooperative home care agency could leverage a combination of these resources to provide high-quality, cost-effective training to new and incumbent workers.

Recruitment and Retention Factors

Like many low-income workers in the region, home care workers struggle against the odds to achieve financial security given their low wages, often part-time schedules, and low annual earnings. Additional barriers to maintaining stable and sustainable employment include a lack of affordable childcare and transportation, as discussed in the following section. Recruiting and retaining home care workers are significant operational challenges for home care agencies in Buffalo, driving some employers' interest in creating better jobs for their workers—including through worker-ownership—as a competitive advantage.

Wages, hours, and benefits

According to 2017 data from the BLS Occupational Employment Statistics program, median hourly wages are \$12.20 for HHAs and \$11.44 for PCAs in the Buffalo region.³³ Based on self-reported data in the American Community Survey, the median annual earnings for these workers is \$15,800, and the median family income is \$37,500.³⁴ Statewide, home care workers' median annual earnings are \$18,900 and their median family income is \$46,000.

Low annual earnings in the region's home care sector are affected by workers' employment status as well as their hourly wages: 67 percent of workers in Buffalo work part time. This is somewhat higher than the statewide average for home care workers, which is 56 percent.

Given these figures, it is unsurprising that poverty rates are high among Buffalo's home care workers. More than one in five (22 percent) live below the federal poverty line, while 59 percent live below 200 percent of the poverty line.³⁵ More than half (56 percent) rely on some form of public assistance, including food and nutrition assistance (40 percent), Medicaid (39 percent), and cash assistance (8 percent).

Notably, 14 percent of home care workers in Buffalo do not have health insurance, which is similar to the state average for this workforce, but twice the uninsured rate for all Buffalo workers (which is 7 percent). Among home care workers with health insurance, 47 percent have public coverage (including the 39 percent who rely on Medicaid; the remaining 8 percent has Medicare or another form of public coverage); 41 percent have health insurance through their employer or union; and 8 percent purchase insurance directly. Offering health benefits to workers is one clear way for an employer to obtain a competitive advantage in Buffalo's home care services sector—such as through a collective purchasing agreement with other home care cooperatives or high-road employers.

The problems posed by low wages in the home care field were raised across the stakeholder interviews in this research. Low wages were often described in the context of inadequate reimbursement rates as well as wage mandates, including the increased minimum wage, that restrict employers' ability to offer raises or other benefits to their home care workers.

Several home care agency owners explained how the new minimum wage compresses the lower end of the wage distribution and increases competition for workers in the region. In reference to the minimum wage increase, one stakeholder explained, “*While it's great for the county, it makes it difficult for our industry to compete with Tim Horton's and ALDI,*” a fast food chain and grocery store chain, respectively. Part of the competition is caused by the fact that minimum wages have been set at a higher wage for fast food workers than for other workers in New York. Outside of the

New York City area (including in Buffalo), fast food workers earn a minimum wage of \$11.75, compared to a \$10.40 minimum in other industries—and in 2021, the fast food wage will rise to \$14.50, much higher than the \$12.50 minimum for other industries.³⁶ Furthermore, home care agencies report that other sectors have more flexibility in setting their wages in a tight labor market. As one agency owner explained, *“Walmart and Target can increase their prices, but the government reimbursement doesn’t allow us that flexibility.”*

Stakeholders also noted that higher wages do not necessarily translate into higher overall earnings for home care workers, given the interplay between wages, hours, and benefit eligibility. Some workers may want to work full time, said one home care agency stakeholder, *“but the penalty [of losing public supports] is far too great.”* Likewise, if offered a higher wage, some workers may actually have to cut back their hours to avoid losing access to crucial public supports, even if they would prefer to work full time. As another home care agency stakeholder put it, *“I don’t want to [have their benefits cut]. I want them to continue to receive them. But there must be a way they can work and not lose everything so rapidly.”*

Workers who do seek more than 40 hours of work per week must juggle employment with multiple agencies, given agencies’ common practice of limiting overtime—which can impact continuity of care for clients. According to one home care stakeholder, there are times when a worker cannot take a shift with a particular consumer because she is already committed to work for another agency. The stress on workers from managing multiple work schedules can lead to workforce attrition; the same stakeholder reported, *“they’ll say, ‘when I’m done with this case, I’m done.’”*

Several stakeholders noted that new service delivery systems under managed long-term care also impact workers’ schedules and compensation. In the past, when Buffalo’s home care program was managed by the county government, workers may have been assigned a number of cases in a geographic area (i.e., a neighborhood or apartment building), which made it easier to work a continuous eight-hour shift. Now, those same co-located residents may receive services from numerous agencies, depending on their managed long-term care plan, meaning that workers have to travel farther between cases. Several home care agency stakeholders underlined how challenging it can be to piece together lengthier shifts when clients are dispersed across Buffalo and the rest of Erie County—the result of a fractured home care delivery system under managed long-term care. As one stakeholder described how this complicates scheduling: *“No one wants to go out and work for two hours a day.”*

In summary, in the current industry, it will be necessary for a worker-centered agency to support its workers in achieving consistent schedules and finding an optimal balance of hours that enables them to achieve the highest-possible earnings without losing critical public benefits.

But although higher compensation—without loss of benefits—is important, it is not the only element of job quality that affects recruitment and retention in this sector. Agency stakeholders reported that many current job applicants live in poverty and face immense barriers to employment, including child care and transportation, as described below.

Upskilling and career advancement

Stakeholders in Buffalo described the lack of a clear career pathway in home care as a major obstacle to recruitment and retention. The new Advanced Home Health Aide (AHHA) role in New York will

allow experienced HHAs to complete further training and certification in order to obtain an advanced title that allows them a wider scope of practice, including the ability to administer certain medications. One home care agency stakeholder expressed doubts about the value of this new role, however, arguing that there is a much greater need to recruit and develop PCAs, rather than HHAs, to provide ongoing care for individuals with chronic conditions.

Several of the home care agencies interviewed have developed internal career ladders for PCAs and HHAs, such as senior aides (experienced caregivers who support other workers in the field) and staff aides (who are trained to work a variety of cases in exchange for guaranteed full-time hours). Others reported that they have tried to promote their home care jobs as the entry-point for nursing careers, but with minimal success because these jobs are not seen by job seekers as a step on that career path. This suggests an opportunity for home care agencies to develop partnerships within the workforce development system—which as noted earlier emphasizes higher-earning professions—to strengthen the pipeline between home care and nursing.

However, the experiences of CHCA and other longstanding home care agencies suggest that even when career pathways to nursing positions are available, the vast majority of home care workers do not pursue these certifications. The time, resources, and educational attainment required for these degrees are prohibitive for many direct care workers, and for many low-income workers generally. It is therefore critical that home care agencies and other stakeholders create new internal rungs in the career ladder for this workforce. Through training in advanced caregiving competencies, such as dementia care, home care workers can contribute more meaningfully to clients' health and wellbeing and help health care systems drive down costs by preventing avoidable hospitalizations—justifying a higher wage for these upskilled workers. The creation of roles that maximize home care workers' contributions to health care delivery, along with promotion within home care agencies as described above, are steps that home care cooperatives and other high-road employers can take to establish accessible career pathways in—and enhance the appeal of—their field.

Transportation

Agency stakeholders reported that transportation is a key challenge for Buffalo's home care system, given that greater demand for services in the suburbs is not matched by the provision of public transportation. (According to one historical analysis, the regional public transportation system was designed to bring white workers from the suburbs into the city center, and as such it does not serve low-income workers traveling in the opposite direction.³⁷)

Thus, having a car is critical for most home care workers—79 percent of whom drive alone to work.³⁸ The median commute time for workers who drive to work is 20 minutes, compared to 40 minutes for the minority of workers (12 percent) who take the bus or light rail. The lack of public transportation in the region poses barriers to recruiting and retaining home care workers; as one agency representative put it, job seekers “*can just hop on a bus and go work at McDonald's,*” versus needing to travel by car to reach home care clients.

Some home care agencies have explored alternatives to public transportation and car ownership, like using cabs or car share companies. For example, one agency formed a partnership with Lyft to transport workers to and from consumers' homes at a reduced cost. Although these strategies can help overcome transportation barriers in some cases, agency owners also reported their limitations:

cabs and ride shares are not always available late at night, in more distant suburbs, or during one of Buffalo's notorious snow storms.

There is some momentum to improve the public transportation system in Buffalo. The Partnership for Public Good in Buffalo has called for the Niagara Frontier Transportation Authority (NFTA) to improve public transportation options, especially for low-income riders,³⁹ and transit users have formed a grassroots organization call Buffalo Transit Rider United to improve services. However, these efforts have not yet yielded substantive changes in the system. A home care cooperative may need to explore other innovative transportation solutions, such as company-sponsored transportation or affordable car leasing programs.

Employment and social supports

As already noted, many home care workers face considerable barriers to achieving economic stability. Describing all the supports that would help workers overcome these barriers—including housing, child care, nutrition, behavioral health, and other supports—one agency stakeholder stated, *“We can’t do all that ourselves.”* Another home care agency stakeholder explained, *“The biggest challenge for us is [that] the obvious detriments that [home care job] applicants face makes it hard to get them trained, employed, and retained.”* Although the publicly funded workforce development system does provide support for individuals entering the workforce, many job seekers leverage this assistance to start their careers in manufacturing or more technical occupations in health care instead of home care.

Lack of affordable child care is one of the leading barriers to stable employment for many Buffalo residents, including home care workers. In Erie County, the cost of care for one child is \$12,792 per year, which is higher than tuition at Buffalo State University.⁴⁰ The Child Care Resource Center in Western New York helps workers find resources in their communities.⁴¹ Still, public child care support is only available up to a certain income threshold, which means that workers who take on more hours might struggle to make child care arrangements. As one home care agency stakeholder explained, *“People who work 45 hours are having a difficult time finding [child care] because it can be very expensive.”*

One option for home care agencies to support their workers is to partner with social services departments. The Erie County Department of Social Services (DSS), for example, provides a range of social and employment supports, including individualized career counseling, job skills training, day care services, and substance abuse treatment monitoring.⁴² A cooperative home care agency in Buffalo could follow the lead of CHCA in New York, which contracts with the New York State Office of Temporary and Disability Services to support trainees and workers who receive SNAP or TANF benefits; through this contract, the social services office reimburses CHCA for a portion of its training and employment costs when individuals receiving those benefits reach certain retention milestones.

Business Development Resources

Although there is not the same collective momentum behind cooperative development in Buffalo as in some other cities, the region nonetheless offers a network of economic and business development services that could support the creation or conversion of a worker-owned home care agency.

The most notable resource is Cooperation Buffalo, a non-profit, volunteer-run organization whose mission is to “mobilize workers to achieve economic security through cooperative business ownership.”⁴³ The organization provides training and education, consulting and technical assistance, and business incubation as well as offering loans and hosting a peer support network.

Aside from the services offered by Cooperation Buffalo, there are other supports for small businesses that could be accessed in developing a home care cooperative. These include the State University of New York (SUNY) Small Business Center in Buffalo, which provides a wide range of consulting services; the city’s new Beverly Gray Business Exchange Center, designed to provide support new and existing minority and women-owned businesses⁴⁴; and Buffalo Niagara SCORE, which is part of a national network of SCORE chapters dedicated to educating entrepreneurs and helping small businesses start, grow, and succeed.⁴⁵ SCORE chapters partner with the U.S. Small Business Administration to provide counseling, mentoring, and workshops for small businesses.

DISCUSSION AND CONCLUSION

This report has examined core factors in the Buffalo region that affect the demand for home care, the supply of home care workers, job quality, and worker retention in this sector. This section offers key considerations for cooperative development in the region’s home care industry.

Overall, home care employers in Buffalo struggle to recruit and retain a workforce sufficient to meet the needs of older adults and people with disabilities. The area’s workforce shortage will likely grow more severe without interventions that address the poor quality of home care jobs and the perception that the field offers little opportunity for economic security or career advancement. Other industries facing similar challenges have raised their wages to attract workers or to comply with new minimum wage laws, but many home care employers are uniquely constrained by public reimbursement rates and payment delays that prevent them from making investments in job quality. As a result, Buffalo’s home care industry frequently loses job applicants and incumbent workers to more competitive jobs in fast food, retail businesses, and other industries.

In the face of these challenges, a cooperatively structured agency could add significant value to the prospect of home care employment for job seekers in the Buffalo region. This model offers more than just short-term wages, with annual dividends and other benefits of worker-ownership representing real asset-development opportunities over the long-term. Given their structure and worker-members’ ongoing input on governance, cooperative businesses are also more likely to implement worker-centered employment practices that bolster job quality, such as supportive supervision, links to employment supports, and opportunities to advance within the agency. The potential for greater earnings over time and a better supported experience on the job could address a number of the factors currently hindering the appeal of work in Buffalo’s home care sector. Cooperative agencies may therefore be better equipped than other providers to improve recruitment and retention, creating a stable business that can effectively serve its community.

To build quality jobs and promote quality care in the Buffalo region through investment in home care cooperatives, the following are some important considerations.

- **Pursue a conversion strategy.** Conversions offer a better chance of operational success; the current landscape of home care cooperatives across the United States shows that the majority are modest in size, reflecting the challenges in achieving scale when launching a cooperatively structured agency from scratch. Such challenges are compounded for areas like Buffalo, where the state moratorium on home care licenses presents additional barriers to creating any new home care business.
- **Offer employer-based training, or partner with a high-quality training program.** It is critical that home care workers feel prepared and confident in their roles. The costs of inadequate training are many, including disheartening experiences on the job that fuel turnover and poor-quality care for clients. By establishing an employer-based training program with a clear pathway to employment, a home care cooperative can mitigate these risks, particularly if the employer is known to offer good jobs and added value through worker-ownership. Further, by providing high-quality training, the cooperative agency will prepare candidates to deliver the quality of care that is needed to build the business. Quality training begins with a curriculum targeted to the needs and learning styles of job seekers in this field—adult learner-centered content that is accessible to lower-literacy learners, emphasizes relational competencies critical to success in caregiving (such as communication and problem-solving), and features ample opportunity for skills demonstration and participation rather than solely didactic instruction. A competency-based, adult learner-centered approach to training addresses the needs of immigrants who face language barriers or people who have struggled in traditional education, two potential groups of workers highlighted in this report.

Employer-based training programs offer the best opportunity for cooperative agencies to connect with, build skills among, and retain home care workers. If an employer-based program is not financially feasible, however, an agency could partner with a high-quality training program in the area, establishing a clear pathway between program graduation and job placement and collaborating with the training entity to ensure its curriculum adequately prepares trainees for home care.

- **Target supports to the needs of the labor pool.** This report has described a breadth of barriers faced by job seekers in Buffalo’s low-income communities and by the home care workforce in particular, including challenges with child care, transportation, and discrimination on the job. Acknowledging and developing supports to ameliorate these barriers will distinguish a cooperatively owned home care agency from its competition, set its workforce up for success, and protect it from the type of recruitment and retention crises that might otherwise threaten its sustainability.
 - **Child care:** By establishing partnerships with community-based organizations that offer affordable child care and assistance accessing child care subsidies, the home care agency will be able to refer job candidates and workers who are unable to afford market-rate care to access these resources as they build their work schedules.
 - **Transportation:** New and innovative approaches are required to ensure workers can get to their clients’ homes, and areas like Buffalo will require a home care cooperative to look beyond public transportation for solutions. An affordable car-

leasing program or an agency-sponsored van service could help lower workers' costs, maximize their hours, and ensure consumers have access to stable, consistent services.

- **Cultural competence:** Many home care workers experience a range of discrimination on the job. As a prominent example, people of color in the home care workforce in Buffalo report experiencing racism, especially in the predominately white suburbs around the city. A key priority of a home care cooperative should be to ensure its workers feel safe and supported as they carry out their work. Creating a respectful work environment begins in training—both in workers' onboarding and in clients' orientations to the agency. The home care agency can clarify roles and responsibilities in the home up-front, provide training in cultural competence and working across differences, and offer a clear protocol for when a client or family member engages in harassment. Home care workers' occupational training should also build skills in communication and problem-solving to help them navigate challenging relationships in the home and prevent incidents from escalating.
- **Immigration supports:** As noted, nearly 10 percent of home care workers in Buffalo were born outside the United States, and immigrants constitute a growing proportion of the current and potential labor force in the region overall. To recruit immigrant workers to a home care training program and/or employment, a home care cooperative could establish partnerships with community-based organizations that can provide support with English language and literacy development, cultural competency training, and legal assistance.
- **Demonstrate career pathways.** A commitment to creating roles that offer advanced training, new responsibilities, and higher wages to home care workers will help a cooperative agency attract and retain entry-level staff, countering the prevailing notion in this field that home care jobs are dead-end jobs. Career advancement can take a variety of forms, such as promotion into senior aide roles and other positions that leverage home care workers' contributions to care in innovative ways, as well as promotion into administrative and clinical compliance roles. Demonstrating career pathways may also allow the agency to access resources from the regional workforce development system, which values wage and responsibility progression.

In conclusion, the findings in this report demonstrate how a home care cooperative could help the Buffalo region attract and maintain quality home care workers at a time when a workforce shortage in the region is already hindering quality of life older adults and people with disabilities. The cooperative employment model would also offer Buffalo's home care workers better jobs and opportunities to achieve economic stability, enhancing the appeal of this sector for those seeking work. Through a strategy of converting existing agencies to a cooperative structure and implementing a range of worker-centered employment practices, investors seeking to improve opportunities in Buffalo could meaningfully impact quality of life for the local home care workforce and those they serve.

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PHI works to transform eldercare and disability services. We foster dignity, respect, and independence for all who receive care, and all who provide it. As the nation's leading authority on the direct care workforce, PHI promotes quality direct care jobs as the foundation for quality care. Drawing on 25 years of experience working side-by-side with direct care workers and their clients in cities, suburbs, and small towns across America, PHI offers all the tools necessary to create quality jobs and provide quality care. PHI's trainers, researchers, and policy experts work together to:

- Learn what works and what doesn't in meeting the needs of direct care workers and their clients, in a variety of long-term care settings;
- Implement best practices through hands-on coaching, training, and consulting, to help long-term care providers deliver high-quality care;
- Support policymakers and advocates in crafting evidence-based policies to advance quality care

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Notes

- ¹ The home care sector comprises two industries as defined by the North American Industry Classification System (NAICS): Home Health Care Services and Services for the Elderly and People with Disabilities. For detailed descriptions of these two industries, see U.S. Home Care Workers: Key Facts; PHI. 2018. *U.S. Home Care Workers: Key Facts*. Bronx, NY: PHI. <https://phinational.org/resource/u-s-home-care-workers-key-facts-2018/>.
- ² We used the threshold of a ± 12 percent margin of error with 90 percent confidence to assess the robustness of the sample.
- ³ Watts, Molly O'Malley and MaryBeth Musumeci. 2018. Medicaid Home and Community-Based Services: Results From a 50-State Survey of Enrollment, Spending, and Program Policies. Washington, DC: Kaiser Family Foundation. <https://www.kff.org/medicaid/report/medicaid-home-and-community-based-services-results-from-a-50-state-survey-of-enrollment-spending-and-program-policies/>.
- ⁴ U.S. Census Bureau. 2017. *American Community Survey (ACS), 2012-2016, 5-Year Public Use Microdata Sample*. https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_pums_sas_2012_2016&prodType=document; analysis by PHI (11/26/18). Difficulty with ADLs, or "self care," is measured in the American Community Survey by asking if respondents have "difficulty dressing or bathing." Difficulty with IADLs, or "independent living," is measured by asking if respondents have difficulty "doing errands alone such as visiting a doctor's office or shopping."
- ⁵ Kaye, H. Stephen, Charlene Harrington, and Mitchell P. LaPlante. 2010. "Long-term Care: Who Gets It, Who Provides It, Who Pays, And How Much?" *Health Affairs* 29(1): 11-21.
- ⁶ Cornell University Program on Applied Demographics. "New York State Projection Data by County." <https://pad.human.cornell.edu/counties/projections.cfm>. Accessed 12/18/19.
- ⁷ U.S. Census Bureau. 2017. *American Community Survey (ACS), 2012-2016, 5-Year Public Use Microdata Sample*. https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_pums_sas_2012_2016&prodType=document; analysis by PHI (6/29/18).
- ⁸ U.S. Census Bureau. 2017. *Sex by Age by Disability Status, 2012-2016 American Community Survey 5-Year Estimates*. https://factfinder.census.gov/bkmk/table/1.0/en/ACS/16_5YR/B18101/0500000US36029J321M300US361538011000.
- ⁹ These communications and problem-solving competencies are part of the PHI Coaching Approach®, a signature curriculum by PHI that builds relational skills that are contextualized to long-term care settings. At CHCA, this curriculum is integrated with entry-level personal care aide and home health aide certification training, as well as supervisory training provided to the case managers, coordinators, and clinical supervisors who oversee home care workers.
- ¹⁰ New York State Department of Health. Accessed 8/23/18. *NYS Health Profiles: Home Care Agencies by Provider Type and Region/County*. https://profiles.health.ny.gov/home_care/counties_served/0/type:ALL.
- ¹¹ U.S. Census Bureau. 2015. *2012 Economic Census of the United States, Health Care and Social Assistance: Geographic Area Series: Summary Statistics for the U.S., States, Metro Areas, Counties, and Places*. <https://www.census.gov/data/tables/2012/econ/census/health-care-social-assistance.html>.
- ¹² Cabin, William, David Himmelstein, Michael Siman, and Steffie Woolhandler. 2014. "For-Profit Medicare Home Health Agencies' Costs Appear Higher and Quality Appears Lower Compared to Nonprofit Agencies." *Health Affairs* 33(8): 1460-1465.
- ¹³ U.S. Census Bureau. 2017. *Current Population Survey (CPS), January 2015 to December 2017 Outgoing Rotation Group CPS*. https://thedataweb.rm.census.gov/ftp/cps_ftp.html; U.S. Census Bureau. 2017. *American Community Survey (ACS), 2012-2016, 5-Year Public Use Microdata Sample*. https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_pums_sas_2012_2016&prodType=document; analysis by PHI (August 8, 2018). The Consumer Price Index (CPI) for All Urban Consumers (Current Series) was used to convert prior years to 2017 dollars.
- ¹⁴ U.S. Census Bureau. 2017. *Geography Area Series: County Business Patterns by Employment Size Class, 2016 Business Patterns*. <https://factfinder.census.gov/bkmk/table/1.0/en/BP/2016/00A3/0500000US26163J0500000US36029J0500000US36055/naics~6216J624120>.
- ¹⁵ The two-year moratorium on approvals of new LHCSAs was enacted in April 2018 as part of the 2018-19 New York State Budget. When the moratorium is lifted, future applicants will be required to demonstrate public need and financial feasibility for their proposed LHCSA through a certificate of need process. The new contracting limits, which were also included in the State Budget and implemented in October 2018, require that each MLTCP contract with no more than one LHCSA for every 45 enrollees (increasing to 60 enrollees in 2019; the ratios are slightly different for New York City, Nassau, Suffolk and Westchester counties).
- ¹⁶ New York State Department of Health, 2018.
- ¹⁷ U.S. Census Bureau. 2017. *Employment Status, 2012-2016 American Community Survey 5-Year Estimates*. https://factfinder.census.gov/bkmk/table/1.0/en/ACS/16_5YR/S2301/0400000US26J0400000US36J310M300US15380J310M300US19820J310M300US40380; analysis by PHI (6/29/18).
- ¹⁸ Bureau of Labor Statistics (BLS). 2018. *Buffalo, NY, Area Economic Summary*. Washington, D.C.: BLS. https://www.bls.gov/regions/new-york-new-jersey/summary/blssummary_buffalo.pdf.
- ¹⁹ <http://www.upstartny.org/inthenews/Buffalo-outpaces-national-average-in-growth-of-young-adult-population.aspx>
- ²⁰ U.S. Census Bureau. 2017. *Employment Status, 2012-2016 American Community Survey 5-Year Estimates*. https://factfinder.census.gov/bkmk/table/1.0/en/ACS/16_5YR/S2301/0400000US26J0400000US36J310M300US15380J310M300US19820J310M300US40380; analysis by PHI (6/29/18).
- ²¹ U.S. Census Bureau. 2017. *Employment Status, 2012-2016 American Community Survey 5-Year Estimates*. https://factfinder.census.gov/bkmk/table/1.0/en/ACS/16_5YR/S2301/0400000US26J0400000US36J310M300US15380J310M300US19820J310M300US40380; analysis by PHI (6/29/18).
- ²² Magavern, Sam, Hayley Ross, Melissa Kathan, Orlando Dickson, Chad Davenport, David Clayton, and Alyssa Bergsten. 2018. *Poverty in Buffalo: Causes, Impacts, Solutions*. Buffalo, NY: Partnership for the Public Good. <https://ppgbuffalo.org/buffalo-commons/library/resource/poverty-in-buffalo-causes-impacts-solutions/>; Concentrated poverty is defined a neighborhood where 20 percent or more of residents live in poverty.
- ²³ Fike, Deandra, Subin Chung, and Emily Riordan. 2015. *Immigrants, Refugees, and Languages Spoken in Buffalo*. Buffalo, NY: Partnership for the Public Good. https://ppgbuffalo.org/files/documents/data-demographics-history/populations_and_cultural_groups/datademographicshistory-immigrants_refugees_and_languages_spoken_in_buffalo.pdf
- ²⁴ U.S. Census Bureau. 2017. *Selected Characteristics of the Foreign-Born Population by Period of Entry into The United States, 2012-2016 American Community Survey 5-Year Estimates*. https://factfinder.census.gov/bkmk/table/1.0/en/ACS/16_5YR/S0502/0500000US36029; U.S. Census Bureau. 2017. *Selected*

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²⁵ U.S. Bureau of Labor Statistics. 2016. *Occupational Employment Statistics, May 2017 Metropolitan and Nonmetropolitan Area Occupational Employment and Wage Estimates.*

<https://www.bls.gov/oes/current/oessrcma.htm>; analysis by PHI (6/29/18).

²⁶ U.S. Census Bureau. 2017. *American Community Survey (ACS), 2012-2016, 5-Year Public Use Microdata Sample.*

https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_pums_sas_2012_2016&prodType=document; analysis by PHI (6/29/18).

²⁷ U.S. Census Bureau, 2017.

²⁸ New York State Department of Labor. 2017. *Long-Term Occupational Employment Projections.*

<https://www.labor.ny.gov/stats/lproj.shtm>; analysis by PHI (6/29/18). Employment projections are not available for the Buffalo region.

²⁹ New York State Department of Health. Accessed 8/23/18. "The New York State Department of Health and Education Department - Approved Education and Training Programs." https://apps.health.ny.gov/professionals/home_care/registry/home_action.

³⁰ New York State Department of Education. Last modified July 12, 2016. "Nursing Programs: Home Health Aide Programs."

<http://www.op.nysed.gov/prof/nurse/nurseprogs-hha.htm>

³¹ Buffalo and Erie County Workforce Investment Board. 2018. *HPOG Buffalo Achievement Report*. Buffalo, NY: Buffalo and Erie County Workforce Investment Board. http://www.workforcebuffalo.org/sites/default/files/BECWIB_HPOGBrochure_Web.pdf.

³² Buffalo and Erie County Workforce Investment Board, 2018.

³³ U.S. Bureau of Labor Statistics. 2016. *Occupational Employment Statistics, May 2017 Metropolitan and Nonmetropolitan Area Occupational Employment and Wage Estimates.*

<https://www.bls.gov/oes/current/oesrcma.htm>; analysis by PHI (6/29/18).

³⁴ U.S. Census Bureau, 2017.

³⁵ U.S. Department of Health and Human Services. 2017. *Annual Update of the HHS Poverty Guidelines*. 82 FR 8831.

<https://www.federalregister.gov/documents/2017/01/31/2017-02076/annual-update-of-the-hhs-poverty-guidelines>. The poverty line was set at \$12,060 for an individual and \$24,600 for a family of four in 2017.

³⁶ New York State Department of Labor. 2017. "Minimum Wage for Fast Food Workers: Frequently Asked Questions." New York State Department of Labor. 2017. <https://www.labor.ny.gov/workerprotection/laborstandards/workprot/MW%20Updates/fast-food-faq.shtm>; New York State. 2017. "New York State's Minimum Wage." <https://www.ny.gov/new-york-states-minimum-wage/new-york-states-minimum-wage>

³⁷ Ross, Tacey. 2017. *Health Equity: The Path to Inclusive Prosperity in Buffalo*. Buffalo, NY: National Equity Atlas.

https://nationalequityatlas.org/sites/default/files/EP_summary-buffalo-05-05-17.pdf.

³⁸ U.S. Census Bureau, 2017.

³⁹ Partnership for the Public Good. 2018. "Community Agenda." <https://ppgbuffalo.org/community-agenda/>

⁴⁰ Magavern et. al, 2018.

⁴¹ Child Care Resource Network. 2017. "About Us." <https://wnychildren.org/>.

⁴² Erie County Department of Social Services. 2018. "Comprehensive Employment Division."

<http://www2.erie.gov/socialservices/index.php?q=comprehensive-employment-division>.

⁴³ Cooperation Buffalo. 2018. "What We Do." <https://www.cooperationbuffalo.org/what-we-do>.

⁴⁴ The Beverly Gray Business Exchange Center. 2018. *Fact Sheet*. Buffalo, NY: The City of Buffalo.

<https://www.buffalony.gov/DocumentCenter/View/3035/BeverlyGray-FactSheet>

⁴⁵ Buffalo Niagara SCORE. "About Us." <https://buffaloniagara.score.org/>.