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RALPH C. WILSON, JR. FOUNDATION

REPORT

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

Rochester, New York has a rich history of economic development and innovation, but it is also one of the country's most impoverished cities. In recent years, local stakeholders have joined forces to address socio-economic disparities in the region through a range of interconnected initiatives, including cooperative business incubation. This raises a timely question: can cooperative development help improve employment in the home care sector—where home care workers, who are primarily women of color, struggle for recognition, support, and economic stability despite their essential contribution to the community? This report examines the feasibility of cooperative development in Rochester'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.

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INTRODUCTION

The Rochester, New York region has a rich history of economic development and innovation, from the opening of the Erie Canal through the genesis of international companies such as Xerox and Eastman Kodak and the subsequent development of today's thriving higher education, health care, and research sectors. But Rochester is also one of the country's poorest cities, and there are deeply entrenched disparities among the region's residents related to geography, race and ethnicity, education, and income.[1]

The city's home care sector exemplifies many of the socioeconomic contrasts in Rochester. Low-wage home care jobs are filled primarily by women and people of color who, despite their critically important and demanding roles, see few opportunities to advance in their careers and achieve economic stability. Many of the clients they serve are also among the poorest and most marginalized members of the community. As the need for home-based long-term services and supports increases at an unprecedented rate, the sector is in crisis, facing a workforce shortage that grows worse by the day and disproportionately impacts Rochester's most vulnerable residents.

In recent years, stakeholders have joined forces to address the region's problems of poverty and inequality through a range of interconnected initiatives. One of these initiatives, led by the Office of the Mayor and the newly formed nonprofit organization OWN Rochester, is to create cooperative businesses in low-income communities. With ownership in the hands of workers, these cooperatives are intended to create quality jobs, empower workers, and build local wealth.

This report examines the feasibility of cooperative development within Rochester'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. It draws on public survey data, stakeholder interviews, and published reports, and considers the composition of Rochester's home care sector and the factors that influence it—including the local labor market, home care workforce, and a range of other issues—to identify promising levers for cooperative development as well as potential barriers or challenges.

This is one of three reports on cooperative development in home care that have been made possible by generous funding from the Ralph C. Wilson Jr. Foundation. The other reports focus on the Buffalo, 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 Rochester 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 Rochester, 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. These 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 occupations and industry codes.

Unless noted otherwise, the quantitative analyses focused on the Rochester Core-Based Statistical Area (CBSA), which includes Livingston, Ontario, Orleans, Wayne, and Yates counties as well as Monroe county. 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. Due to sample sizes, it was necessary to use the Rochester CBSA (hitherto referred to as the "Rochester region," or simply "Rochester"), rather than Monroe County alone, to avoid an unacceptably high margin of error (defined as ±12 percent with 90 percent confidence).

In addition, the research team interviewed 15 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 July and August 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 Rochester? What is working well?" and "What are the most pressing problems in home care in Rochester?" 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 peer-review and gray literature was reviewed to provide a background understanding of best practices in cooperative development and to enhance the analysis of the Rochester context for home care cooperative development.

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 ROCHESTER REGION

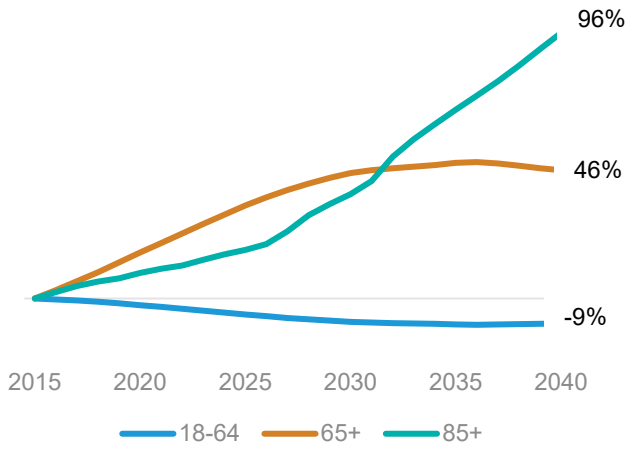
Consumer Demand for Home Care

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.[2]

In the Rochester region, approximately 13 percent of residents experience difficulty with activities of daily living (ADLs) or instrumental activities of daily living (IADLs).[3] This estimate includes 11 percent of adults aged 18 to 64 (73,960 individuals) and a third of those aged 65 and older (54,013 individuals). Comparing disability status in the suburbs versus the city, the nonprofit organization Lifespan found that a higher percentage (40 percent) of older adults living in the City of Rochester report a disability compared to 31 percent of those living in Monroe County.[4] While the majority of individuals with disabilities will rely on unpaid support from family members or friends, previous 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 Monroe County is expected to increase by 46 percent, while the population of working-age adults (aged 18 to 64) will decrease by 9 percent.[6] The number of adults aged 85 and older will increase more rapidly, growing by 96 percent by 2040. These trends will drive up demand for home care services while also stretching the capacity of the labor force to fill home care jobs.

POPULATION CHANGE BY AGE IN MONROE 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.

The increasing demand for home care services was a clear theme across stakeholder interviews. One stakeholder representing a local nonprofit organization serving older adults and their families named the "*sheer increase in numbers of individuals who prefer living at home*" as a fundamental challenge for Rochester's home care sector. Stakeholders also noted the changing profile of home care consumers, including: their higher acuity overall; greater incidence of cognitive impairment; and the rise in addiction problems, including opioid dependence and alcoholism.

Stakeholders also expressed concerns about isolation among older people in the community, given that families are more geographically dispersed than in previous generations. When describing older couples who require support, the service organization representative cited above stated that "*typically the only other person they see is someone who's coming in to do a task for them*." Alluding to social isolation from another angle, the same stakeholder noted that the "*busiest time of the year* [for new client

referrals] *is Thanksgiving and Christmas*," when adult children return for a visit to realize their parents are no longer able to live safely at home without assistance.

Together, these findings corroborate the need for a home care workforce that is large enough to meet the growing demand for services but also adequately prepared to care for consumers with a range of complex needs in a changing social and demographic context.

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, homemaker services, and other supports to individuals with Medicaid coverage or individuals who pay privately or with long-term care insurance.

According to the Bureau of Labor Statistics, there were 47 home health care services establishments and 162 establishments categorized as services for the elderly and people with disabilities in the Rochester region in 2017 (using the NAICS industry codes described above).[7] These establishments include but are not limited to LHCSAs and CHHAs (certified home health agencies, which provide a range of skilled services in addition to home health aide services).

In Monroe County specifically, the New York State Department of Health reports that there are 63 LHCSAs in operation.[8] Among the LHCSAs, there are seven companies with two to three locations in Monroe County (including ElderONE, which is an affiliate of Rochester Regional Health with three locations, and VNA Home Care Services, which also has three locations). All but seven LHCSAs serve additional counties in the Rochester or Finger Lakes regions.

The number of establishments reported by the Census Bureau has doubled since 2007, which represents a 24 percent increase in home health care services and a dramatic 135 percent increase in services for the elderly and people with disabilities. These increases signify the growing demand for non-medical long-term services and supports in particular.

Data from the 2012 Economic Census provide more details on the configuration of the home care sector in the Rochester region. In 2012, there were 47 home health care services establishments and 83 establishments categorized as services for the elderly and people with disabilities.[9] As shown in Table 1, the majority of home health care services establishments were for-profit (60 percent), while three-quarters of services for the elderly and people with disabilities were nonprofit. Both employment and revenue levels were higher, however, among the nonprofit establishments in these industries.

Several factors differentiate nonprofit agencies from for-profit agencies. First, research suggests that for-profit agencies tend to have higher administrative costs and larger profits than nonprofit agencies.[10] Also, nationwide, nonprofit home care agencies tend to offer better job quality than for-profit agencies. Workers employed at nonprofits have higher wages, better access to full-time work, and higher annual earnings.[11] Forty-seven percent of home care workers at nonprofits have employer-sponsored health insurance, compared to 36 percent of workers at for-profit agencies. These findings indicate that mission-driven nonprofit agencies are more likely to invest in the home care workforce—a characteristic they share with cooperatively-owned agencies.

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

		Home Health Care Services	Services for the Elderly and People with Disabilities
Number of Establishments	For-profit	28 (60%)	20 (24%)
	Nonprofit	19 (40%)	63 (76%)
Revenue	For-profit	$55,485,000	$13,000,000
	Nonprofit	$160,068,000	$97,236,000
Number of Employees	For-profit	1,603	638
	Nonprofit	2,195	2,487

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; analysis by PHI (8/9/18).

Census Bureau data from 2016 show that the majority of establishments providing home health care services and services for the elderly and people with disabilities in the Rochester region employed fewer than 50 workers.[12] In the home health care services industry, there were 45 establishments in 2016; of these, 29 percent employed 1 to 4 people and 62 percent employed less than 50 people. On the other hand, a sizable minority (31 percent) employed over 100 people. In the services for the elderly and people with disabilities industry, there were 98 establishments in 2016; of these, 29 percent employed 1 to 4 people and a full 85 percent employed fewer than 50 people. Considering these figures, a question raised by a workforce development stakeholder in Rochester seems pertinent: How is it possible to garner a "*critical mass*" to support the cooperative concept when "*distribution is so broad*," i.e. dispersed?

Several themes dominated stakeholders' comments about the home care sector, primarily regarding the statewide context, including the moratorium on new LHCSAs, upcoming contracting limits for managed long-term care plans (MLTCPs), and financial constraints experienced by home care providers.

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. A number of stakeholders suggested that the current proliferation of approximately 1,500 licenses is problematic, given the lack of robust data on the quantity or quality of services being provided under these licenses. However, stakeholders are concerned that this effort to "*restrain growth*" was actually designed to "*cull the herd*," in the words of a Department of Health staffer—and would result in some agencies being "*thrown out of business*," according to a trade organization representative. The Department of Health has issued a Request for Information (RFI) to help inform the criteria used in approving new LHCSAs through the certificate of need process.

Stakeholders who are championing home care cooperative development in Rochester expressed awareness of the moratorium but cautious optimism that it will be possible for actors in the region to demonstrate sufficient need to obtain a license. These interviewees tended to emphasize workforce needs in their arguments, which may not align with the Department of Health's client-focused definition of need in the certificate of need process. However, forthcoming research from the

Rochester-Monroe Anti-Poverty Initiative (RMAPI) on populations requiring long-term services and supports may help quantify unmet client demand in the region.

The new contracting limits, which were also included in the state budget and will be 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). One trade association stakeholder predicted that, under the new contracting rules, only large agencies and certain smaller agencies that effectively serve a "*niche market*"—a specific population or service area—will be able to survive.

More broadly, stakeholders commented on the financial constraints experienced by home care agencies, particularly highlighting reimbursement rates. In the words of the trade association stakeholder, the rates simply "*aren't adequate for reimbursing workers at a sufficient amount*." Stakeholders also reported difficulties in covering mandated costs, such as the state minimum wage increase, without higher reimbursement rates from the state or from private-pay consumer fees. The same stakeholder characterized the challenge as "*balancing the needs of workers versus the viability of agencies*." On the other hand, a workforce development stakeholder queried whether the problem might be distribution of resources rather than reimbursement rates; anecdotal experience, the stakeholder reported, shows that home care agencies may "*use Medicaid as a crutch to say they can't raise wages*" when in fact their wage costs could be offset through other revenue streams.

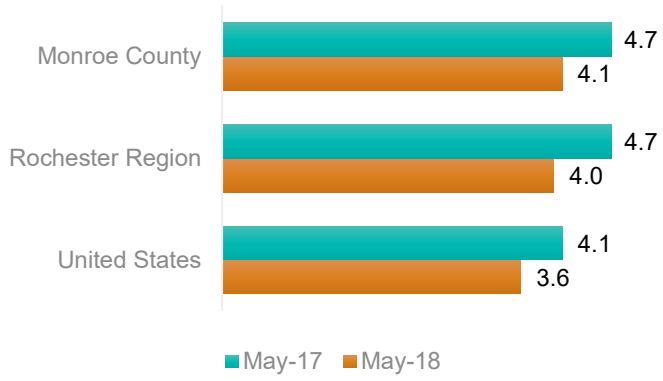
Labor Pool Characteristics

Until the early 1990s, the Big Three in Rochester (Xerox, Bausch + Lomb Inc, and Eastman Kodak) employed about 60 percent of the local workforce, but by 2012, this share had dropped to just 6 percent.[13] Now the economy has diversified considerably; as one stakeholder from local government said, quoting the Mayor, "*Rochester used to be a company town, now it's a town of companies*." This section reviews the characteristics of the labor pool from which Rochester's companies draw employees.

Just under two-thirds of the adult population (aged 16 and above) in the Rochester region are currently participating in the labor force (64 percent).[14] Among those participants, the unemployment rate was 4 percent in May 2018, which was somewhat above the national rate of 3.6 percent.

Labor force participation and employment rates vary considerably by demographics in the Rochester region, including by age, education, and race/ethnicity. Labor force participation rates are slightly lower among older adults (declining from 76 percent among those aged 55 to 59 to just 55 percent of those aged 60 to 64); women (75 percent compared to 82 percent of men); and Black/African-American residents (59 percent participation compared to 64 percent of white residents).

UNEMPLOYMENT RATES FOR MONROE COUNTY, ROCHESTER REGION, AND THE U.S., 2017 AND 2018



Source: Bureau of Labor Statistics (BLS). 2018. Rochester, NY, Area Economic Summary. https://www.bls.gov/regions/new-york-new-jersey/summary/blssummary_rochester_ny.pdf.

Unemployment rates are highest among younger people in Rochester: 20 percent of those aged 16 to 19 and 13 percent of those aged 20 to 24 are unemployed. Importantly, these figures do not include younger people who are in full-time education, only those who are looking unsuccessfully for work. Unemployment is also higher among those without a high school diploma (14 percent), compared to those with some college (6 percent) or a Bachelor's degree (3 percent). The unemployment rates for Black/African-American workers (16 percent) and Hispanic/Latino workers (13 percent) are higher than the unemployment rate for white workers (6 percent). Although unemployment rates are similar for men and women (7 percent and 6 percent, respectively), the unemployment rate for women with children below the age of 18 is somewhat higher (9 percent).

These findings on Rochester's labor force suggest a number of opportunities and strategies for recruiting new workers to home care careers, as explored further in the Discussion and Conclusion section.

The Home Care Workforce

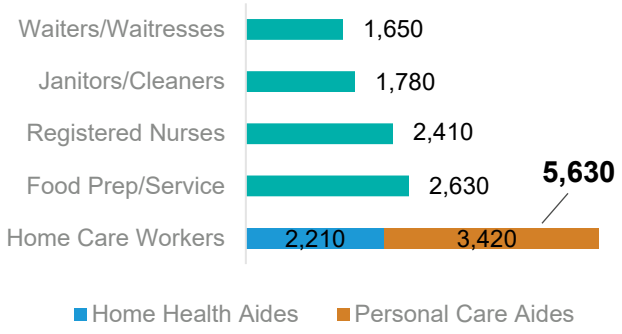
There are nearly 13,000 home care workers in the Rochester region, including approximately 4,490 home health aides (HHAs) and 8,400 personal care aides (PCAs).[15] Among Rochester's home care workers, approximately 17 percent are independent providers, working through the publicly funded Consumer Directed Personal Assistance Program or private hiring arrangements on the "gray market."[16] (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.)

Similar to home care workers nationally, this workforce is predominantly female (87 percent) with a median age of 45.[17] Just under half of Rochester's home care workers are people of color, including 31 percent Black/African-American workers and 12 percent Hispanic/Latino (any race). The majority are U.S. citizens by birth (89 percent). By comparison, although also predominantly female (93 percent) with a median age of 48, the statewide home care workforce is nearly 80 percent people of color and 69 percent immigrants. Nearly 41 percent of Rochester's workforce has some college education, which is slightly higher than the state average of 35 percent. Forty-two percent have completed high school.

In the years ahead, home care is predicted to add more jobs than any other single occupation in the United States.[18] Reflecting this trend, the Finger Lakes region (which comprises Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming and Yates Counties) is expected to add over 5,600 more home care jobs between 2016 and 2026, which is more new jobs than any other occupation in the region; this will include 2,210 new HHAs and 3,420 new PCAs.[19] Looking at this trend from a different angle, the 2018 report on the Health Care Workforce in New York released by the Center for Health Workforce Studies found that 92 percent of home care agencies in the Finger Lakes region planned to expand their direct care workforce (including HHAs and PCAs) within the next year.[20]

Although the Rochester region's home care sector is rapidly adding jobs, the supply of workers to fill those jobs is limited by a number of factors. These factors include the dwindling number of working-age adults joining the labor force and the limitations in labor force participation and employment described above. Job quality is also a deterrent, as discussed later in the report.

EMPLOYMENT GROWTH FOR THE FINGER LAKES REGION, 2016-2026



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

As a result, the region is facing a growing workforce shortage, as are many parts of New York and the nation—a theme that was raised throughout the stakeholder interviews. Some stakeholders reported that the shortage of home care workers to serve rural areas of the region is particularly acute, while one stakeholder noted that tightening immigration policies will exacerbate the shortage by significantly curtailing the supply of existing and prospective workers.

Home Care Workforce Development

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

Training requirements and programs

Aligning with federal minimum requirements, New York State requires HHAs to complete 75 hours of training before obtaining certification, including 59 hours of classroom teaching and 16 hours of supervised practical training. 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 (such as "putting people first" and "supporting good health"). Finally, PCAs in the Consumer Directed Personal Assistance Program are trained at the discretion of the consumer and are not required to complete the 40-hour state-approved training and evaluation.

According to the New York State Department of Health and Education Department's list of approved education and training programs, there are 23 registered training programs for home care workers in the Rochester region, including 12 PCA training programs and 11 HHA training programs.[21] Of these, seven HHA programs and eight PCA programs are located in Monroe County. These numbers do not indicate how frequently training programs are provided, however; they may

be offered "*all the time*," as one home care agency provider said about their agency's PCA course or, as another noted about their agency's HHA course, just often enough to maintain approval from the Department of Health.

These training programs are primarily operated by home care providers and do not require tuition fees from trainees, per the approval requirements of the Department of Health. The primary alternative for HHA training is offered by the Rochester Educational Opportunity Center (REOC), which also offers a Certified Nursing Assistant (CNA) course. One of 10 Educational Opportunity Centers established by the State University of New York system, REOC aims to provide "comprehensive, community-based academic and workforce development programs and provide support services leading to enhanced employment opportunities, access to further education, personal growth, and development."[22] All REOC programs are tuition-free.

Two other related training programs in the region are a 40-hour CNA to HHA transition program offered through the Orleans/Niagara BOCES Program in Medina (which costs $355) and a tuition-free program offered at the Iroquois Job Corps Center, which is administered by the U.S. Department of Labor and is aimed specifically at 16- to 24-year-olds. Monroe Community College does not appear to offer any HHA, PCA, or CNA programs at this time.

When asked about home care training opportunities in the Rochester region, stakeholders did not articulate any specific concerns about adequacy or quality, nor did they connect the adequacy of existing training programs to employers' retention challenges. One stakeholder with expertise in workforce development reported that agencies are more concerned about workforce retention than training; summarizing that "*Training is not the problem — we need retention support*." Another stakeholder from the business development sector could think immediately of at least two to three training programs in downtown Rochester alone and also underscored that although training is available, the bigger question is "*how well are workers being retained in the field*?"

Other workforce development resources

The Rochester region is home to a number of workforce development agencies and resources that are relevant to home care. There are three workforce development boards: Monroe County; Finger Lakes (Ontario, Seneca, Wayne, and Yates counties); and GLOW (Genesee, Livingston, Orleans, and Wyoming counties).[23] Workforce development boards are tasked with forming close partnerships with local industry leaders in order to stimulate regional economic growth. Specifically, they connect job-seekers to training and employment, and they provide program and fiscal oversight to the local workforce investment system. According to the Finger Lakes Regional Economic Development Council's most recent annual report, these boards oversaw the allocation of a $7.2 million investment in employment and career services in 2017.[24] Since 2011, the report states that more than $500 million has been invested in more than 600 projects in the region, representing $2.2 billion in total investment. These projects have not targeted home care workforce development specifically, but they have included investment in workforce supports for low- and moderate-income workers across sectors, thereby impacting home care workers. Some of these workforce development projects connect directly with RMAPI, with the aim of aligning education/job training programs with poverty reduction efforts.[25] While there is substantial investment in workforce development within the region overall, efforts targeting the direct care workforce are critically needed in order to meet Rochester's growing demand for long-term services and supports.

Action for a Better Community (ABC) is another key workforce development resource in Rochester. One of nearly a thousand Community Action Agencies that were established under the Economic Opportunity Act of 1964, ABC provides a range of services aimed at building self-sufficiency among low-income individuals and families. ABC's workforce development programs include: pre-employment coaching and career planning; a "job club" for job-seekers; job placement services, with an emphasis on "jobs which provide advancement opportunities, pay more than minimum wage, and are likely to promote economic independence"; and post-employment support to ensure successful transitions into the workforce.[26] These services target individuals who are unemployed or underemployed.

With community partners, ABC also leads the Health Profession Opportunity Grants Program in the Rochester region (ROC-HPOG). Established as part of the Affordable Care Act of 2010, the HPOG program is designed to enable Temporary Assistance for Needy Families (TANF) recipients and other low-income individuals to gain skills for jobs in high-demand health care professions, including home health. Through this program, individuals can access basic skills and job readiness training; attain high-school equivalency; access childcare, transportation, and other assistance; and obtain funding for a range of work-related costs, including testing and licensing, books, tutoring, and mentoring.

Other community workforce development resources include RochesterWorks!, which provides job training and recruitment services for both job-seekers and employers, and the LadderzUp Workforce Training Program, a collaboration between Monroe County and Monroe Community College, which aims to "recruit, train, and quickly place workers into the most in demand careers in the region." LadderzUp is designed to provide educational and training opportunities that align directly with current and future job openings, encouraging students to move into the workforce as they continue their education and helping employers attain skilled entry-level workers and access customized training to upskill workers over time. There is no evidence that these programs are supporting the home care pipeline yet, but that may be a possibility for the future.

Monroe County Department of Human Services (DHS) also provides individualized employment support for individuals receiving public assistance, including job readiness and skills training, assistance with job-related costs (such as childcare, licensing fees, and uniforms), and post-employment support. DHS also has funding from the New York State Office of Temporary and Disability Assistance (OTDA) to operate "subsidized employment initiatives" under the Transitional Employment Assistance Program; these funds can be used to reimburse employers for up to 100 percent of wages for new employees in a range of areas, including health care.

Recruitment and Retention Factors

In many ways, home care jobs in Rochester represent the difficult realities faced by all low-income workers in the region—as highlighted in a report on wage disparities that was recently released by the Mayor's Office.[27] Low hourly wages and part-time hours keep annual earnings low for this population, leaving many in a state of continuous financial precarity. Additional barriers to maintaining stable employment and career advancement that low-income workers may experience include a lack of affordable childcare and transportation, among other barriers. This section discusses some of these challenges as well as highlight promising strategies and solutions.

Wages, hours, and benefits

Median hourly wages are $12.65 for HHAs and $11.55 for PCAs in the Rochester region.[28] Median annual earnings for these home care workers are $17,200, with a median family income of $46,200.[29] Median earnings for individual home care workers across the state are slightly higher than those in Rochester, at $18,900, but median family earnings ($46,000) are similar statewide.

Low annual earnings in the region's home care sector are affected by workers' employment status as well as their hourly wages. In Rochester, aligning with state averages, less than half of home care workers (44 percent) work full time. Recognizing inadequate hours are a challenge across many low-income jobs, one stakeholder told us that the Mayor's Office of Innovation is conducting a Part-Time Workers Survey to assess "*roadblocks and employer practices to be addressed to move people to full employment.*" The results of that survey may help inform efforts to improve working hours in home care.

Among home care workers in Rochester, 19 percent live below the federal poverty line (which was set at $12,060 for an individual and $24,600 for a family of four in 2017[30]), while 50 percent live below 200 percent of the poverty line. Given their low earnings, nearly half (48 percent) rely on some form of public assistance, including Medicaid (30 percent), food and nutrition assistance (28 percent), and cash assistance (5 percent). Fourteen percent of home care workers in Rochester are uninsured, which is similar to the state average for this workforce, but higher than the uninsured rate for all Rochester workers of 7 percent.[31] Among those with health insurance, 49 percent have health insurance through their employer or union; 37 percent have Medicare, Medicaid, or other public coverage; and 9 percent purchase insurance directly.

The problems posed by low wages in the home care field were raised across our stakeholder interviews, often in the context, as noted above, of inadequate reimbursement rates as well as wage mandates, including the increased minimum wage.[32] As one home care provider stated, "*I wish we could pay them 15 dollars an hour because they're worth it, but reimbursement rates are not high enough*." Another stakeholder in workforce development noted that increases in the state minimum wage put direct care on par with other minimum wage jobs—as a result, workers are opting for jobs in sectors that offer "*the same pay, but better hours and quality of life.*" The low unemployment rate described above exacerbates this competition for workers, a point that was also underscored in the stakeholder interviews.

While wage levels are critical to improving direct care jobs, compensation is not the only determinant of job quality that affects recruitment and retention in this sector. Stakeholders spoke to a number of challenges in workforce development within home care, acknowledging that some agencies "*do it better than others*" with regards to attracting workers and incentivizing them to stay in their roles over the long term.

Upskilling and career advancement

A key theme among interviewees was the lack of a clear career pathway in home care; as the trade association stakeholder said, "*the bottom line is that people don't want to do this work … unless they can understand where their career will go and can work their way up the ladder*."

There are two promising developments that may help offset this problem in New York. First, the state has invested $245 million over the next three years in regional Workforce Investment Organizations (WIOs), training entities contracting with MLTCPs to develop initiatives to attract, upskill, and retain long-term care workers, including PCAs and HHAs. The program promises to provide enhanced opportunities for home care workers in Rochester, beyond what their own employers can provide. PHI was designated as a long-term care WIO for the New York City region, making it eligible to implement direct care worker training initiatives through contracts with approved MLTCPs within the city's five boroughs. The 1199SEIU Training and Employment Funds were named a WIO serving several areas of the state, including the western region. PHI is working with 1199SEIU to support their training needs in these regions. Among 1199SEIU's program goals is "creating new career pathways for long-term care workers." Outside the WIO program, according to one stakeholder, 1199SEIU is also providing free training opportunities for home care workers as part of their organizing efforts in Rochester and Buffalo, with more than 300 workers participating in CPR and Alzheimer's trainings to date.

The second statewide initiative, the implementation of a new Advanced Home Health Aide (AHHA) occupation, will provide an opportunity for experienced HHAs to complete further training and certification in order to obtain an advanced title that allows them a wider scope of practice than entry-level HHAs, including the ability to administer some medications. The regulations for this occupation are still in development, with the impact on the field yet to be determined. However, one workforce development stakeholder raised the concern that agencies may be deterred from offering training for the AHHA role unless they are reimbursed at a higher rate to cover higher wages for these advanced aides. Otherwise, employers risk investing in workers who might not "*stick around*."

Other stakeholders indicated that workers themselves are not always incentivized to take career development opportunities. For example, a home care provider said that her agency once offered an HHA training program "*as a way to reward current* [PCAs]"; HHA certification comes with a wider scope of work including performance of health-related tasks for clients. The upskilled workers then received an increased rate of pay, regardless of the type of client cases they took. However, uptake of the program was low because, even with the pay differential, workers did not want to work the shorter shifts available for HHA assignments (citing concerns such as added travel time and wear and tear on their vehicle) and, as a result, the training program was discontinued. While hours worked among PCAs and HHAs have become more commensurate in recent years, any disruption in a home care worker's workload can be problematic and may disincentivize participation in elective advancement programs.

Transportation

Another commonly raised challenge to retention was transportation. Considering the dispersal of home care cases across urban, suburban, and rural areas in the Rochester region (notably, 81 percent of people 65 or older live in suburban towns in Monroe County, while 19 percent live within the city limits[33]), a workforce development stakeholder simply asked: "*How are you going to get there if you don't have a car?*" Indeed, quantitative analyses found that nearly 80 percent of home care workers drive alone to work, while just 8 percent use public transportation.[34] When pressed for insight about how the transportation barrier might be overcome, most respondents were short on solutions. Workers will typically refuse a case if the travel required is too cumbersome.

Transportation is a challenge for workers beyond the home care sector as well. According to a door-to-door survey of residents in the RMAPI pilot district (which includes Beechwood, Bensonhurst, EMMA, Marketview Heights, and a portion of CONEA), 54 percent of respondents listed transportation as one of the biggest issues that people in their neighborhood faced in finding and keeping a job, and 31 percent listed it as a *major* issue. Low-income respondents were more likely to view transportation as a barrier to employment (63 percent).[35] Echoing these findings, a transportation report released in March 2018 concluded that "the state of the transportation options in Monroe County and Rochester pose an equity issue for the community, both in terms of race and income." [36] Even when low-income workers have a car, their costs tend to be higher due to higher insurance rates and less favorable loan terms, which hinders their ability to save: according to the report, "for an individual making minimum wage … purchasing a used car requires 34 percent of pre-tax earnings, and even once purchased, the car still takes 19 percent of monthly pre-tax earnings."

While transportation solutions for low-income workers are needed over the short and medium term, efforts to improve Monroe County's Regional Transit Service (RTS) are poised to have a positive impact in the long run. These planned efforts include: introducing new frequent bus lines; simplifying local transportation services; establishing new crosstown connections; and developing "community mobility zones" and "connection hubs" (which combine fixed routes with flexible alternative transit, such as vanpools and carshares).

Employment and social supports

Other challenges to maintaining employment in home care that were raised by stakeholders included childcare, family instability, food insecurity, and housing problems; as one home care agency stakeholder put it, "*the social determinants that* [workers] *live within can really affect their ability to go to work and provide services on consistent basis*."

Stakeholder interviews showed that although social supports are available for low-income workers in the Rochester region, the system is fragmented and confusing. As one local government stakeholder said, the system is "*difficult for people in poverty to navigate them themselves*"; similarly, a business development stakeholder said, "*there's nothing that connects the dots for anybody in our community, particularly those who are struggling to stay employed*."

Despite these challenges, there appears to be considerable momentum in the Rochester region to address poverty and other socioeconomic barriers to employment through a coordinated and multifaceted approach, including by strengthening the local social support system. Central to this effort is the RMAPI, which has the overarching goal of creating a "coordinated and integrated system of social support" in Rochester and Monroe County to empower individuals and families, enable sustainable and progressive employment, and break the cycle of poverty. RMAPI was funded through a $500 million award granted to the Finger Lakes Region in 2015 by Governor Andrew Cuomo through the Upstate Revitalization Initiative. Involving a range of community leaders, government representatives, service providers, faith institutions, volunteers, advocates, and individuals experiencing poverty, RMAPI ambitiously aims to reduce poverty in Rochester by 50 percent within 15 years through a variety of initiatives that could positively affect low-income workers in the Rochester region, including home care workers. For example:

- The RMAPI Social Services Workgroup is currently conducting a system-wide environmental scan and needs assessment, with the goal of developing a comprehensive directory of social supports for release by the end of 2018. The group is also developing a common intake/assessment tool to facilitate coordination between services; one business development stakeholder described the vision as *"a seamless, user-friendly eco-system of services*."

- For employees of cooperative businesses supported by OWN Rochester (discussed further below), the same business development stakeholder hopes to "*cultivate a team of service providers*" who work in a coordinated way to provide wraparound services that address "*all the challenges that compromise people's ability to be successful in work*."

- RMAPI is partnering with the Catholic Family Center to provide two programs to support low-income workers who "who feel they are just getting by and are seeking pathways to getting ahead."[37] One is Bridges to Success, which pairs individuals with mentors to help them identify and achieve socioeconomic goals. The other is the Family Independence Initiative, which links families together for peer support. Notably, however, both programs have reached capacity and are not enrolling any new participants at this time.

- Another local program that aligns with RMAPI recommendations for centralizing services and supporting those seeking self-sufficiency is the Paths to Empowerment program offered by Rochester Rehabilitation and the Monroe County DHS. Targeted at individuals who are transitioning from public assistance to employment, the program provides support with self-sufficiency and career planning, job coaching, job placement, retention supports up to six months post-employment, financial literacy, drop-in childcare, and career advancement planning.[38]

- The Strengthening Working Families Initiative (SWFI), which is funded by the U.S. Department of Labor's Employment and Training Administration and offered by the Rochester Rehabilitation Center, is a promising program for working parents. SWFI aims to serve 1,000 participants during its four-year award period, providing "low- to middle-skilled parents opportunities to advance in their careers in high-growth or in high-demand industries—including health care, advanced manufacturing, and information technology—while addressing barriers related to accessing training and employment faced by those with childcare responsibilities."[39] As well as offering short-term childcare stipends at market value, the program offers job placement and coaching, transportation assistance, and other supports. Stakeholders reported that individuals may experience disruption in childcare funding between Department of Social Services/DHS and SWFI coverage, although SWFI has extended their eligibility requirements somewhat to address this gap.

- Further childcare support may be available through the state's Office of Children and Family Services, which received $3 million in 2017 to expand childcare subsidies. This funding was part of a $4.75 million award from Governor Cuomo to support the expansion of early childhood antipoverty initiatives in Rochester, including summer learning programs, and childcare and home visiting services for children and caregivers in RMAPI target neighborhoods.

Business Development Resources

One of the most promising players in home care cooperative development in the Rochester region is OWN Rochester, a nonprofit cooperative business development corporation that helps incubate start-

up or converted cooperative businesses and serves as their primary link to financial, legal, and other technical supports in the region.

As described on the organization's website, OWN Rochester's activities include: overseeing the development of for-profit, employee-owned businesses; building and maintaining strategic partnerships with anchor institutions, local government, social service agencies, and other community stakeholders; acquiring financial and in-kind resources to support cooperative development; providing access to workforce development supports to ensure that current and prospective cooperative members have the tools to succeed as employees and as owners; measuring and reporting outcomes to the community, funders, and partner agencies; and furthering cooperative principles and national best practices.

OWN Rochester has incubated two start-up businesses that are on the path to becoming worker-owned: an LED installation company and a custodial services company. The organization has established the following protocol for developing a cooperative business:

- Secure contracting commitments from local partners, especially anchor institutions;
- Recruit a manager who is responsible for hiring workers from locally cultivated labor pools, such as through REOC;
- Provide training for new workers, including those already trained and/or certified, a "layers of training" approach; and
- Within a year, offer worker-ownership to individual workers.

Beyond the first year of business development, OWN Rochester continues to link cooperative businesses to resources and services.

OWN Rochester was created following a feasibility analysis and implementation plan completed by the Democracy Collaborative funded by the City of Rochester. Released in 2016, the Democracy Collaborative's report describes "an abundance of business development resources" to support cooperative development in the region and claims that Rochester "is particularly strong in the area of urban business development, cooperative business development, and availability of experienced professional mentors."[40]

One key local business development resource is Greater Rochester SCORE, which is part of a national network of SCORE chapters dedicated to educating entrepreneurs and helping small businesses start, grow, and succeed. Greater Rochester SCORE partners with the U.S. Small Business Administration to provide counseling, mentoring, and workshops for small businesses. Additionally, there are a number of business schools in the area that regularly support community service initiatives, including at the University of Rochester, St. John Fisher College, and Rochester Institute of Technology.[41] Other local business development resources include the Business Development Center at the Urban League of Rochester, which assists minority and women entrepreneurs, veterans, dislocated workers, and others start and grow businesses; the College at Brockport's Small Business Development Center, which serves small and medium-sized enterprises across the six-county Rochester region; and the Greater Rochester Chamber of Commerce.

The Office of the Mayor, OWN Rochester and other local actors, including 1199SEIU, have expressed significant interest in partnering with PHI on home care cooperative development in Rochester and contributed to this report.

DISCUSSION AND CONCLUSION

Combining quantitative data with a range of stakeholder insights and supplementary published resources, this report has examined core factors in the Rochester region that affect the area's demand for home care, the supply of home care workers, job quality and worker retention in this sector, and the potential success of developing home care cooperatives. This final section draws out the implications of these findings for the home care sector and its workforce.

The Home Care Sector

The growing need for home care, both locally and nationally, is indisputable as the population ages and as consumer preferences and policy priorities favor the delivery of home and community-based care. Rochester, New York is no exception. The shortage of home care workers in this region is already affecting the provision of long-term services and supports for residents. Low wages, a lack of career pathways, and transportation and other barriers have contributed to recruitment and retention challenges among Rochester's home care workers, and yet demand for their services continues to escalate. With better jobs, home care has the potential to drive employment and create opportunities for meaningful work in Rochester, enhancing quality of life among both its caregivers and care recipients, who include some of the region's most vulnerable residents.

The development of cooperatively structured home care agencies presents one strategy for enhancing job quality for Rochester's home care workforce. Job quality is a cooperative advantage, with cooperative businesses more likely to invest in higher wages, better training, mentorship and supportive supervision, and opportunities to advance and specialize among their worker-owners. These investments can translate into a better performing, more committed home care workforce, with lower turnover and better client outcomes.

In the context of consolidation and limited funding within New York's home care sectors, this study identified clear concerns from long-term care stakeholders in Rochester that any new business trying to enter the market—regardless of business model—would pose unwelcome competition to existing agencies. However, multiple stakeholders noted it is also difficult for any current owner to *leave* the market, since they cannot hope to find a buyer, unless that buyer is acquiring several businesses at the same time. The conversion of existing businesses to cooperatively structured home care agencies, then, could serve both market and workforce needs.

Given that there is an exception to the State's LHCSA moratorium for applications to "consolidate two or more currently operational LHCSAs," this suggests that a key approach may be to identify smaller agencies suitable for conversion and combine them into a single cooperative entity. The high prevalence of nonprofit home care provider agencies in the region indicates additional receptivity to cooperative conversions.

The Home Care Workforce

Any home care agency that aims to develop a strong, committed, and supported workforce—whether cooperatively owned or not—must invest in recruitment and retention strategies.

Study findings in the Rochester highlighted opportunities for recruiting specific segments of the region's labor force through targeted outreach methods and tailored employment supports, including younger people, those without a high school diploma, and women with children. For example, strategies might include recruiting younger people through high schools and assisting women with children to access childcare resources. Furthermore, the lower labor force participation and higher unemployment rates among workers of color suggests the need for race-explicit and neighborhood-based strategies for reaching new workers, including those that may be frustrated by their job prospects or, as one business development stakeholder described it, constrained by "*intergenerational unemployment*." The regional workforce development resources described above represent potential partners in these enhanced recruitment efforts.

To improve both recruitment and retention, there is a clear need to enhance job quality and supports for home care workers in Rochester—especially by enhancing training opportunities; increasing wages; providing access to employment and social supports; and developing career pathways in this sector. At Cooperative Home Care Associates (CHA), a cooperatively owned home care agency in the Bronx, for example, investment in a robust training program and workforce development department to support new hires has produced field-leading workforce outcomes, including average annual turnover rates of just 20 percent.[42] As PHI heard from stakeholders, higher wages are important but seemingly unfeasible, given the limits of public reimbursement and private pay; this highlights another cooperative advantage, as wages can be supplemented through shared profits that might otherwise be siphoned away from workers.

The concerted effort underway in Rochester to coordinate employment and social supports provides a unique platform on which to launch workforce innovations for the benefit of low-income workers who are trying to stay employed and achieve economic independence. Depending on the success of this effort, individual home care employers in the region may be able to link their workers to a more navigable and effective system of supports in the future, with specific attention to ameliorating the transportation and childcare access barriers identified in this report. This may be particularly true for a cooperative agency supported by OWN Rochester, which aims to ensure wraparound services for current and future worker-owners to the extent possible.

With few formal rungs on the career ladder between HHA and the next state-recognized professional title, Licensed Practical Nurse, pathways to career advancement in this sector must be built by innovators within it. Home care workers typically spend more time with their clients than any other medical or service professional, affording them unique insight about clients' conditions and ways to stabilize care in the home. Home care agencies, managed care plans, and entire health systems have developed customized advanced roles for home care workers to leverage their skills and knowledge to improve outcomes including care coordination, avoidable hospitalizations, and continuity of care. At CHCA, for example, experienced HHAs can be promoted to a range of roles including Assistant Trainer, Clinical Coordinator, Peer Mentor, and a care transitions-focused Senior Aide. These pathways serve the dual purpose of promoting experienced workers and encouraging those joining at the entry level with the promised of upward mobility in this field.

Finally, the findings in this report indicate that there is momentum behind the cooperative concept in the Rochester region, with political leadership, community endorsement, and emerging examples in action—and explicit interest in home care cooperative development.

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With thanks to Stephen Campbell, PHI Data and Policy Analyst, Peggy Powell, PHI Senior Advisor, and Angelina Del Rio Drake, PHI Chief Operating Officer

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 are providers deliver high-quality care;
- Support policymakers and advocates in crafting evidence-based policies to advance quality care

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