

OVERCOMING BARRIERS TO PARTICIPATION IN TRAINING: LESSONS FROM THE HOME HEALTH CARE
WORKERS OF 1199/SEIU, NEW YORK'S HEALTH AND HUMAN SERVICE UNION

by

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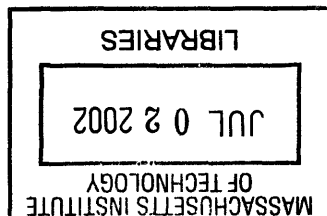
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ABSTRACT

This thesis explores the barriers to participation in the 1199 Home Care Industry Bill Michelson Education Fund (Home Care Education Fund). The Home Care Education Fund is structured as a Taft-Hartley, joint labor-management training fund to provide skills upgrading opportunities to unionized home care workers. It is the only such fund in the United States devoted exclusively to home care workers. Home care is a growing sector of the health care industry, and home attendants and home health aides are projected to be among the fastest-growing occupations in the following decade, according to the Bureau of Labor Statistics. Home care workers are also some of the most economically disadvantaged workers in the health care sector, earning poverty-level wages and, with the exception of 1199/SEIU members, lacking health insurance and pension benefits.

Three sets of stakeholder groups were interviewed for this thesis: home care workers, who participated in a series of focus group meetings and personal interviews; home care agency employers; and Home Care Education Fund and ETJSP staff members. A written survey instrument was implemented to home care agency employers regarding their staffing levels and training benefits to supplement personal interviews. Each group articulated a coherent set of barriers facing home care workers, with unique challenges facing the agency employers and Education Fund staff in meeting the workers' needs. It is argued that shared interests bind these groups together and that a considerable overlap exists between the provision of quality medical care, welfare and job training policies. Further, there is an urgent need to support a frontline, marginalized workforce that is caring for thousands of disabled and elderly clients on a daily basis. The ultimate goal of this thesis is to identify those key barriers that prevent participation in the Home Care Education Fund so that staff and trustees may work together to tailor their services to meet their unique needs. It concludes with supporting recommendations for workforce development policy.

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Introduction

The merging of several key trends leads us to examine a growing, but understudied, sector of the low-wage labor force: home health care workers. The following characteristics make this group worthy of detailed attention:

- The Bureau of Labor Statistics predicts the next decade's top two, fastest-growing occupations will be home care attendants and home health aides (640,000 new jobs between 2002 and 2005);
- Health care is a crucial, place-based industry that will not shift jobs overseas; and
- A growing elderly population as the "baby boom" generation ages, coupled with a decreasing supply of workers, many who earn poverty-level wages (national median of \$8.94 per hour in 2000¹).

One organization that has been an advocate for home health care workers is the Service Employees International Union's (SEIU) Local 1199 in New York City. Local 1199's Employment, Training and Job Security Program (ETJSP) is one of the oldest and largest complements of joint labor-management training programs in the United States formed to aid workers upgrade their skills and move into increasingly professional and well-paid jobs. Given 1199/ETJSP's history and the scope of their training programs, I have chosen to examine their labor and home care agency employer efforts to serve one of the most economically disadvantaged groups of workers within the health care sector.

This thesis is concerned with understanding the unique barriers home health care workers, who are members of 1199/SEIU, may face in accessing the benefits available within the 1199 Home Care Industry Bill Michelson Education Fund. The Home Care Education Fund is the first, and only, labor-management training fund designed specifically for home care workers. Due to the growth of the home health care field and 1199's size and historical involvement in the health care sector in New York, the lessons learned from their member-

¹ National Association for Home Care, "Basic Statistics About Home Care", March 2000. The average wage in New York City for home attendants is approximately \$7.60 per hour.

participants (and non-participants) may provide valuable lessons for other home care worker training programs nationally. At the conclusion of this thesis, I will offer (1) potential policy prescriptions for workforce development and training programs, and (2) programmatic suggestions for the Home Care Education Fund.

A key assumption guiding this thesis, and within the literature that exists, is that home health care jobs were created as part of an anti-poverty strategy that has succeeded in providing employment opportunities but has not alleviated poverty as intended. As with many jobs in the US, the services provided by home health care workers are physically and emotionally demanding, difficult, underpaid and undervalued. Why this employment strategy has not had the full effect intended is beyond the scope of this thesis, but will necessarily inform my research question throughout the process.

The first chapter of the thesis will present a brief history of home health care, with a focus on New York State. This historical overview will include the involvement of 1199/SEIU and its role in shaping the welfare of low-wage workers in the health care sector. In addition, I will include a description of the home health care industry itself and the challenges it faces in delivering services to clients. As noted frequently by practitioners in home care, it is “the place where the system touches the client”. This chapter will introduce the nexus in which the union training fund, the worker, the home care agency employer, the patient and health care policy intersect.

In chapter two, I will present the 1199/SEIU training infrastructure and address the Home Care Education Fund in detail: its goals, its organizational structure and how it operates. This description will be filtered through my three main data sources: home care workers, home care agencies, ETJSP and Home Care Fund staff. This section will also include the rationale for union involvement in training programs within the frame of workforce development policy. Last, I will begin to explore the concern that the Fund is undersubscribed.

The third chapter will describe the home health care workers themselves, augmenting their demographic profile with personal narratives from interviews. I will then build on this research to examine how their personal characteristics relate to the job context and introduce their personal and institutional barriers to increased training opportunities.

Chapter four will present the thesis analysis and findings. This analysis will draw upon existing literature, interviews among the three main data sources mentioned previously, as well as a survey instrument sent to agency employers. I will describe the demand for training

among 1199/SEIU members and attempt to answer the research question of why participation levels may not be meeting this stated demand for increased skills. I will also highlight strengths and challenges facing the Home Care Education Fund.

The final chapter will offer my conclusions of the Home Care Education Fund and the extent to which it is reaching the workers who are eligible to benefit from it. Recommendations will be offered to strengthen current successes and present alternatives to bolster enrollment. Finally, I will present these recommendations in the context of “lessons learned” for other training programs, with a view toward the value added from a union-management perspective. Implications for policy makers will also be addressed.

Summary of Findings

The findings in this thesis are presented in three spheres: the worker, the agency and the Home Care Education Fund. The key barriers to participation in the Fund from the home care workers’ perspective include a *lack of convenient time and location* for taking classes; *age* (a view expressed that “I’m too old”); and, *limited English skills*. Addressing these concerns will prove to be an ongoing challenge for the staff and trustees of the Education Fund. By far the most critical aspect is the time and location of classes. Although workers expressed a myriad of reasons for not participating in the Fund, this issue was voiced as the top concern by all who were interviewed for this thesis. The recent expansion of home care membership and an increased effort to reach workers may address this concern by creating a critical mass of workers at the neighborhood level who can enroll in a class together. As participation levels rise in the Education Fund, however, staff will be faced with tapping into a limited supply of instructors in the New York City area, which is already a problem for scheduling courses.

Serving workers with limited English skills can be addressed most simply by offering more English to Speakers of Other Languages (ESOL) classes; a correlated challenge will be having more staff resources available to serve the growing number and diversity of foreign-born members who are becoming part of the union and its jointly-managed training fund.

Many workers stated that too many years had passed since they were last in the classroom, and returning is a daunting task. Encouraging older workers to re-enter the classroom will involve devising appropriate incentives. One possibility might be creating a cadre of “Education Fund Alumni” who can assist the staff in their outreach efforts, not unlike the model used by the union for campaigns. Also, appealing to workers with grown children

might be particularly fruitful if the message is promoted that “it’s your time now”. Employers can also play a critical role by encouraging their home care workers directly to participate.

Home care agencies are faced with their own set of challenges that impact their employees’ ability to participate in the Education Fund. The key findings they enumerated included *shifting client needs; a reluctance to remove workers from cases; varying capacity to cover staff absences for training; and, the need for strong collaboration between the Education Fund staff and agency employers.* Home care agencies’ mission is to deliver high-quality care to their clients. Responding to their evolving health needs lies at the core of achieving their mission. As client needs change, however, it affects the home care workers’ schedule and negatively impacts her/his ability to engage in planning for a longer-term program. Agencies also expressed a reluctance to remove workers from cases for training. This concern was also voiced by the workers’ themselves; many simply cannot afford to lose any wage-earning hour of work, regardless of the long-term gains training might provide. Removing workers from cases is challenging from the agency perspective due to thin staffing and budget margins. Related to this difficulty is the varying capacity to cover staff absences for training. Some agencies experience greater rates of turnover than others, and some simply have more workers, which allows for greater flexibility in scheduling. In discussions with employers and in survey responses, replies to the query, “Please choose the option that best describes your current staffing situation” had nearly as many “We do not have enough home care workers to cover all the cases” as “Our staffing needs are in balance with our caseload.”

Although the majority of agencies replied they thought the Education Fund was “doing the best they can”, it was clear to this researcher that efforts to design specialized training courses would benefit from more consistent levels of collaboration. All the stakeholders agree with this sentiment, but the very real constraints of limited time and availability for involvement in the Home Care Education Fund means communication is by definition imperfect. It is worth merely stating the ongoing need to communicate each group’s interests to ensure the courses offered to workers are the most appropriate ones possible.

The Education Fund itself is faced with limitations and challenges to providing services effectively. The barriers staff identified that impact worker participation levels include *a small staff to membership ratio; an inability to predict class locations each semester; increasing administrative tasks from public grant funding sources; and, a lack of available teachers.* The recent inclusion of Local 32BJ workers increased the Fund membership by almost 50%. The staff size

has only increased marginally, however, rendering each staff member responsible to a significantly larger proportion of workers than in the past. This increase in membership, while universally viewed as a positive event, limits their ability to provide individual assistance to a large number of workers.

A recent foray into public funding sources to expand offerings has leveraged collective bargaining funds, but comes with the additional burden of increased reporting requirements. These additional tasks detract from time that could be spent on workers. Last, a key challenge facing not only the Home Care Education Fund but also schools everywhere is the lack of available instructors. As class sizes and the number of workers enrolled in classes increase, the ability to locate qualified and available teachers may prove to be the most challenging barrier the Education Fund will face.

Throughout the research process, a clear and coherent understanding emerged from each group regarding worker barriers to participation. This bodes well for the future of the Home Care Education Fund: it demonstrates that workers are communicating their needs and challenges effectively, and agencies and Education Fund staff are listening carefully and trying to address them. A continuous dialogue will be necessary to ensure the Fund is able to maintain the flexibility to respond to the changing forces affecting the provision of home health care.

This thesis contributes to the growing body of literature surrounding the need to support a marginalized population of low-income health care workers. The exponential growth in the provision of home care has not resulted in an equitable amount of attention to the caregivers – their workplace conditions, the growing need for more advanced training, and their low wages and benefits. The members of the 1199 Home Care Industry Bill Michelson Education Fund are literally alone in the United States in their attempts to provide skills upgrading to home care workers, a geographically dispersed and economically disadvantaged group of workers. However, as I will argue throughout this document, it is in everyone's best interest to recognize the contributions of these workers and provide them with the support and training they need to do their jobs safely and effectively.

Chapter 1: The Home Health Care Industry

*"Just don't get sick...and don't grow old either."*²

*Background
The Nature of Long-Term Care in New York
Home Health Care Jobs
Positions within Home Care
1199/SEIU Involvement in Home Health Care*

Background

Home health care agencies have existed for over a century, although it is only recently that their use has become prominent. The first agencies were established in the 1880s, and their numbers grew to 1,100 in 1963 to their current number of over 20,000.

The growth in the home health care industry was primarily driven by Medicare's enactment in 1965. This provided in-home care for the elderly, and by 1973, to disabled youth as well. The majority of recipients of long-term home health care, however, are over 65 years of age. Between 1967 and 1985, Medicare-certified agencies more than tripled, from 1,753 to 5,983. Medicare is funded solely by the federal government to provide primarily acute care; it is designed to be short-term and intensive. Thus, Congress has restrained Medicare's participation in managing chronic illness and elderly services³.

Medicaid, the other main public source of funding for home care, is provided jointly by the federal and state levels. Its primary purpose is to provide health care coverage for low-income individuals. About 35% of Medicaid's budget covers long-term care specifically. Overall, long term care expenditures for the elderly in 2000 were expected to total \$123 billion, with 60% from public sources, 4% from private insurance and 36% by out-of-pocket and other sources.⁴ Public sources for home health care other than Medicare and Medicaid include the Older Americans Act, Title XX Social Services Block Grants, and the Veterans' Administration and Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). Medicare is the single largest payer of home care services at approximately 40%.⁵

² Advice from a home health aide, excerpted from the Paraprofessional Healthcare Institute's "Direct-Care Health Workers: The Unnecessary Crisis in Long-Term Care.", September 2000.

³ National Association of Home Care, "Basic Statistics About Home Care", March 2000.

⁴ Paraprofessional Health Care Institute, "Direct Care Health Workers: The Unnecessary Crisis in Long-Term Care", September 2000., p. 3.

⁵ NAHC, "Basic Statistics About Home Care", March 2000.

The Balanced Budget Act of 1997 (BBA), signed by President Bill Clinton, has had a significant impact on Medicare expenses and the provision of home health care. Medicare spending dropped from \$14 billion to \$9.5 billion in 1999, a 32% decrease. As reported by the National Association of Home Care, "No other benefit in the Medicare program experienced proportionate reductions anywhere near the magnitude that home health experienced...." Another BBA item designed to reduce health care spending has held reimbursements to agencies at below-inflation rates of growth. Last, agency payments are restricted to the lowest of the agency's allowable costs, its per-visit cost limits or per-beneficiary cost limits. These policy changes have forced innumerable organizations out of business, as predicted by the Lewin Group, which estimated 90% of agencies would have costs exceeding BBA limits.⁶

The health care bill proposed in February of 2002 by the Administration of President George W. Bush has the potential to increase stress on the system and threatens the viability of home health care agencies. The proposal budgets \$300 billion less over the next decade than the amount necessary projected by the (nonpartisan) Congressional Budget Office.⁷ The ultimate impact of this bill, and specifically reductions in Medicare reimbursements, on home health care remains to be seen.

The types of organizations that may provide home health care include the following:

- **Certified Home Health Agencies (CHHAs).** CHHAs provide services primarily for short-term, skilled nursing needs. Examples include physical and occupational therapy, speech therapy as well as social work and dietetic needs.
- **Licensed Home Care Service Agencies (LHCSAs).** LHCSAs are able to provide a full-range of nursing care from personal care attendants to home health aides. A majority of LHCSAs contract with local service providers for Medicaid clients, or subcontract staff through CHHAs or LTHHCPS, discussed below.
- **Long Term Home Health Care Programs (LTHHCPS).** These organizations are more commonly known as the "nursing home without walls", as they focus on nursing home-eligible clients who choose to remain in the community. These services include such

⁶ Ibid, p. 3.

⁷ Krugman, Paul. "Bad Medicine", *New York Times*, March 19, 2002, p. A27.

programs as meals on wheels, social work, transportation and adult day care. This program is unique to New York.

- **Personal Care Program (PCP).** PCPs assist clients with medical needs in the activities of daily living, such as cooking, personal hygiene, mobility, toileting and light housekeeping. Personal care attendants (PCAs) are considered “home attendants” (HA’s) in New York. Personal care is an optional benefit under Medicaid, which New York provides to its elderly and disabled residents.⁸ The majority of 1199/SEIU member agencies provide personal care.

Several factors have increased the use of home health care, both within New York and at a national level. Advances in medical technology have enabled patients to receive quality care in their homes and leave hospital settings more quickly and easily than in the past. Shorter hospital stays have also been seen as a means for cutting costs by private Health Maintenance Organizations (HMOs) as well as by government agencies. Further, home health care has been seen as both less costly than nursing homes as well as a more humane way to deliver care to individuals within their communities. It is important to note, however, the reasons for the lower costs of home care include the lack of overhead that institutional settings require, low wages paid to home health care workers and the fact that the majority of home health care is provided by family relatives and friends. Although it is impossible to accurately measure, one estimate states that people who know the patient provide as much as 70% of all home care.⁹ However, as wages for workers and demand for home care services increase, these cost savings may no longer be applicable.

The Nature of Long-Term Care in New York

New York State is a significant provider, and consumer, of home health care services. Over 70% of the total U.S. Medicaid dollars for personal home care are spent in New York, and over 90% of those dollars are spent in New York City.¹⁰

The providers of health care in New York include hospital-based departments, government agencies, private for-profit agencies, private non-profit agencies and visiting nurse associations (for example, the Visiting Nurse Service of New York, or VNS). The Human

⁸ Home Care Association of New York State, Inc. “New York’s Home Care System: Quality Care in the Community”, Legislative Day: Tuesday, March 2, 1999.

⁹ Ibid., p.6.

Resources Administration of New York City administers a home attendant program for approximately 40,000 Medicaid clients. At a cost of over one billion dollars, it is the largest home care program in the country.¹¹ Through Medicare and Medicaid combined, nearly 400,000 patients were cared for in 1997. Home care is also provided through private insurance and some clients pay directly for services received in their homes.¹²

As noted above, the elderly comprise the largest group of home care consumers. For example, in federal fiscal year 1997, 53% of all home care recipients were over 65 and were responsible for 70% of all home care expenditures in New York State.¹³ By the year 2020, 26% of New York's entire population is projected to be over age 65, highlighting the growing need for home health care.¹⁴ Last, New York is the only state in the U.S. that has a long-term home health care program, which provides an alternative to nursing homes for approximately 25,000 residents annually.

Home Health Care Jobs

The majority of all home health care is provided by paraprofessionals – estimates range from 75 - 85% of direct care for clients at home.¹⁵ Understandably, clients express a desire for workers who are reliable, sensitive, speak their language, are trustworthy and are stable elements of their lives.

However, the home health care industry is characterized by high turnover, low wages, part-time hours, inadequate training and few benefits, according to the U.S. Department of Health and Human Services. Workers in the home health care field are also more likely to be injured on the job than workers in private industry.¹⁶ Home care workers deal daily with the isolation imposed by their worksite in private homes and occasionally dangerous situations posed by ill and/or mentally unstable patients. As one housekeeper noted, this can place a

¹⁰ Warren Balinsky, *Home Care: Current Problems and Future Solutions*. San Francisco: Josey-Bass Publishing Co, 1994.

¹¹ Berliner, Howard S. et al, "The Supply and Demand for Health Care Workers in New York City: 1995 – 97." New York: New School for Social Research, October 1994.

¹² Home Care Association of New York State, Inc. "New York's Home Care System: Quality Care in the Community", Legislative Day: Tuesday, March 2, 1999.

¹³ New York State Department of Health, Medicaid Reference Statistics 1995-1997.

¹⁴ New York Association of Home Care: <http://www.hcanys.org/advocacy/ADayWithoutHomeCare.pdf>

¹⁵ Wilner, Mary Ann, Ph.D., "On the Front Lines of Health Care", *Health Progress*, Jan/Feb 1999.

¹⁶ "Caring for the Caregivers", *The New York Times*, Editorials/Letters, August 7, 1999.

strain on the worker's family life: "the first person to get it from me when I get home is my husband."¹⁷

The reality of home health care jobs can be contradictory to the nature of caregiving itself. As the provision of care has become an increasingly public job (rather than a private one from family members) home health care workers are often faced with the dilemma of satisfying their clients' desire for company and the more instrumental care they are trained for and must provide to be paid by their employers. When caregivers are asked for kinds of help they aren't supposed to give, they have to negotiate between their job definitions and their personal assessments of the care they think people want and need.¹⁸

Faced with these contradictions, home care workers will admit to stopping by clients' homes on their days off "just to check", or running small errands as needed. Supervisors, who may also be health care professionals, understand and do not sanction employees for their "illegal" behavior. However, agencies also benefit from their workers' generosity, thus perpetuating traditional norms of unpaid female caregiving.¹⁹

The majority of home health care workers report that the barometer of a job well done is client happiness. The direct care system, however, can directly interfere with those norms of caregiving.

These current characteristics of the home care delivery system can be traced to several trends within the active labor force. First, more women are employed outside the home now than in the past. In addition, a low unemployment economy has provided more alternatives to women than health care. As women are the traditional caregivers, this reduces the availability of care for elderly patients. Further, the pool of entry-level workers (young women) is projected to decline in the next decade.²⁰ Continuing trends of residential mobility means fewer extended family members are available to provide care to those who need it. Second, to meet this need, public policy has created a partial entitlement to paid caregiving through the provision of Medicare and Medicaid. Last, meeting this growing entitlement has led to the need for cost containment provisions thus bureaucratizing and limiting home health care.

¹⁷ Focus group meeting, February 26, 2002, 1199/SEIU office.

¹⁸ Deborah Stone, "Care and Trembling", *American Prospect*, March/April 1999, No. 43, p. 61-67.

¹⁹ *Ibid*, p. 66.

²⁰ Paraprofessional Healthcare Institute, "Direct-Care Health Workers: The Unnecessary Crisis in Long-term Care", September 2000, p. 4.

Positions Within Home Care

Within the field of paraprofessional home care, there are several different types of positions. Although an industry-recognized career ladder does not exist, several steps differentiate the level of technical expertise required in this profession.

Housekeepers require the lowest level of certification and assist clients with activities of daily living, such as grocery shopping, cooking and cleaning. Home attendants, the next step, are not legally permitted to provide medical care but have more training than housekeepers. They may or may not have specialized skills, such as dealing with Alzheimer's patients. The majority of 1199/SEIU members are home attendants employed by non-profit agencies.

The next level of care is provided by the Home Health Aide. Home health aides provide medical care (generally acute care in the home) and may visit several patients per day for one or two hours each. They are able to dress wounds, give medications, and perform other medically related tasks. The majority of home health aides in New York work for private, non-unionized agencies. Although the job is more demanding and requires more skills than home attendants, the fact that most home health aide jobs are not unionized in New York City means lower wages and fewer benefits than home attendants. This has implications for the attractiveness of training and benefits from skills upgrading, which will be discussed further in a later section.

1199/SEIU Involvement in Home Health Care

Originally founded in 1958 by a group of pharmacists and drug clerks determined to organize the City's private, non-profit hospitals, 1199 did not become involved in home health care until the mid-1970s. At that time, publicly funded home health care jobs were seen as a way to move welfare recipients into full-time, upwardly mobile employment. However, the strategy was dealt a significant setback in its nascent stages as the 1975 fiscal crisis made public employment as a means for poverty alleviation politically infeasible. Further complicating this situation was an equally powerful lobby to keep home care workers off the city's payroll to avoid downward pressure on wages overall.

To solve this crisis, a coalition of unions (DC 1707 of AFSCME, Local 1199 and Local 144) offered to create and run a network of non-profit agencies to employ home care workers. In return, the city would allow the unions to organize the workers without interference. As a result, 1199 gained approximately 40% of the workers as members, and the remaining two unions organizing approximately 20-25% each.

The home health care industry grew larger, and at a faster rate, than anywhere else in the country almost as an accident of policy. In the latter half of the 1970s, State Assembly member Andrew Stern conducted a series of public hearings and exposed several nursing home scandals. The state of New York was thus left with a dilemma: should it spend funds on bricks and mortar to upgrade the nursing homes, or should it support an alternative method of long-term care? Due to cost, as well as humane, reasons, New York chose to focus its spending on home care rather than nursing homes. To this day, New York ranks in the bottom half of the nation in the number of nursing home residents per thousand people over the age of 65.²¹ The provision of home care has enabled that policy to be successful.²²

Throughout this period and into the 1980s, percentage wage and benefit increases for home health aides mirrored city employees. However, home care workers did not achieve parity because their wages were so much lower than city employees. It was not until 1987 that the union achieved a real breakthrough, which resulted in a 42% wage increase for workers. The campaign was successful largely due to the presidential campaign occurring at the time. 1199 disobeyed an AFL-CIO directive and chose to endorse Jesse Jackson for President after he won the Michigan primary election. Jackson then chose to set up his campaign headquarters at 1199, which donated an entire floor of its office to his campaign. Home health care workers took advantage of this local and national focus on the union to stage numerous demonstrations. During one such occasion at City Hall, Rev. Jesse Jackson appeared with John Cardinal O'Connor, the Roman Catholic Archbishop of New York, on a couch in the chancery behind St. Patrick's Cathedral. Both men stated their interest was not Mr. Jackson's Presidential ambitions but "the plight of thousands of home care attendants", who they said were paid so little that even full-time work barely raised them above the poverty line²³. In addition, Governor Mario Cuomo was considering running for higher office at the time and his relationship with Jesse Jackson further propelled 1199/SEIU concerns into the limelight.

It was in this political context that 1199 was able to achieve a significant improvement in wages and benefits. Home care workers have held health insurance and pension benefits since 1992.

²¹ AARP. *Across the States: Profiles of Long Term Care Systems*, 1998.

²² Home Care Association of New York State, Inc., "New York's Home Care System: Quality Care in the Community", Legislative Day, Tuesday, March 2, 1999, p. 3.

²³ *The New York Times Co.*, "Jackson And Cardinal Back Union Bid." May 29, 1987.

Chapter Summary

The first chapter introduces the context in which home health care workers operate: the industry itself, including the unique aspects of long-term care in New York. This chapter also described the types of positions home health care workers hold and the involvement of 1199/SEIU in the world of home care.

The main sources of public funding for home health care are Medicaid and Medicare, with Medicare making up the most significant portion of those funds. The home care industry was severely impacted by the Balanced Budget Act of 1997, signed by President Bill Clinton. Home care faced cuts of 32%, holding agencies to below inflation-rates of reimbursement. A study conducted by The Lewin Group predicted that over 90% of home care agencies would be “over budget” as a result of these policy changes.

New York City and State are significant consumers of home care services. Over 70% of the total U.S. Medicaid dollars for personal home care are spent in New York, and over 90% of those dollars are spent in New York City. The elderly comprise the largest consumers of home health care services.

In the last section of this introduction to home care, the nature of the home care job itself was examined. High turnover, low wages, part-time hours (necessitating many holding down multiple jobs), inadequate training and few benefits characterize the industry. The members of 1199/SEIU are among the few home care workers nationally who receive health care and pension benefits.

This introduction allows us to understand the multiple forces driving the context of home health care and the challenges it faces. In the next section, we will be introduced to the workers themselves before moving to an examination of the 1199/ETJSP training infrastructure.

Chapter 2: The Home Health Care Workers

Who are the New York City home health care workers? A survey conducted by 1199/SEIU and the Hunter College School of Social Work²⁴ provides the following description:

- 99% women, median age of 45 years old;
- 70% African American;
- 26% Hispanic;
- 46% Immigrant (primarily from Jamaica, Puerto Rico, Dominican Republic and Haiti); a growing portion of their membership includes Russian and Chinese immigrants; 4% are “other”; and,
- Typical worker is head of household with 3-4 children.

The focus group participants interviewed for this thesis also fit this overall membership profile, with a few minor differences. The average age was 50 years old (median age of 51). As a group, they had smaller families than in the previous study, with an average of 1.2 children per household. Most workers’ country of origin was Jamaica, Guyana or China, with a few participants from Russia and Central America. Only three out of a total of thirty were born in the United States, and 73% are married. One person had a college diploma; most had not graduated from high school but were close to completion. Participants worked an average of 28 hours per week.

This is reflective of the picture of home health care workers nationally, as well. A study from CPS (Current Population Survey) data found that the average home care worker was 47 years old and less likely than nursing home or hospital aides to be married; 38% never completed high school; and were less likely to work full-time, year round, implying that many home care workers hold down more than one job. In the same study, 26% of home care workers had family incomes under \$10,000; on the other side of the same coin, only 4% had family incomes over \$50,000.²⁵

²⁴ 1199/SEIU and CUNY’s Hunter College, School of Social Work, 1989.

²⁵ Crown, William H. “A National Profile of Homecare, Nursing Home, and Hospital Aides.” *Frontline Workers in Long-term Care*, Fall 1994, p. 29-33.

Given this set of characteristics, it is not difficult to surmise some of the key barriers these workers face to participation in the Education Fund. A short list might include day care availability/family responsibilities, conflicts with a second job, transportation, education and literacy background, mental health issues, or substance abuse issues. Any number of these aspects could impact one's ability to participate in training classes. Further, these workers are characterized by low educational attainment and have limited English skills. They also face resistance when seeking jobs in nursing homes or hospitals as the home health care experience is not viewed as a sufficiently "transferable" skill. Some employers of home care workers, for example, those employers of home health aides, may resist efforts from intermediaries such as SEIU's ETJSP to move workers into higher paying jobs with nursing homes and hospitals, citing a labor shortage of this particular type of employee.

It is difficult to accurately estimate the number of home health care workers. The Bureau of Labor Statistics puts the figure of aides financed by Medicare and Medicaid at 691,600 nationally in 1998 (which excludes hospital-based and public agency workers.) The Health Care Finance Agency (HCFA) collects statistics on home health care workers, but limits its count to employees of certified home health agencies, and only full-time equivalents (FTEs). Thus, its estimate of FTEs was 271,951 workers in December of 1999.

Given the median income level for most home health care paraprofessionals provides a poverty-level wage (median of \$8.94 per hour as cited previously), many workers are often faced with navigating the world of public assistance agencies. Entry level jobs in health care have minimal education and training requirements. Thus, many workers view home health care as a means to gain employment in the formal economy. However, health care policy can conflict with welfare policy in achieving employment goals. The federal government has invested funds in providing training and jobs for welfare recipients. However, home care jobs are excluded from the list of eligible jobs because the entry-level wage was determined to be too low. Ironically, this is largely due to the federal government's dictates regarding Medicare and Medicaid reimbursements. The second policy hurdle welfare recipients face who seek employment in home care is the "work first" model under Welfare-to-Work legislation, which dictates that on-the-job training is the best job-training program available. This again excludes home health care jobs as an option because it requires at least two weeks of preparatory training. It is therefore not eligible for funding under the welfare-to-work program. The need

for a readjustment in this system can be illustrated by a comment from a woman participating in a training program whose circumstances mirror many in the Home Care Education Fund:

“There would be times when I felt unsure of myself, and I’d get frustrated and pick up the phone. I’d call Kathy [the group facilitator], and I’d cry on the phone with her because I need Kathy and I need her support. And I wasn’t a faithful member [of the retention group] because of the hours I work. Sometimes I have to work 13 hours, sometimes 10, 12 hours. I just got a raise. And so right now I’m just doing everything on my own. I bought a car from an auction five months ago and I haven’t gotten it on the road yet. I need a transmission seal. And I keep going, faithful, going to work every day, working 13 hours. So by the time I get there [home], it’s 8:00 at night. I go home by public transportation, do homework, give her [my daughter] a kiss and put her to bed. I don’t have any benefits right now, but I make a decent salary.”

This woman makes \$8.50 per hour.²⁶

Chapter Summary

This chapter provided an overview of the personal characteristics of home care workers who are members of the 1199 Home Care Industry Bill Michelson Education Fund. A previous survey conducted by 1199/SEIU and Hunter College shows the majority of members are minority women of color with one or more children. This provides a picture of the types of issues home care workers face on a daily basis, including housing, childcare, transportation and other needs that result from earning poverty-level wages. Implications for policy include a mismatch of “work first” rules designed to move welfare recipients into full-time, paying jobs and other requirements that preclude entry into home health care, adding to the current demand for home care workers.

²⁶ Clymer, Carol, Brandon Roberts and Julie Strawn. “States of Change, Policies and Programs to Promote Low-Wage Workers’ Steady Employment and Advancement”, Field Report Series, Public/Private Ventures, May 2001. p. 28.

Chapter 3: 1199/SEIU Training Funds

*The Rationale for Union-Management Training Programs
League-1199/SEIU's Employment Training and Job Security Program (ETJSP): Overview
The Home Care Education Fund*

1199/SEIU has an extensive array of training funds available to its membership. This chapter will introduce the training infrastructure of 1199 generally before discussing the Home Care Education Fund specifically.

The Rationale for Union-Management Training Programs

Union involvement in training programs grows from its fundamental mission to improve jobs and working conditions while providing a voice for workers in the workplace. Union training programs may fill gaps in skills and knowledge where on-the-job training may be lacking, or, less often when skills are too specific to be of use to employees in later jobs. The key benefit may be a means for workers to gain the skills to move vertically on a health care career ladder, which employers are generally less willing to support if it implies leaving their agency.

Many programs provide English as a Second Language (ESL) courses, basic education and computer literacy. The goal of these programs is to provide workers with increased skills that lead to more productive work places, higher paying and ultimately more stable jobs.

As noted by Annette D. Bernhardt and Thomas R. Bailey, joint initiatives between employers and unions have the greatest potential to yield a “win-win” situation through improved skills for firm productivity and improved wages for workers.²⁷

The long-term relationship that 1199/SEIU has enjoyed with health care workers mirrors some community-based organizations in its focus on improving the lives of low-income worker-members. This relationship “facilitates follow-up, reinforcement, communication and service modification when personal circumstances change. Also, unlike some job training programs which focus on gaining employment in the short-term, membership in the union can enhance long-term career planning.”²⁸

²⁷ Bernhardt, Annette D. and Thomas R. Bailey, “Making Careers Out of Jobs: Policies to Address the New Employment Relationship.” New York: Institute on Education and the Economy, Teacher’s College, Columbia University, 1998, p. vii.

²⁸ Dressner, Juliane, Wendy Fleischer, and Kay E. Sherwood, “Next Door: A Concept Paper for Place-Based Employment Initiatives.” *The Corporation for Supportive Housing*, September 1998, p. 34.

The union, and more specifically, the ETJSP, functions as a labor market intermediary for its members. In this context, intermediaries work to connect firms who need employees and unemployed workers who need jobs. Labor market intermediaries may be active, such as headhunters or agency recruiters, or they may be passive, such as job boards or Internet employment sites. Active intermediaries gather data from both the employer and the job seeker and try to find a match.²⁹ The union functions as an active intermediary on behalf of its largely low-wage worker-members, who may not have an effective means of gathering information about job opportunities. This organizational objective strengthens the union's training benefits; not only does it provide needed skills, it has the relationships with employers to ensure jobs for workers who complete their training. In turn, employers have a ready pool of workers with the necessary skills and training to work effectively on the job.

1199/SEIU's Employment Training and Job Security Program (ETJSP): Overview

The ETJSP was created by 1199/SEIU over 30 years ago as an association of 50 private, non-profit hospitals, nursing homes, mental and health care facilities and is the largest training organization of health care workers in the United States. A series of funds grew from the original "Training and Upgrading Fund" which was created in 1969. In 1992, the union negotiated an Employment Security Fund, and the Planning and Placement Fund evolved in 1994 to create an Employment Center³⁰. This center provides the central role of job referrals, placement and research of industry trends. The program currently serves more than 300 employers and nearly 125,000 New York City area health care workers. Program expenditures are approximately \$21-\$23 million annually, not including an additional \$10 million in state and federal funds.

These training programs not only increased skill levels of its workers; they also served to move unemployed workers into new jobs through a "Job-to-Job" program. An impressive 98% of 1199 members participating in this program complete their training program in its entirety and over 95% have been successfully placed in new positions. As of 1999, over 7,000 workers have participated. Part of their success lies in 1199/SEIU's agreement with 150 area employers to give preference in hiring to laid-off 1199 members and others referred through the Employment Center.

²⁹ James, Jennifer Lynn. "Prospects for low-skilled Workers in the Information Technology (IT) Sector: Lessons for Workforce Development Policy from Boston area IT Firms and the Staffing Industry", Cambridge: MIT, 2001, p.41.

Currently there are eight funds under the ETJSP umbrella. They include the following:

1. League/1199 SEIU Training and Upgrading Fund;
2. 1199/SEIU Health Care Industry Job Security Fund;
3. 1199/Hospital League Planning and Placement Fund;
4. 1199 Health Care Industry Registered Nurse Training and Job Security Fund;
5. Registered Nurse Training and Upgrading Fund;
6. 1199 Bill Michelson Home Care Industry Education Fund (administration only);
7. Greater New York Local 144 Nursing Home Division of 1199 Education Fund (administration only);
8. Greater New York Local 144 Nursing Home Division of 1199 Worker Participation Fund (administration only).

It is worth describing the ETJSP programs further before examining the Home Care Fund in detail. This will allow us to place the efforts of the Home Care Education Fund in the context of the ETJSP history overall.

Training and Upgrading Fund

The Training and Upgrading Fund (TUF), the oldest fund at 1199, provides education and training programs for eligible members funded through collective bargaining and grant monies. Among the benefits available to members, the admissions and counseling component is a crucial first step in determining a workers' training schedule and other life issues that may impact his/her ability to participate in classes.

Training in the TUF includes the following course types:

- **Adult Education/Workplace Skills Programs.** These classes are pre-professional and do not require a high school diploma, such as CNA (certified nurse assistant) and EKG/Phlebotomy; college preparatory classes are also offered in this area. One program, Pre-HC4, is a preparatory for the full HC4 program (Health Careers Core Curriculum), a multi-year set of courses designed to allow exploration within the health care field. Computer classes are also offered (basic and intermediate), which are very popular. The

³⁰Turner, Brian J. "Union Innovations: Moving Workers from Poverty into Family-Sustaining Jobs." *Low-Wage Workers in the New Economy*, 2000.

Medical Terminology program is designed to increase familiarity with the language spoken in medical settings, and includes Medical Coding and Billing as well. Classes follow an academic schedule and are offered on a semester-long basis.

- **Citizenship and Second Language Programs (C2L).** The 1199 Citizenship Program provides legal assistance to eligible members through the noted benefit fund. Workshops and classes designed to prepare participants for the INS exams are available. ESL to citizenship classes are offered for those members without strong enough English skills. All language-related programs are offered through the C2L, including GED courses in Spanish, Spanish for Health Care Workers, and English as a Second Language. Other language classes offer healthcare-focused Russian, French/Creole and Chinese for frontline workers through the Foreign Language Institute located in the C2L program.
- **College and Financial Assistance Programs.** These programs are designed for members with at least a high school diploma, and are divided into two main areas: Professional and Technical Programs, and Tuition Assistance Programs.

Two main aspects of the Professional and Technical Programs include nursing and pharmacy, occupations with severe labor shortages. Within nursing, options include an R.N. Associate Degree program available at the Borough of Manhattan Community College, a Forgivable Loan for RN studies and an accelerated degree program for RN students. A Licensed Practical Nurse (LPN) training program is also available. Support for pharmacists includes students studying full-time/day, part-time/evening and in the completion phase of their studies. Other Professional and Technical programs include Registered Dietitian certification; Credentialed Alcohol and Substance Abuse Counseling training; Operating Room Technician; Central Sterile Processing and Distribution Certification; and Physical Therapy Assistant program.

Tuition Assistance is provided in a reimbursement form for college-level coursework that applies to jobs that can be performed in a medical setting. Students have to register for a course and receive approval from 1199 before receiving tuition assistance.

- **The Field Services.** This program works to facilitate joint labor/management cooperation for the development of programs that meet institutions' needs. This is a grant-funded program and is institution-based rather than solely member-based, meaning non-1199 employees may participate. In 2001, the program expected to train 400,000 workers in order to enhance their skills and/or obtain new jobs. The goal of the training is to provide stability in participating institutions and job security for workers. In turn, they expect this will also result in better patient care.

TUF Eligibility

Participation in any 1199/ETJSP training requires meeting certain eligibility requirements. It is worth noting that being a dues-paying member in the union does not guarantee access to all benefits; in most cases it is the level of the employer's contribution and the training program's funding source that determines worker eligibility. This internal inconsistency in membership benefits is a continuing complexity for the ETJSP.

In most of the funds, minimum requirements include working at least part-time for a contributing employer (i.e., the employer makes a financial contribution based upon the number of hours worked by the employee). TUF eligibility requirements include the following:

- Work for an employer that contributes to the Training Fund;
- Be a regular employee in an 1199/SEIU bargaining unit position or on an approved educational leave of absence.
- Work full-time or part-time for at least 3/5ths of the employer's regular work week;
- Have at least 3 months of service for educational and career counseling;
- Must be at least 19 years old for 1199/144-restricted Adult Education/Workplace Skills programs and at least 21 years old for Workplace Skills programs sponsored by the Consortium for Worker Education.

Job Security Fund and Employment Center

The Job Security Fund (JSF) was created in 1992 to aid displaced workers affected by downsizing and hospital restructuring. It is unique within the world of U.S. union training funds, primarily due to its cooperative agreement with local agencies to offer jobs exclusively to 1199 members. Other benefits, in addition to job placement, include short-term training and health insurance/salary coverage.

- **Refer and Hold.** This is the most distinctive benefit offered. Within 24 hours, employers must send Job Security Fund open 1199 positions, for which no internal applicants have applied or qualified, to the union. 1199/SEIU then has 7 days to make referrals, primarily drawing from a pool of laid-off workers in the JSF. The worker's skills must match the requirements for the position, and placement is based upon seniority. Seniority is calculated by time in the previous job, not seniority of membership within 1199. If the worker is interested in the position, 1199 will set up an interview. Benefits accrue to workers who are then hired by this method by having a reduced probationary period and wages that are paid at the minimum, rather than probationary, rate. Strict requirements dictate when a member can and cannot refuse an interview or placement.
- **Helping Hands.** If a worker is laid off, Helping Hands offers two benefits: extended health insurance coverage and supplemental unemployment benefits. Health insurance is designed to remain at the workers' previous level of coverage and continue based upon time worked in the position. Similarly, supplemental unemployment is calculated upon weekly gross salary and will continue based upon the length of time worked. Employment for more than a year guarantees at least one full year of benefits. Anything less than one year will be pro-rated, so that someone who worked six months will receive six months of insurance.

The Employment Center is a part of the Job Security Fund and is administered by a Board of Directors composed of an equal number of union and employer representatives. It too is funded through employer contributions. The Employment Center serves to place workers in jobs using newly gained, upgraded skills and other workers who have not found work through the JSF. The JSF has made over 1,000 job placements since its inception.

1199/Health Care Industry Planning and Placement Fund

The Planning and Placement's (P & P) fund's role is research into key health industry trends. It is structured as a joint labor-management project, with a focus on projects of mutual interest. A recent project example includes joint interest-based problem solving between 1199 and employers to decide appropriate nursing staff ratios acceptable to both parties.

1199/League Registered Nurse Training and Job Security Fund

This fund was developed specifically for 1199 eligible nurses. The focus is providing the Bachelors degree (BSN) and Masters degree (MSN) in Nursing. Classes leading to a BSN are

offered at the Lehman School of Nursing, Hunter-Bellevue School of Nursing, Excelsior College (via correspondence) and SUNY Stony Brook (online).

In addition to the clinical programs, eligible members can take basic and intermediate computing courses.

Greater New York Local 144 Nursing Home Division of 1199 Education Fund

This fund is very similar to the Training and Upgrading Fund. It offers adult education, citizenship, second language programs, computer classes, college and professional programs, and tuition reimbursement. The distinction between this fund and the TUF is the eligibility requirement. Participants must be Greater New York Local 144 members and work for a contributing institution.

This overview of the scope of services provided by the Hospital League - 1199/SEIU will allow us to place the next fund, the Home Care Education Fund, in the context of the full union effort. It will be discussed in the following section.

The Home Care Education Fund

Overview

In 1992, the 1199 Bill Michelson Homecare Industry Education Fund³¹ was created to provide targeted training opportunities for home health care workers. It is the first and only Education Plan in the United States for home care workers.³² Approximately 4,000 workers (of a total 43,000) have participated in the program during its organizational history. The Fund was founded as a Taft-Hartley Education Fund, which is a collectively bargained, multi-employer benefit plan financed with a \$.025/hour employer contribution (as noted previously, virtually all employer income is Medicaid). A Board of Trustees composed of an equal number of union and management representatives governs the Fund. Taft-Hartley stipulates through federal law that only union members may use the training funds. Sixty-five separate agencies contribute to the Fund, and it receives approximately \$1 million annually through collective bargaining. The Education Fund recently received a \$3 million grant through the Federal government's Temporary Assistance to Needy Families program (TANF) that has significantly augmented the capacity to offer training benefits. Courses are offered in the evenings and weekends in a variety of locations throughout the five boroughs of New York. Until 2000, it operated as a separate entity from the ETJSP. It is now formally part of the larger ETJSP training infrastructure, and working to achieve benefits available through economies of scale.

Eligibility and Screening

First, home care workers must work for a contributing employer to obtain training benefits unless they qualify under the Federally-funded Temporary Assistance to Needy Families grant, which is currently recruiting its first participants. Second, the worker must have been an employee for at least six months and worked an average of 80 hours per month during that six month period.

To determine if a home care worker has met these requirements, the employer sends the hours worked of an interested employee to 1199 electronically, and an internal database averages the hours worked over the previous six months. This is slightly more flexible than

³¹ Bill Michelson was a labor leader with extensive involvement in health care. He was a former Trustee of the 1199 Home Care Industry Benefit Fund with a long history of involvement with Local 1199. The Benefit Fund provided pension and health insurance benefits prior to the education component, which was introduced in 1992.

³² The 1199 Home Care Industry Bill Michelson Education Fund "Summary Plan Description", p. ii.

other training funds, which requires a minimum of 80 hours worked per month in each in the past 6 months.

If a worker is deemed eligible, an assessment test is administered in the 1199 office. This places workers in a class appropriate to their level of education, skills and interest. Soon after (usually one month) a letter is mailed to the worker congratulating them on their efforts and informing them of their results, class time and location. Most classes run on a semester basis.

Benefits for Eligible Members

Home care workers are eligible to take a variety of classes through the Education Fund. The categories are as follows:

- English to Speakers of Other Languages (ESOL);
- GED (preparing to take the test to achieve one's high school equivalency);
- GED Plus, for workers who have a GED but have been out of school for many years;
- Licensed Practical Nurse Entrance Examination Prep;
- Licensed Practical Nurse Program;
- Alzheimer's Training; (offered to provide specific knowledge on dealing with Alzheimer's patients)
- Computing courses (various levels offered);
- Citizenship preparation courses;
- College prep; and
- Tuition assistance.

Outreach

One of the primary methods of information exchange regarding the Fund is through union organizers. Organizing this group of workers is particularly challenging, however, given the nature of their workplace and the tendency for their schedule to change intermittently. They are dispersed over the city and as they work in private homes, organizers are forbidden from organizing at their "worksites". In the past, organizers could find workers at the health care agency on paydays, but in the advent of direct deposit the reasons to come to the agency continue to decline.

Two additional methods organizers use in their efforts to broaden the membership base is discussing the union during agency in-service trainings, and at monthly union meetings. The

agencies are required by the Human Resources Administration of New York City to hold in-service trainings, which workers must attend twice per year. This maintains worker skill levels and provides an opportunity for agencies to develop their employees' health care knowledge. It is also an informal means for workers to meet with co-workers and share information, which may happen very rarely otherwise. The 1199 organizer is then given time by the agency to speak with workers during a break in their in-service training. This is one of the main forms of outreach available to the union and Education Fund staff. There are also monthly meetings at the union for workers, generally held in the evenings. The Homecare Education Fund also reaches its membership through two publications: the *1199 News* (a magazine produced by the union) and flyers specifically advertising class offerings. Flyers are distributed at employer agencies and mailed to members who request them.

A joint Education Fund and employer outreach strategy used to reach workers is adding flyers about classes into envelopes with pay stubs. There have been mixed reviews on the success of this effort, as a result of different mailing protocols. A number of employers have suggested the Education Fund should do more direct mailings to members on its own, a finding supported by several home care workers who participated in focus group meetings about the Fund.³³

Collective Bargaining versus Federal Grants

The Home Care Education Fund, as a Taft-Hartley Fund, is legally limited to provision of services to union members only. Collective bargaining agreements determine the level of contribution provided by employer agencies and are used for the administration of the Fund as well as the program's implementation. Use of federal and state grants, such as TANF and WIA (Workforce Investment Act) funds leverages collective bargaining funds and allows unions to expand their reach to non-union workers. Generally, this is aimed at very low-income workers or recruiting people leaving welfare. The benefit to supplementing programs through federal funds is the ability to forge closer ties in the communities where union members work and to expand their membership. Employer agencies also gain through an influx of newly-skilled workers, which reduces their staff recruitment expenses. The disadvantage of using federal

³³ Focus group meetings held February 26 and 27, 2002. Individual interviews were used as follow-up discussions to probe further on the topics discussed in the larger group. Most of the participants interviewed suggested the Education Fund should send more flyers in the mail to encourage participation in the training benefits offered.

funds is the generally more cumbersome reporting requirements and increase in other administrative tasks for Education Fund staff.

The ETJSP successfully applied for federal TANF funds for training in 2001, the bulk of which will go to home care (approximately \$11 million). This program has the potential to substantially reshape the Home Care Education Fund and bring it more closely into line with procedures and benefits offered by the TUF. First, the ability to provide childcare has been expanded through an application for funding to support TANF-eligible program recipients. TANF eligibility is defined as 200% of the poverty level. Transportation subsidies will also be offered.

In addition to the child care and transportation subsidies, which are important, the League/1199 SEIU TUF has expanded its Educational and Career Guidance programs. "This offers the following: (1) individual counseling whereby the targeted worker is able to work one-on-one with a counselor to discuss program options, review his/her academic history, employment background, and career aspirations; (2) group counseling where members are tested, receive and discuss their test scores, learn program details and get placement recommendations; (3) a series of workshops to assist workers who have not been in an academic environment for many years, and provide them with the tools that will greatly aid them in an academic program, e.g., time management skills, study skills, test taking skills and life skills to help students balance work, home and school in a productive manner; and (4) comprehensive career planning workshops designed to assist participants in exploring career/educational options and preparing for a job search."³⁴

The career counseling component also greatly enhances this program. It is comprised of two phases; the first phase includes a self-directed career interest inventory, guidelines for independent research, identification of transferable skills and information on preparing a career development plan. Later stage counseling includes resume preparation, self-marketing techniques and a re-evaluation of career goals and plans.³⁵

This grant program will allow the TUF to develop a more comprehensive intake session where counselors develop an individual's educational and employment levels and design a comprehensive plan for the participant. This plan is then monitored by the Job Security Fund staff to ensure that the participant enrolls and then completes those training programs that are

³⁴ Hospital League/1199 Training and Upgrading Fund, "TANF Health Worker Training Initiative" Request for Proposals, March 2001, section IX.

³⁵ Ibid.

deemed necessary to enhance their employability. As an aid to job retention, follow-up supportive counseling will be available for up to one year after placement for interested participants.³⁶

Last, job readiness preparation will include workshops, oral and written interviews, a self-interest evaluation, remediation as necessary (basic skills, ESL, math, writing), one-on-one tutoring, test preparation workshops, introductory computer courses, resume writing and customer service training. A Career Transcript, provided by the Johns Hopkins University, will provide workers with a record of their workplace skills to take with them to prospective employers. Orientation workshops will help ease individuals who have been unemployed or dissatisfied with their jobs into new career paths that will provide opportunities for upward mobility.

The TUF further proposes that this program will develop career ladders for low-level workers looking for advancement, and to those seeking entry into the workforce but lacking the adequate skills and/or education. The proposed path is housekeeper to home attendant, to home health aide, to LPN and to RN at the associate degree level.

“Participants in this program will be recruited from five sectors: 1199 incumbent and laid off workers; laid off workers from other industries; the welfare-to-work population; and individuals in low income occupations who wish to elevate their job status and expand their opportunities for advancement.”³⁷ As interested participants contact the TUF, the Consortium for Worker Education is verifying income eligibility for acceptance into the program.³⁸

This program offers significant benefits unavailable at the same scale and scope to other home care workers. It is hoped that this grant represents the future direction of the Fund, and that efforts will be made to extend this level of benefits to all members of the Home Care Education Fund as soon as possible through the combined efforts of the Education Fund staff and the larger ETJSP infrastructure.

Level of Fund Utilization

It is important to note the voluntary nature of participation in the Home Care Education Fund. Workers in Fund courses are therefore self-selected and represent the most motivated members. Home Care Fund staff members actively recruit new students in an ongoing

³⁶ Ibid.

³⁷ Ibid.

³⁸ Ibid.

campaign as overall membership continues to grow, with support from member agency employers. However, 1199/SEIU students are unique from many other low-wage workers seeking skills upgrading in several respects. First, one of the most important characteristics is that they are already employed. This means they have successfully navigated pre-employment hurdles, including any public assistance requirements, language, health issues and a criminal background check. It also gives them a work-related context in which to apply new skills and knowledge gained in the classroom, providing a source of motivation to participate in training opportunities. Last, by virtue of their membership in the union, they receive health insurance and pension benefits in addition to the Education Fund offerings, something many other low-wages workers do not have, unfortunately.

Despite these factors which present 1199/SEIU home care workers as more likely than the “typical” low-wage worker to seek skills training, there is a view among some 1199/SEIU and ETJSP staff members, as well as among some home care workers themselves, that the Fund is undersubscribed. Compared to other 1199/SEIU and joint labor-management training funds, a relatively lower number of workers have benefited from the skills upgrading opportunities available to members. Why is this happening? Current views suggest a variety of reasons: worker scheduling difficulties, second jobs, transportation, family responsibilities, irrelevant course content, or a disconnect between union leadership/Education Fund staff views and worker needs.

In May 2001, over 30 new agencies joined the Home Care Education Fund with the integration of SEIU Local 32BJ home care workers. This doubled the size of the home care worker membership to 43,000. Since 1992, approximately 4,000 workers have participated in training and skills upgrading through the Fund. Prior to the Local 32BJ addition, this suggests a 20% utilization rate.³⁹ Is this a respectable achievement, given the many difficulties faced by agencies and the Home Care Education Fund staff to recruit students? Or should we be concerned that a majority of members have not accessed the benefits available to them?

The next section will address those barriers that may negatively impact member participation in the Home Care Education Fund.

³⁹ The percentage use rate used here is an imperfect measure, given the monthly change in enrollment and membership levels. The approximation is presented to provide an additional picture of how many members are benefiting from the Fund.

Chapter Summary

This chapter presented the scale and scope of the Hospital League - 1199/SEIU's training programs available to its members. The oldest and largest fund is the Training and Upgrading Fund, which has been operating since 1969 and has long-established relationships with area hospitals and other employers. The Job Security Fund and Planning and Placement Fund assists workers find jobs quickly in the face of layoffs, and the Planning and Placement Fund conducts research to keep abreast of industry trends.

The Home Care Education Fund was founded in 1992 and is the first and only program in the United States devoted to training for home care workers. Until 2000, it operated independently of the ETJSP. Its integration into the larger infrastructure available through the full complement of ETJSP and joint labor-management programs is currently underway. How this transition is managed will have a significant impact on the future of the Home Care Education Fund and its relationship with the members.

Although the ETJSP and the Home Care Education Fund strive to ensure that the worker's experience with the training programs available to him/her is seamless, the reality is that benefits are uneven across membership. The level of the support received from the union and the ETJSP largely depends on the worker's employer, and their contribution to the training funds. Workers covered by the Training and Upgrading Fund, for example, have a greater number of classes and class locations to choose from than home care workers. The TANF grant, while offering significant benefits to home care, highlights the different level of support offered to TUF training participants versus Home Care Education Fund members. This inconsistency is troublesome from an outside perspective, but largely mimics the world of health care financing in general in the way that form follows funding. The key distinction is that 1199/SEIU has control over the distribution of their benefits, and considerations for remedying this inequity will be addressed in the final chapter.

Chapter 4: Analysis and Presentation of Findings

*Home Care Worker Perspective
Home Care Agency Employer Perspective
1199/SEIU, ETJSP and Home Care Education Fund Perspective
Home Care Education Fund Strengths and Challenges
Barriers Induced by Uneven Unionization/Disincentives for Training
Comparative Analysis*

“Sometimes I think people think because of the type of work we do we’re not educated, this is what we get sometimes. . .We have to sacrifice. I did this work because of my child. I refused to leave her with a babysitter and I was determined to stay with her until she went off to college. Now I’m ready to move on, it’s time for me now!”

-A worker explains how her daughter leaving for college encouraged her to enroll in a GED class with the Home Care Education Fund

Now that the home care industry, the training fund and the workers have been introduced, the next section will turn to the ways in which each of these stakeholders impact the participation levels of workers in the Home Care Education Fund. Before discussing each of the key perspectives, it is worthwhile to note previous efforts to collect data from workers regarding their level of awareness and interest in the Education Fund.

As recently as October 2001, the ETJSP commissioned a study to poll worker attitudes regarding training and job satisfaction. Although the sample included all 1199/SEIU members, responses were grouped by membership category, allowing us to distinguish home care worker preferences.

In this study, the ETJSP found strong interest in participating in a training program if it was tied to a better, higher-paying job (84% of home care workers polled). There was little variance among different ethnic groups, which included African Americans and Latina/os. Not surprisingly, 68% of workers indicated that they would be more interested if classes were offered at a time and location that was convenient. The only variable that produced a significant difference regarding a desire to participate in training was age. Generally, the older the respondent, the less interest in training. This may be in response to workers approaching retirement who state they are “too old” to participate in a training program. Among workers aged 21 – 35 in the sample, 82% indicated they would be likely to participate in a training program; only 46% of workers over the age of 55 indicated interest in training.

One noteworthy finding is the response to the question, “I would consider taking some courses or participating in training programs to get a higher-paying job – but frankly *“I just don’t know enough about what programs or courses are available and how to go about getting into such programs”* (emphasis added). A significant 56% of home care workers “agree a lot” with this statement. This indicates a need to expand outreach to workers in order to increase awareness of the Fund. This high response rate may have resulted from the recent inclusion of SEIU Local 32BJ workers (approximately 20,000, or 46% of total membership) in May 2001 who are new to the Education Fund and its benefits. Although telling, this statement does not allow us to infer whether the information gap is a lack of awareness about the Fund itself, or if it is simply a lack of familiarity with the mechanics of registering for classes. Follow up polling in a year would provide a useful gauge to measure if outreach through these newly integrated agencies increases worker familiarity with the Fund and its offerings.

Presented with the above stated strong interest in training opportunities, why are more workers not taking advantage of the benefits available to them in the Education Fund?

Home Care Worker Perspective

The reasons workers choose to participate, or not participate, in training programs available to them are too numerous to enumerate here. Instead, the major responses and most critical insights will be the focus of this section.

Methodology

The information was gathered during three focus group meetings held in New York City during February and March 2002. Each group had distinctive characteristics that collectively bring a holistic portrait of the 1199 Bill Michelson Home Care Industry Education Fund membership. Individual, in-depth interviews were conducted with focus group participants in the weeks following the group discussions to probe further into barriers to participation in the Home Care Education Fund. Due to the limited number of focus group interviews⁴⁰, it is not possible to infer that their statements are applicable to all 1199/SEIU home care workers. Further, while each group had unique qualities, it is likewise impossible to accurately measure the extent to which the sample is representative of the membership as a whole in the absence of available data that describes the entire home care worker membership in detail.

Group 1: Delegates. Union home care organizers identified volunteers for the first focus group meeting, which was held in the evening at the union headquarters building. Although they attempted to recruit workers who had not participated in any training through the Home Care Education Fund, the focus group participants consisted mainly of union delegates, about half of whom had prior experience with the Fund. This is likely due to confounding factors: the request to travel in the evening to the union office in Manhattan resulted in a group of workers with a demonstrated commitment to the union, who were then more likely to have participated in the Education Fund.

Union delegates are elected by their co-workers at each worksite to represent their concerns to the union. They are also responsible for transmitting crucial information about the union to workers. Thus, delegates tend to have a long history of involvement with the union and take a leadership role in work-related issues. The one male home care worker interviewed for this thesis is a delegate.

Group 2: Workers at an In-Service Training. This group represented the “typical” home care worker. The workers at were attending their semi-annual required in-service training at their agency in the neighborhood of Far Rockaway in Queens. The group was all women, mostly African American, but also included a woman from Russia.

Group 3: Workers at an In-Service Training. This group was similar to the second focus group, except that it was at an agency whose directors and employees are primarily of Chinese origin, and focus on serving the city’s Asian population. Many are immigrants, as the workers in this group had quite limited English skills. However, their concerns were not markedly different from the preceding group. This agency was a former Local 32BJ agency, and is thus relatively new to the Fund.

Key Findings

The top concerns voiced by the workers regarding their ability and/or willingness to participate in the Home Care Education Fund included the following:

1. Location and Time of Classes;
2. Age (“I’m too old”); and
3. Limited English skills.

⁴⁰ A total of 30 workers participated in three separate focus group interviews.

The location and time of class offerings was mentioned nearly unanimously as one of the top reasons workers did not avail themselves of the Home Care Education Fund classes. Many asked if classes could be held in neighborhoods where they live and work, such as the Bronx, Queens and Brooklyn. Many perceive that most of the classes are offered in Manhattan at the union building and ETJSP classrooms. Members who live in neighborhoods such as the Bronx, or Far Rockaway, may need over an hour on the train to reach midtown Manhattan. When the worker is finished with her job at 6pm, she is unable to make it into town in time to attend the class. They also voiced a desire for classes on evenings and weekends to make it more convenient to participate. Travelling at nighttime, however, can be a safety concern for some workers who mentioned the class time as a barrier. Thus, workers resoundingly asked for classes in locations that they could safely, and conveniently, access.

A second top barrier identified was age. The women interviewed for this thesis averaged 49 years old, in line with national findings regarding home care worker demographics. These workers believe that as they grow older, and the distance between them and the last year of schooling received grows, they are less likely to benefit from training. A corollary to age is that workers are nearing retirement, or are likely to decrease the number of hours they work. As one woman described, "I am 61 years old, and I am *tired*" (emphasis hers). She explained repeatedly, along with many others, that physical exhaustion from the daily routine, coupled with age, made it unlikely she would ever participate in the Home Care Education Fund. One worker reaching retirement said she enjoyed home care and planned to stay with her agency but would reduce her hours. The reduced number of hours worked per month has a direct impact on member eligibility though, and will be discussed further below.

The third main barrier identified by home care workers is the lack of strong English skills. Courses in English as a second language are popular among members and enrollment numbers are increasing from previous semesters. While this is a positive indicator for the Fund utilization rate overall, it presents difficulties for other courses offered. If members do not feel comfortable with their English ability in the classroom, they are far less likely to enroll in other classes to upgrade their skills.

Subsidiary Concerns

Although cited less often than the three barriers listed above, an additional key concern with the Education Fund from the workers' perspective was eligibility requirements. The

current minimum criteria for participation is employment by a contributing agency for at least six months, and an average of 80 hours per month worked during that period.⁴¹ This is more flexible than eligibility requirements for other 1199/SEIU members, which states that workers must have worked at least 80 hours during each of the previous six months. However, home care workers' schedules are unlike most other health care workers who work in an institutional setting and have a fixed weekly schedule. Home care workers, by contrast, have schedules that change according to the condition of their patients. While many clients requiring personal care can be stable for long periods, a sudden hospitalization can cause the loss of a case if that client leaves the hospital with more acute medical needs. Thus, a worker's hours may drop below the amount required to maintain eligibility for participation in the Fund.⁴²

Eligibility requirements that specify a minimum number of hours worked to participate also has the unintended effect of barring workers with low caseloads and greater time to devote to studies. It is during times of low employment that workers could best access training and skills upgrading (perhaps using this time to move to a more stable job or gain the skills to take on more cases); however, the 80 hour monthly average prevents participation when workers' schedules are most flexible. A number of workers expressed frustration with this programmatic limitation, particularly those few who are home health aides rather than home attendants. As 1199/SEIU works to organize more of the private, for-profit agencies that employ home health aides, it is this researcher's opinion that the eligibility requirements will become a more prominent barrier to participation. Home health aides work fewer hours per case, and may travel to two or three clients' homes each day, spending no more than an hour or two at each household. Workers and their employers are not reimbursed for travel time, thus, workers must visit many clients per day in order to average 80 hours worked per month and remain eligible for participation in the Fund.

Childcare responsibilities can also present a significant barrier to participation in the Home Care Education Fund. Most of the 1199/SEIU home care members are women, and many have children. Although it is not relevant to all members (or even all members with children) this responsibility can negatively impact a member's desire or ability to spend time away from the family after a full workweek.

⁴¹ One agency that recently joined the Fund has eligibility criteria in excess of 80 hours averaged over 6 months. This employer requires an average of 120 hours per month for 6 months to participate in the Fund.

⁴² A worker enrolled in courses whose hours drop below the average of 80 per month during the semester is still able to complete the remainder of the class. He/she may not enroll in the following semester's classes unless the average of 80 hours per month requirement is met, however.

The low wages home care workers earn forces some to seek a second job, or take a 24-hour case that pays more than a standard client case. This demand on a worker's schedule means that finding time to attend class is extremely difficult.

A lack of transportation was cited somewhat less frequently as a barrier to participation. Most often, it was mentioned in conjunction with class times and the distance needed to travel to class that was problematic. For some members, the additional cost of transportation to class can be a burdensome expense that precludes course registration.

Members cited a lack of awareness of the Fund as an additional reason for low participation rates. Although most of the workers interviewed for this thesis were aware of the Fund and its offerings, many suggested their co-workers were not aware of its existence and/or clear regarding how one enrolled in a class. The inclusion of 20,000 new workers in May of 2001 may have a considerable, although short-term, impact on the perception of worker awareness of the Fund. It will require a significant outreach effort on the part of the Education Fund to ensure these new workers are made aware of the educational benefits available to them.

Last, finding time to participate in training takes personal sacrifice. "It takes fortitude and a strong desire to complete these studies," notes training director Kathleen Perez from Cooperative Home Care Associates in the Bronx, an agency noted for its high degree of training for home health care workers.⁴³

Agency/Employer Perspective

The realities facing home care agency employers have a direct impact on their employees' ability to avail themselves of training opportunities. The mission of home care agencies is to provide quality care to their clients. They must therefore respond first and foremost to the changing health needs of their clients, which directly impacts the home care worker's job stability. Having well-trained employees is clearly beneficial to their ability to deliver services, but member agencies differ in their capacity to promote worker participation in the Fund. The methodology for investigating agency impacts on worker training is discussed briefly below.

⁴³Dilday, Kenya. "A Caring Company for Caring People", *Ford Foundation REPORT*, Fall 1993, p. 3.

Methodology

Information was gathered from employers through in-depth interviews and a questionnaire sent to all member agencies. The survey explored staffing ratios and the level of support for training workers. The response rate was 29% (19 out of 65 total agencies). Follow up in-depth interviews were conducted with agency trustees regarding their views on barriers to worker participation in the Education Fund. As with the home care worker findings, responses are reported here in the aggregate only.

Key Findings

The main themes voiced by agency employers that impact worker participation in the Home Care Education Fund include the following:

1. Shifting client needs;
2. Reluctance to removing workers from cases;
3. Varying capacity to cover staff absences for training;
4. The need for a strong collaboration between the Education Fund and agency employers.

Perhaps the most important agency constraint is the need to respond to a fluid environment of changing client needs within a context of fixed regulatory constraints. As issues with clients and worker availability arise, agencies need to be able to respond immediately. Coordinators are the employees who are the *de facto* direct supervisor for workers and are responsible for managing caseloads. One coordinator summarized this finding well by describing the work of home health care as a “constantly shifting puzzle”. This has a direct impact on the stability of workers’ jobs. Without a reliable schedule, it is very difficult for workers to be able to plan to participate in any course that lasts more than one semester. Even within the span of one semester, workers may have to drop out of classes due to a changing work schedule. In the October 2001 poll commissioned by 1199/SEIU’s ETJSP, many home care workers expressed an interest in training to become a Licensed Practical Nurse (LPN) or a Registered Nurse (RN). Both of these programs require commitments of up to two years; given the flux in worker schedules to meet changing client needs, it is very difficult to be able to plan that far in advance.

Another concern that was voiced nearly as often by workers themselves as by agencies was a reluctance to remove workers off cases for training. Workers may be reluctant to leave cases for issues of basic survival: leaving a client in the afternoon to arrive at class on time means fewer hours worked and thus less pay. This may not be an option for some workers. Agencies likewise are hard-pressed, given the constant need for new staff, to be able to release workers for training.

Related to the above finding, agencies vary in their capacity to support worker pursuits for skills upgrading. Fortunately, many agencies encourage workers to achieve their high school equivalency, or learn new computing skills, in the Home Care Education Fund. One worker described how she meets with a tutor weekly to improve her math and reading skills. During the time she is in class, a colleague takes care of her client. She then reciprocates with her co-worker's client to allow her time off for training. Agencies without enough employees, however, or with just enough workers to meet staffing needs, may not have the extra staff to be able to support this flexible arrangement.

There is already unanimous agreement among the stakeholder groups that ongoing collaboration and close communication between the Home Care Education Fund staff and home care agencies is necessary to ensure appropriate training for workers. It bears repeating here as several agencies mentioned both in survey responses and in interviews, that communication with the ETJSP and Home Care Education Fund staff could be improved. Overall, the ETJSP and management trustees have labored since the Fund's inception to design relevant courses that address workers needs for increased skills and employer's needs for adequately trained employees. Close attention to changing labor market realities and worker interests will be necessary to ensure continued success in the future.

Last, home care agencies echoed worker's views regarding the barriers to participation in training, particularly the needs for childcare, classes held in a location and time that is convenient and the need for some workers to hold down more than one job for wage issues.

1199/SEIU ETJSP and Home Care Education Fund Perspective

Information regarding the Home Care Education Fund's training capacity and perspective on worker barriers to participation was gathered through in-depth interviews with staff members in the Education Fund and the ETJSP.

Key Findings

The combined perspectives of ETJSP and Home Care Education Fund staff point to four key barriers that affect worker participation in the Fund.

1. A small staff to membership ratio (1:5,375 or 8 staff members to 43,000 home care workers);
2. An inability to predict the exact number of students and class locations each semester due to changing member interests and schedules;
3. Increasing federal grant funding that places heavy administrative demands on staff time; and
4. A lack of available teachers.

The inclusion of more than 20,000 Local 32BJ workers in May 2001 has doubled the size of the home care membership. In response, staff size has only increased marginally. For the first ten years of operation, only four staff members managed the Fund. Currently, if Education Fund staff were to contact each member personally, they would be responsible for making over 4,000 phone calls each. The Fund prides itself on providing as much personal, hands-on guidance as possible to its members. However, as membership continues to grow, increasing demands on staff time will limit their ability to continue this level of service. Related to the communication difficulties, this particular population of workers tends to be more transient than other 1199/SEIU members and more difficult to reach as a rule.⁴⁴ This is often the result of the dynamic created by low wages, a lack of stable affordable housing in the New York City area, and a changing work schedule.

In order to be as responsive as possible to worker residence and training interests, the Education Fund gathers names, work locations and available training times and then schedules a class. This makes arranging courses a complicated, rather than routine, task. In any given semester, only two or three workers may indicate interest in having a GED class in the evenings in Brooklyn. This is an insufficient number of people to support having a class. Thus, scheduling classes becomes part of the constantly shifting mosaic that typifies home health care.

An increased use of federal grants to supplement collective bargaining funds has had the benefit of expanding the scope of the Education Fund's training capacity. In October 2001,

⁴⁴ Anecdotally, the director of a polling firm consulting to 1199/SEIU related that it took nearly twice as many phone call attempts to reach home care workers as other workers within the union.

the Fund began implementation of a \$3 million grant from the U.S. Department of Labor, Employment and Training Administration. This has allowed the Fund to offer specialized courses in managing patients with Alzheimer’s disease, ESL level 1, Home Health Aide training with contextualized ESL, and a Home Attendant to Home Health Aide upgrade. However, with these funds have come significant reporting requirements and other administrative duties to monitor the use of the funds. Federal support also provides the flexibility to train workers not covered by collective bargaining, thus expanding the pool of eligible workers. It has a direct impact on staff time, though, which detracts from their ability to deal with worker/participant issues as they arise.

Recruiting teachers (the ETJSP draws from a pool of unionized teachers) to provide classroom instruction is an ongoing struggle for the Home Care Education Fund. This challenge is one faced city- and nationwide and restricts the ability to provide classes.

Last, Home Care Education Fund staff concur with worker-identified barriers to participation, such as class location, time, and child care responsibilities. This indicates a clear understanding across the board – from workers themselves, to their employers, to the Education Fund staff – regarding which issues present the greatest difficulties for workers seeking opportunities for skills upgrading.

As we conclude this section, the following table summarizes the key barriers identified by each stakeholder group. This represents the need to reflect on these barriers in a holistic fashion, as each group’s challenges impact the others’ ability to provide services, from the client to the Education Fund staff.

Table 1. Barriers to participation in training, as identified by stakeholder groups.

Workers	Home Care Agencies	Home Care Education Fund
Location and Time of Classes	Changing client needs	Small staff to membership ratio
Age	Reluctance to remove workers from cases	Inability to predict class time and location
Limited English skills	Varying capacities to cover staff absences for training	Increased administrative tasks related to grant funds
Fund Eligibility Requirements	Need for collaboration with Education Fund staff	Lack of available teachers

Home Care Education Fund Strengths and Challenges

The previous sections in this chapter dealt with the impact each of the main stakeholder groups has on worker participation in the Fund. Each of these perspectives is critical to understanding the main factors that create barriers to participation for workers. A closer review of the Home Care Education Fund will focus our attention on how it is providing services to its members.

Strengths and Accomplishments

"All the programs have helped really helped me."

"Opportunities are wider for me now."

-Home Care Education Fund participants

The primary strength of the Education Fund is first and foremost its existence. It is the only training program in the country offered specifically to home health care workers, and thus by definition is offering a unique service. The consensus in industry trends is continued growth in the field of home care, which points to the need to seriously address the concerns of this marginalized portion of the health care workforce. The Board of Trustees of the Education Fund demonstrated foresight and leadership in establishing the program. The other key strengths of the Home Care Education Fund include the following:

- Flexible class times scheduled around worker interests;
- One-on-one tutoring available;
- Counseling and other services through the Member Assistance Program;
- Nearly unlimited training opportunities through level of R.N. and tuition assistance program;
- Personal attention from staff;
- Certificates of completion.

As mentioned previously, the method of scheduling classes is designed to be as responsive as possible to worker schedules and locations. The Home Care Education Fund is unique not only on a national level, but within the ETJSP in this regard. Workers cite "convenient class location and time" as their top barrier to participation, and this methodology attempts to address this need as directly and comprehensively as possible. It may be necessary

to revisit this methodology, however, given the strength with which members cited this barrier to participation in the Fund.

Some workers find that being in a full class is intimidating to them and they need more help with their studies. The Education Fund offers tutors for those students who need extra assistance and prefer the personal attention that a tutor provides.

Another key strength of the Home Care Education Fund is the counseling component available to assist members with a variety of needs, not just education. For example, the Member Assistance Program addresses family, financial and other issues as needed.

The opportunities to gain new skills and advanced degrees through the Home Care Education Fund, although limited to health care fields, are extensive. Members may enter a program to receive their high school equivalency (GED) and continue through college and receive specialized training to become a registered nurse. The tuition assistance program in particular allows for exploration within the field of health care at the college level. One benefit within tuition assistance that is unique to home care is the ability to receive tuition funds up front. In other ETJSP training funds, members are reimbursed after providing proof of having successfully completing the course. Home care workers, who generally do not have the ability to pay full class expenses out of their own pocket, can have their tuition costs paid directly to the City University of New York by the Education Fund. There is no minimum or maximum number of courses one can enroll in through the tuition assistance program. The only limitation is the amount of funding per semester, currently slightly more than \$800 per term.

The Home Care Education Fund staff also prides itself on being very hands-on and providing as much personal assistance to members as it can, given staff size limitations. This relationship is valued both by workers and staff members.

Depending on the class, the Education Fund offers certificates of completion to acknowledge the workers' efforts and encourage ongoing participation. Workers also value having documentation of skills gained for future employment opportunities. A recent example of a class offering certificates to participants is the Home Health Aide Upgrade training course.

In addition to these ongoing benefits, the following tables present a summary of the number of workers who have benefited from the Education Fund in 2001, the most recent year for which information is available. A total of approximately 4,000 workers have enrolled in classes since the Fund's inception in 1992.

Table 2. Home Care Workers Trained through Employer Contributions/Collective Bargaining, January – December 31, 2001

Program	Number Recruited	Number Attended	% Attended
ESL (levels 2, 3, 4)	432	280	65%
GED (levels 1, 2, 3)	335	220	66%
GED Refresher	90	49	54%
Computer(Keyboard, Microsoft Word & Excel)	108	90	83%
College Preparation	21	12	57%
LPN	N/A	2	100%
Tuition Assistance	89	62	70%
TOTAL	1075	715	67%

Source: Home Care Education Fund

Table 3. Incumbent Home Care Worker Upgrade Program (\$2.9 million grant from the U.S. Department of Labor)

Program	# Trained 7/1/00 – 12/31/01	Number Currently Enrolled
Alzheimers	350	122
ESL Level 1	139	347
Contextualized Home Health Aide/ESL	6	0
Home Health Aide Upgrade	233	0
TOTAL	728	469

Source: Home Care Education Fund

From the numbers above, it is clear that ESL, GED and computer classes draw the most participants. The grant-funded program shows strong enrollment in the specialized Alzheimer's class. In the focus group meetings, workers mentioned the Alzheimer's class in particular as being one that helped them on the job. Those workers who participated in any type of training were generally quite positive about their experience, saying they enjoyed the class and planned to continue with additional training in the future. Participation in Education Fund training also provides the benefits of networking and support with colleagues that are generally not available on a daily basis for home care workers. The overwhelming majority of classes are offered solely for home care students, although some workers may attend class with other 1199/SEIU members if the course they wish to take is full.

Additionally, the Education Fund will be training more workers through the Federal government's Temporary Assistance to Needy Families grant funds. 1199/SEIU's ETJSP has received \$22.7 million to offer training to TANF-eligible workers. TANF eligibility is defined as household income at or below 200% of the poverty line. Participants are currently being recruited for jobs as housekeepers and home health aides. Training will also be targeted for foreign-trained R.N.s who will receive coaching and ESL, if necessary, to pass the test to become eligible to practice in the U.S. Child care and transportation subsidies will be offered to participants. This grant will reach non-1199/SEIU members and thus benefit the union by bringing in new members and providing training to those workers not covered by collective bargaining agreements.

Challenges and Constraints

The successes demonstrated by the Home Care Education Fund are solid. However, there are a number of issues that limit the Fund from having a greater impact and benefiting as many workers as are potentially eligible to participate.

The first issue, which was raised by workers themselves, is the eligibility constraint. Member agencies contribute \$.025 per hour worked by the employee, regardless of whether or not that employee has an average workload of 80 hours per month to participate in the Fund. However, as noted previously, the 80-hour requirement prevents workers with low work hours from accessing training options. The Fund's Board of Trustees determines the eligibility requirement and revisiting this issue and amending the standard has the potential to boost enrollment rates significantly.

The Home Care Education Fund's attempt to schedule class times and locations that match worker interests, schedules and residences can lead to delays and miscommunication regarding class registration. When organizers collect registration forms at in-service trainings, workers are told that they will be contacted regarding a time to schedule an assessment test and then, the time and location of the class. However, workers have stated they "waited for months" to hear from the Education Fund staff, only to find out later the class had already begun without their receiving notification. The process of receiving the forms at the office, scheduling an appointment for the assessment, taking the test and returning the results, and then informing workers of the class time and location can take several months. During that period, workers state that other opportunities present themselves, or their circumstances have

changed and taking a class is no longer an option. In various forms, many workers stated that staff follow-up was lacking and their calls were not being returned.⁴⁵

Another area to explore is the class selection and whether it is meeting worker interests. The Education Fund is uniquely placed to respond to dual aims: first, to provide classes that support workers in their current job; and, second, to provide them with the skills and opportunities to move into other professions for those who wish to leave the field of home care. Most students contact the Fund to enroll in LPN training or other more advanced course options, such as college prep. After the assessment test, however, many are more appropriately enrolled in GED refresher or other basic education classes. The enrollment figures listed in table 1 show that the most well attended courses include GED, ESL and computer classes. The prerequisite for taking a computer class is a GED. Some workers have opined that this barrier prevents them from gaining computer literacy skills, something that is now regularly taught in elementary schools. Initially, this prerequisite was put in place to respond to clerical job descriptions, most of which require at least a high school diploma. Now, with the proliferation of computers, many workers wish to gain keyboarding and other skills to help them in their personal lives. Clearly, earning one's GED is a crucial first step to moving into progressively more responsible and higher-paying jobs. It is not possible, given the data available and the focus of this thesis, to state which classes beyond basic education that would be most interesting for workers. It would be worthwhile to survey the membership to explore whether there is room to expand current offerings.

One issue that is not possible to address adequately in this thesis is the impact of the Education Fund on the welfare of its members. Although the number of workers trained provides one indicator of success, there is a lack of any longitudinal data regarding retention across classes, or tracking outcomes of a selected sample of workers. Three years after achieving her GED, for example, did a worker have higher wages than before? Did she express greater confidence about her job? How has the Education Fund contributed to her success? An expanded research effort, coupled with improved data collection efforts would enable the Education Fund to make a stronger case for its successes and more quickly identify those areas that need improvement. Contributing to the difficulty in collecting data is the internal organizational barrier of sharing information. Currently, when an employer agency hires a new

⁴⁵ A temporary staff member was hired (February 2002) to do data entry and eliminate the backlog of registration forms and other critical information. This step should, in the short-term, help to address the time lapse between worker registration and Education Fund follow up.

worker, their information is transmitted directly to the union's benefit fund. That information, however, is not automatically shared with the Home Care Education Fund, which loses the opportunity to reach out to new workers as soon as they are hired. The lack of information sharing within 1199/SEIU also makes it difficult to assess at any given time, what percentage of members are eligible to participate in the Fund. This information would help clarify to what extent the Home Care Education Fund staff is reaching out to eligible workers.

A key challenge facing the Home Care Education Fund is outreach, particularly in light of the recent addition of 20,000 Local 32BJ workers. Many workers stated they believe there is an information gap, and that workers are not participating in the Fund because they are not aware of it. In the past year the Education Fund has hired an outreach worker with significant union and home care experience. Her presence on the staff will clearly benefit the Fund's efforts to reach more workers. The Education Fund is faced with the same constraints home care organizers grapple with – how does one reach a population of workers who are dispersed across the city and whose worksite is a private home? Reaching home care workers is one of the most challenging issues facing the Education Fund, and communication must be a top priority and ongoing campaign.

As home care membership continues to expand, reaching workers will become further complicated by language. Already, the recent inclusion of significant numbers of Chinese- and Russian-born workers presents new needs for multi-lingual staff and printed materials, as well as a potential expansion in the ESL offerings.

Comparative Analysis

How does the Home Care Education Fund compare to other training programs aimed at serving a low-income group of workers? The most appropriate comparison is with other Taft-Hartley, single-union, multi-employer training funds. Once the TANF grant is implemented, the ETJSP and the Home Care Education Fund will serve a blended workforce, including non-1199/SEIU, income-eligible workers who wish to enter the formal labor market through the health care field. Along a number of more general indicators, the Home Care Education Fund compares favorably with other training programs. A listing of those aspects follows below.

Sectoral Employment Strategy

The New York 1199/SEIU works within the health care industry and is able to use its considerable political leverage to enact policy favorable to its membership. Its extensive

relationship with area employers, from institutional to home-based settings, allows it to work with hundreds of employers to ensure jobs and training for workers. In this respect, the Home Care Education Fund is able to build off other relationships 1199/SEIU and its management trustees have in the New York City area. Although drastic changes have occurred within the field of health care over the past few decades, the need for health care will not change or leave the region. The challenge for 1199/SEIU ETJSP and its league employers is to remain flexible and responsive to those challenges.

Eligibility

The Home Care Education Fund, unlike other programs such as Project QUEST⁴⁶ in Texas, does not have any educational requirements. As long as a worker is employed by a contributing agency and has worked the 80-hour average for six months, she/he can participate. Thus, workers without their high school diplomas can take advantage of the adult basic education classes to obtain their GED. By and large, any worker who expresses interest can obtain training. An assessment test is administered to determine an appropriate level of coursework but is never used to deny training.

Counseling and Support

The Home Care Education Fund provides career counseling for its workers and has an internal reference to the 1199/SEIU ETJSP Member Assistance Program, which provides support on a broader set of personal issues. This counseling component is considered a crucial aspect of the program, and home care workers are known to use this service, according to the Education Fund staff. There is considerable concern with domestic violence in this community of workers, and participation in the Education Fund can put a woman in direct harm from members of her family. The staff is aware of this issue and encourages workers to use the Member Assistance Program to deal with any difficulties that may arise. Counseling and

⁴⁶ Project QUEST is an employment and training program in San Antonio, TX developed by the Industrial Areas Foundation-affiliated groups COPS (Communities Organized for Public Service) and Metro Interfaith, a faith-based coalition. Both organizations are concerned with building power for low-income communities, similar to 1199/SEIU. Project QUEST is unique in the world of job training because it makes a long-term commitment to its clients and is about community building as much as it is about skill building (Osterman and Lautsch, p. 1).

support with individualized services are considered a key characteristic of effective workforce development programs, according to a study by Public/Private Ventures.⁴⁷

Utilization Rate

The closest comparison to 1199/SEIU is the Philadelphia Hospital and Health Care District 1199C Training and Upgrading Fund. The District 1199C Fund's utilization rate (open to all city residents, regardless of union membership) is approximately 18%. This mirrors the estimated use rate of the Home Care Education Fund, which is nearly twenty years younger and does not have the same historical relationship with employers. Thus, its use does not seem to be significantly less than other training programs targeting low-income workers.

Course Offerings

Like other union-management partnerships, such as Philadelphia's 1199C of AFSCME⁴⁸, or the Wisconsin Regional Training Partnership⁴⁹, the Home Care Education Fund offers job-specific training and adult basic education, applicable to all job types. The Alzheimer's training represents an effort to address the growing number of Alzheimer's patients in the New York City region. Classes such as ESL and GED refreshers are designed to be widely applicable to the worker in her/his future career. Thus, it is serving dual tracks: those who wish to increase their skills within their current home care job, and those who wish to gain additional skills and move into other jobs within the health care field. As the Home Care Education Fund grows it has the opportunity to consider continual improvements in course offerings by surveying workers and employers. It should also consider augmenting job linkages, similar to the ETJSP's Job Security Fund and Planning and Placement Fund. A discussion of these possibilities follows in Chapter Five.

⁴⁷ Clymer, Carol, Brandon Roberts and Julie Strawn, "States of Change, Policies and Programs to Promote Low-Wage Workers' Steady Employment and Advancement", Field Report Series, Public/Private Ventures, May 2001, p. 10.

⁴⁸ 1199C of AFSCME (American Federation of State, County and Municipal Employees) has had a "Training and Upgrading" Taft-Hartley Fund since 1974. It provides a Learning Center that is open 14 hours per day, 7 days a week; adult continuing and basic education; the Learning Center is also a city GED testing site. The Center provides specialized training for workers to become nurses aides or R.N.s. It also provides skill training for laid-off hospital workers. It is very similar in structure to 1199/SEIU's New York Training and Upgrading Fund, although it is slightly smaller in scale.

⁴⁹ The Wisconsin Regional Training Partnership is a multi-union, multi-employer training fund and has collaborated with workforce development agencies, technical colleges and community partners to place low-income workers into living wage jobs. The first placements have been in manufacturing but have expanded to include such industries as building maintenance, child care, customer service, construction, and transportation and utilities. It has also partnered with a YWCA to provide a workforce training center in the center city of Milwaukee.

Barriers induced by uneven unionization/Disincentives for training

Last, as the discussion of barriers and challenges facing the Fund concludes, it is useful to take a step back to reflect on the larger context in which the Education Fund is operating. One of the ongoing struggles within home care is the lack of a coherent career ladder and incentives such as increased pay for more highly skilled work. A clear example of the irrationality within the system is the pay differential between home attendants and home health aides in New York City. Home health aides, although their job requires more technical medical knowledge, are paid less than personal care attendants. This disparity is tied to uneven unionization and funding streams for health care expenditures. Most non-profit agencies providing home attendant services are unionized, and their salary and wages are determined by the New York City Human Resources Administration (HRA). The HRA is subject to political pressures exerted by the union on city representatives and generally results in a more favorable outcome for members of the Home Care Education Fund. Agencies that primarily employ home health aides, however, are privatized and largely receive funding from federal sources that are restricted by Congress. Thus far, the union has been unsuccessful in unionizing home health aide agencies and altering the wages earned by its workers. What does this mean for Home Care Education Fund members? There is no clear path beyond their current occupation – and little reason to sacrifice time for training when there is no clear benefit at the end of the semester, beyond any psychic rewards which may result.

Another barrier to vertical career mobility is the potential loss of pension benefits and health insurance offered by 1199/SEIU when moving to a job in a non-union nursing home or another institutional setting. It may offer a more stable work schedule and higher wages, but the loss of health insurance may negate that benefit if the employer is not an 1199/SEIU member agency.

Within the field of nursing, there is a reticence to offer a part-time R.N. degree, despite the current labor shortage. Thus, attempts to move home care workers into nursing will be limited by workers' need to continue earning an income during training. Despite this particular example though, it is important for the Education Fund to monitor changing industry trends and maintain a clear connection between training opportunities and available jobs, and make that clear to its members.

Chapter Summary

In chapter four we examined the ways in which the three main stakeholder groups interact to impact worker participation in the Home Care Education Fund. At the heart of this analysis lies an additional component that is not a central focus of this thesis – the home health care consumer. The patient's needs dictate how agencies provide services, when and under what conditions home attendants work, and what courses are offered by the Home Care Education Fund.

Home care workers identified the top three barriers to participation in the Education Fund as (1) Location and time of class offerings; (2) Age; and (3) Limited English skills. Other key barriers included Fund eligibility requirements, childcare, transportation and the need to work more than one job.

The home care agency is constrained primarily by its mission to provide high quality health care to its patients and the need to respond immediately to changing client conditions. This can destabilize a worker's schedule and impair long-term academic and career planning. Other factors affecting worker participation in the Fund include a reluctance to removing workers from cases; varying capacities to cover staff absences for training; and the need for a strong collaboration between the Education Fund and agency employers to ensure training goals are directed toward occupations with demonstrated labor shortages.

The Home Care Education Fund presents barriers to participation by limiting staff size to service a large membership (8 staff members to 43,000 home care workers); and through its inability to predict the exact number of students and class locations each semester due to changing member interests and schedules. An increasing use of federal grant funding places heavy administrative demands on staff time, and finding a sufficient number of available instructors is an ongoing challenge to expanding course offerings.

The last sections of the chapter examined the Home Care Education Fund in greater detail to examine how well it is meeting worker and agency-identified barriers to training, and how it compares to other training programs nationally. Last, we concluded by expanding our focus back to the larger labor market context and asking what barriers exist to impede home care worker career mobility.

Chapter 5: Recommendations and Conclusion

A More Vibrant Home Care Education Fund and Opportunities for Mutual Gains

“...Policymakers shouldn’t look at medical care, welfare and job training in isolation from each other. Interests coincide among patients, who need high-quality home health care from well-trained, attentive workers; the workers themselves who want decent pay and benefits and a chance to move up and enhance their skills; and the unemployed, including welfare recipients, who can see health care as providing a toehold in the job market.”

-E.J. Dionne, Jr., The Washington Post

The preceding chapters have thus far approached the review of barriers to participation in the Home Care Education Fund from the separate perspectives of the worker, the agency, and the ETJSP and Home Care Education Fund staff. While this approach is necessary to gain a holistic portrait of workers and their interaction with the Education Fund, in reality there is considerable overlap among the stakeholder groups and their role in promoting worker education.

The following sections will focus on ways in which the Education Fund can consider alternatives to foster increased participation in training⁵⁰ and will follow with implications for workforce development policy. The chapter will conclude with an outline of areas with significant potential for mutual gains.

1199 Bill Michelson Home Care Industry Education Fund Practices

Returning to the key barriers listed by workers regarding barriers to participation, the top concerns were (1) Location and time of classes; (2) age (“I’m too old”); and (3) limited English skills. How can the Education Fund better address these barriers?

Recommendation: Seek classroom space at employer agencies to reach workers in the neighborhoods where they live. Manage data regarding worker residence, employer, and training interests in an individual “worker profile” within the Education Fund database to assist with predicting class schedules.

⁵⁰ On April 18, 2002, the Home Care Education Fund held a strategic planning retreat to define a vision and action plan for the following two years. The recommendations listed in this thesis grew from the previous months’ research and are meant to complement and affirm, rather than supplant, those actions identified through the retreat.

Employer agencies have expressed support for holding classes on-site to reach workers who live in neighborhoods far from Manhattan. These offers should be revisited and explored as an alternative facility space.

An upgraded database system for the Education Fund – a recommendation that will impact many facets of program delivery – could be used to aid in predicting when and where workers are likely to express an interest in training. An intermediary step might be to maintain files regarding initial worker preferences for classes and times with actual class scheduling outcomes. The information on initial preferences could be aggregated for future planning purposes, allowing the Education Fund to present more concrete scheduling information up front. Some workers expressed an interest in having definite class offerings, times, and locations ahead of time (rather than indicating an interest and then waiting to hear if a class is scheduled). They stated knowing ahead of time would allow them to plan their work schedule around class times and make arrangements for client coverage, if necessary. A longer-term database upgrade might consider adding mapping software. Programs such as ArcView and ArcInfo could map worker residence locations with class preferences and availability times. This tool would provide a visual representation of where workers actually live and wish to receive training. An alternative is the HUD Office of Community Planning and Development, which offers software (Community Connections) that collects, analyzes, and studies trends in select neighborhoods.⁵¹ The ultimate goal of using any mapping software program would be to better provide convenient class times and locations, something workers strongly voiced as a concern during focus group meetings and interviews.

Recommendation: Work more closely with agency coordinators to encourage participation among workers through direct promotion on the phone as workers call in to speak with their supervisors.

The next barrier, age, presents less obvious suggestions for bolstering participation. One method to encourage this group of home care workers is to work with coordinators to promote

⁵¹ HUD, upon request, will send mapping software, details about HUD-funded projects in the community you select, and census data (including unemployment and income levels). You can also enter your own customized information, which could benefit the Home Care Education Fund. Software available from HUD (1-800-998-9999) or by email at amcom@sys.com. Citation from the Harvard Graduate School of Education, *The Evaluation Exchange*, Community-Based Initiatives Issue 1, “Promising Methodologies for Evaluating CBIs”, Cambridge, Massachusetts. <http://www.gse.harvard.edu/%7Ehfrp/eval/issue6/promising.html>

the benefits of participation in the Fund. Each Home Care Education Fund staff member could familiarize themselves with the coordinators at several agencies, and during the weeks around registration each term, provide information to coordinators to pass on to workers. While recognizing that agency coordinators are extremely busy (many are responsible for managing over 100 workers), spending one minute with each worker who calls in during the day to mention the Education Fund could potentially have a significant impact on worker enrollment. Pursuing this strategy would require an understanding between each agency's leadership and the Education Fund to best utilize coordinator efforts without detracting from their primary responsibilities.

Recommendation: Provide more English to Speakers of Other Languages classes, with expanded opportunities for tutoring and one-on-one language exchange.

As membership in the Home Care Education Fund continues to grow and integrates more communities from the New York City area, the need for more ESOL courses will also increase. ESOL classes, along with GED courses, have the greatest demand among home care workers and a potential to expand offerings exists. Options for expanding opportunities for ESOL include not only locating more facilities and instructors, but also providing more tutoring to support workers with a need for more one-on-one learning and feedback. Also, the Education Fund could consider starting a "language exchange" program among its membership, to foster peer learning and support groups among workers outside the employer relationship. For example, workers from Latin American countries could be paired with workers from English-speaking Caribbean nations; or, Chinese members could meet with African American members for more informal language learning and information sharing.

At a more general level, there are a number of additional steps the Education Fund could consider to remove barriers to participation in the Fund. Those items will be listed below.

Recommendation: Increase outreach to workers through regular direct mail campaigns and targeted calling to newly-hired workers.

The recent inclusion of 20,000 new members provides an opportunity to reach workers not just through in-service trainings, but directly at home. Flyers should be sent, or other

appropriate promotional material, to the entire membership (or in staggered mailings) to remind members of opportunities for training at appropriate times prior to registration each semester. Not all workers will take the time to read the information, but it may reach some workers more quickly than they might have received at an in-service meeting with their organizer. Care should be taken to include information in multiple languages if possible.

If the Education Fund is able to access monthly data downloads from the Benefit Fund staff, it would allow staff to reach out directly to newly-hired members. This "welcome to the Home Care Education Fund" phone call would provide a personal introduction to the Fund and could increase the likelihood that staff turnover at agencies does not hinder the Education Fund's relationship with worker-members.

The staff might also consider forming a cadre of "Home Care Education Fund Alumni" to assist in the outreach efforts. This network of former participants could be tapped to reach out to new and non-participant members by adopting and modifying the union's campaign methodology. It would also help strengthen the continued involvement of workers in the Education Fund and promote the Fund by word-of-mouth, a powerful marketing mechanism.

A critical piece of increased outreach is the necessary attention to follow up that will result from increased participation levels. If Education Fund staff reach more workers regarding training opportunities through the mail and "welcome" phone calls, it is critical that staff have the time and resources to return phone calls so that workers aren't waiting for months to enroll in a class. An increase in outreach, and thus, participation, would mitigate class-scheduling difficulties by providing a critical mass of interested workers in neighborhoods outside Manhattan.

Recommendation: Provide laptops to Education Fund participants, and develop plans to provide part-time distance learning.

A special fundraising drive, or sponsorship, would be necessary to provide computers for Education Fund participants. However, this effort is not without precedent in SEIU. Locals in Los Angeles, California and other cities have secured corporate sponsorship to provide computers through collective bargaining agreements. The laptops could become a powerful incentive to participate in training, if ownership of the computer is awarded for successful completion of the course. Distance learning cannot replace the valuable interaction and

learning that occurs among peers in a group setting. However, for home care workers, this model has particular appeal due to their scheduling and transportation constraints. An interim arrangement might include flex-classtime, where participants could follow classroom lessons from home twice per month, for example. This would allow workers who have sudden scheduling difficulties to avoid falling behind in coursework. It would also support other facets of the workers' personal lives. If the Planning and Placement Fund's responsibilities are expanded to include home care through the Fund's integration with ETJSP, home care workers could also use the computer at home to search data banks for jobs. The issue of the "digital divide" is beyond the scope of this paper, but disproportionately affects the Americans who are typical 1199/SEIU members. A computer fundraising drive could address each of these issues simultaneously.

Recommendation: Determine goals for Fund utilization levels, building upon the Strategic Planning Process.

Setting an arbitrary percentage goal for use of the Fund does not provide a comprehensive, or clear, indicator of successful outreach. Simply stating that "50% of the home care worker/members should be enrolled in the Fund's courses" is not appropriate without supporting goals and reasoning to support that usage level. Home Care Education Fund staff should consider taking a baseline assessment of Fund use levels now and comparing that percentage (workers participating out of the total membership) against use levels in following years to gain an additional perspective on whether or not the Fund is undersubscribed. However, a 46% increase in membership is one of several indicators regarding the interest in, and use of, the Fund's benefits. What would a 46% increase in class enrollment mean for locating facility space? Offering more classes? These questions are best answered by Fund staff and trustees, building upon the action plan developed during the April 2002 retreat.

Recommendation: Survey workers periodically regarding class preferences, and survey employers to keep abreast of changing industry job needs.

How well are current class offerings meeting worker interests and needs? Overall, the predominance of basic education, ESOL and computing classes is appropriate to the majority of

workers. R.N. and L.P.N. training programs are designed to fill an occupation with higher wages and a demonstrated labor shortage. However, some workers are looking for opportunities to move into better-paying jobs outside of direct care that may still be in the health care field. Polling workers directly regarding their interests presents an opportunity to confirm that current offerings are the most appropriate mix of classes as well as introducing course offerings that staff and Board members may not have considered otherwise. For example, during the course of focus group interviews conducted for this thesis, workers expressed an interest in classes on negotiation and life skills, which would be of particular interest to recent immigrants. It is assumed that feedback is received at end of the semester evaluations from workers participating in Education Fund classes. However, a survey sent to a broader sample of workers would gather input from members who are not participating, perhaps due to a lack of coursework that meets her/his needs. This information could be matched against a simultaneous survey to employers to ascertain their hiring needs, resulting in more classes that offer specialized training, such as the Alzheimer's class and other, more general skill-based courses.

In addition to remaining up-to-date on worker preferences and industry trends, the Education Fund could consider linking its courses so workers can graduate through a curriculum and easily measure their own progress. Math courses could lead to computing classes and be linked to language and GED preparation. Several workers expressed an interest in gaining administrative and clerical jobs and providing that link, through an expanded arm of the Job Security Fund perhaps, could make attending Home Care Education Fund classes attractive by showing tangible, employment-related outcomes.

Recommendation: Determine a mutually agreeable method to implement paid release time for training.

When workers were asked what incentives for training would produce the greatest gains in enrollment, the top choice was paid release time. This program would allow a worker to receive wages lost for time spent in the classroom, removing the barrier that many workers face holding down multiple jobs to pay rent and other basic expenses. This "educational leave of absence" system would have to be carefully arranged with employer agencies to ensure there is enough flexibility within the staff to adequately cover client needs. Child care and

transportation subsidies were also mentioned as incentives that would increase Fund participation, but without the same gains across the board as paid release time. The challenge with this program incentive is achieving scale based upon funding constraints. Several employers interviewed for this thesis suggested that although it was feasible for their agency, it was unrealistic to expect it could be offered to more than a very limited number of workers.

Recommendation: Hire more Home Care Education Fund staff.

Within the ability of the current budget, the staff should consider adding human resources to meet increasing membership size. This will allow the Education Fund to retain its hands-on practices while serving a greater number of workers. The Education Fund staff could consider hiring someone part-time during this ramp up time with new 32BJ members, targeting its recruitment among home care workers themselves as well as through the standard channels. If the current budget limits hiring new staff, consider offering unpaid internships to students in the New York City area to supplement staff efforts.

Recommendation: Provide job market information to members to provide a clear link between training and jobs, and to ensure appropriate specialized training programs within the field of home care.

Similar to the role the Planning and Placement Fund plays within ETJSP, information on the home care industry and job market would allow members to make a clear connection between participation in Education Fund training and future career-related gains. As explained by Osterman, "Job market information databases and networks tied to these programs will allow workers to compare their wages, working conditions, and promotion opportunities against industry standards and benchmarks. Moreover, the data aggregated in these industry data banks could be used to publicize the differences in employment standards and conditions offered by different firms in the community, in the industry, and in the global supply chain. These services would be aimed at building the loyalty of members so that they retain their membership if they move from one job to another."⁵² The precedent for offering this benefit

⁵² Osterman, Paul, Tom Kochan, Michael Piore and Richard Locke. *Working in America*. Cambridge: MIT Press, 2001, p. 128.

already exists in the Job Security and Planning and Placement Funds and have been supporting eligible 1199/SEIU members for ten years; it is a model worth emulating for home care.

One method to obtaining this information, and for other research-related needs that does not overburden current staff, is to pair up with local graduate programs and tap students for group projects. Columbia University's Teacher's College would be a source for educational theory and curriculum design as well as the City University of New York; economics departments or business schools might be interested in providing labor market analysis.

Recommendation: Establish performance measures. Become a "learning organization".

Crafting a set of guidelines for performance measures and indicators of success would assist the Home Care Education Fund to determine its effectiveness for its members and clearly articulate its impact on the direct care workforce. Creating measures does not replace or exclude substantive, qualitative data, but will provide an additional picture of retention and advancement of workers as they gain academic and technical qualifications.

Evaluations and performance measures are often top-down, and mandated by program funders rather than by the organization itself. However, it is appropriate for a program with an education-based mission to become a "learning organization" - those that apply knowledge systematically to create their future.⁵³

The ETJSP and Home Care Education Fund struggle to balance categorical funding streams so that participants experience a holistic service delivery approach; similarly, staff and Fund trustees grapple with multiple information sources to assess progress. The fragmented nature of evaluation results in fragmented knowledge about what works and why. Despite positive feedback from participants, Fund staff are often unable to determine whether their services made the critical difference in participants' lives. Participants may be in contact with other resources that are not part of the evaluation; limited resources require that evaluations sacrifice information about the broader community context of informal and formal supports.⁵⁴

One means of managing the fragmented nature of evaluation is developing "worker profiles" in conjunction with the use of a new database system. These profiles could track an individual's progress over time and measure participation levels in the Fund. The database

⁵³ Harvard Graduate School of Education, *The Evaluation Exchange*, "Evaluating Community-Based Initiatives, Theory & Practice", Cambridge, MA. <http://www.gse.harvard.edu/%7Ehfrp/eval/issue6/theory1.html>

⁵⁴ Ibid. <http://www.gse.harvard.edu/%7Ehfrp/eval/issue6/theory1.html>

could also create a separate area to identify the full range of services that families receive. Another way to demonstrate program impact is through cost benefit or cost effective analysis.⁵⁵

A measure the Home Care Education Fund could consider adding to its list of success indicators is Fund utilization level goals, as described previously. Levels of income and savings growth, number of certifications and hours worked per month all provide valuable feedback on worker, and thus Education Fund, success. An additional measure could be the level of program ownership by home care workers. Do members currently feel strongly that this program is “their” program? A list of questions to assist in answering this question could include:

- A program structure determined by participants, such as hours of operation, continuous, thoughtful program modifications based on client input, complaints and suggestions;
- A structure and forum for real input; for example, an ongoing set of focus group interviews to follow from this research process;
- Do people who have participated in the Education Fund remain involved, as volunteers, mentors, support groups; do they refer friends?
- Do staff keep track of clients?
- Are participants involved in advocacy and political organizing events?
- Do workers indicate a plan to increase their involvement in 1199/SEIU activities as a result of their participation in the Education Fund?⁵⁶

Through an ongoing series of questioning and information collection, evaluation and program development should be driving each other in a feedback loop.⁵⁷

Funding Issues

A central concern to being able to implement these recommendations is the availability of resources for the Education Fund. The \$3 million grant from the U.S. Department of Labor

⁵⁵ One source on Cost Analysis in Education is *Cost Effective Analysis (2nd Edition): Methods and Applications* from Corwin Press, Inc., 2455 Teller Road, Thousand Oaks CA 91320. Phone: (800) 818-7243. Email: order@sagepub.com. Online information at www.sagepub.com.

⁵⁶ Osterman, Paul and Brenda A. Lautsch, “Project QUEST, A Report to the Ford Foundation”, M.I.T. Sloan School of Management, January 1996.

⁵⁷ Harvard Graduate School of Education, *The Evaluation Exchange*, “Evaluating Community-Based Initiatives, Theory & Practice”, Cambridge, MA. <http://www.gse.harvard.edu/%7Ehfrp/eval/issue6/theory1.html>

received in 2001 represents the Education Fund's first foray into public support for worker education. Through the TUF infrastructure, the TANF grant will allow the Education Fund to significantly expand its offerings and bring non-1199 members into the union. For the first eight years of the program, resources came solely from collective bargaining agreements with agencies. This support provides crucial operating funds but is restricted by the low reimbursement rates home care agencies receive for their services from public sources. Other funds in the ETJSP, for example, the TUF, receive a contribution of \$.05 for every hour an employee works, double that of the home care contribution. The 2½-cent contribution, however, represents what home care agencies are able to contribute.

One method to consider aiding home care workers that would be in line with the union's philosophy of promoting economic justice is sharing resources within the ETJSP. In 2000, the Home Care Education Fund became a formal part of the ETJSP and is working to integrate itself into the existing system. If that process could be taken to its logical conclusion, shared resources from better funded and better established training programs could expand offerings to home care workers. The workers covered by the TUF receive high quality counseling, comprehensive career guidance, extensive course offerings, linkages to jobs and other supports. Clearly 1199/SEIU and its management trustees have the capacity to deliver effective, quality programs that make a difference in the lives of their participants. The same training methodology and level of support should be offered to all home care workers, who are among the most vulnerable – and also most politically active - members of the union. Although this process might involve additional work for ETJSP staff, and certain legal limitations exist, it would go a long way towards reducing inequities in benefits among union members.

Implications for Public Policy

As discussed in the previous chapters, a myriad of factors impacts the provision of home care. Workers navigate public assistance; WIA (Workforce Investment Act) and other major workforce development policies such as "work first" can restrict entry into home care for low-wage workers. Three additional key trends are relevant to the future provision of long-term care at an organizational level: (1) the medicalization of community services due to public policy, i.e., Medicare and Medicaid; (2) labor restructuring, characterized by a growing

contingent labor force; and (3) informalization, or an increase in care from institutional to community and home-based settings.⁵⁸

The Medicare prospective payment system (PPS) and diagnosis-related groups (DRGs) were designed to contain escalating hospital costs by limiting the amount of acute care provided to patients. This has forced patients back into community settings sooner than they may have been previously. The result for home health care workers has effectively been the assumption of care for a more critically ill population of elders, without an increase in training to meet those needs.⁵⁹ Medicare is the most significant source of financing for home care, thus changes in Medicare certification and reimbursement policies have a profound effect on the delivery of home health care.

Recommendation: Lobby in progressively larger forums (city, state and last, federal) to increase minimum training standards for home care workers from the current two weeks to four weeks. Work in coalition with agency employers, the Home Care Association of New York State and other appropriate organizations to support increased training for workers. Support increased reimbursement levels for agencies to subsidize increased up-front training costs.

Labor restructuring has had a detrimental effect on wages and benefits offered to home care workers. The salaries earned by frontline workers are less than workers who are employed in acute care, hospital-based settings. Unionization benefits some workers, but not all of the home care workers in New York are supported by the same health insurance and pensions 1199/SEIU workers receive.⁶⁰ Absent widespread unionism, the simplest solution is to raise the wage floor⁶¹ for home care workers. SEIU, and 1199/SEIU in particular has spearheaded and successfully led “living wage” campaigns in cities across the United States; a coalition of

⁵⁸Close, Liz, Carroll L. Estes, Karen W. Linkins, and Elizabeth A. Binney, “A Political Economy Perspective on Frontline Workers in Long-Term Care”, *Frontline Workers in Long-Term Care*, Fall 1994, p. 23 – 27.

⁵⁹ Ibid., p. 24.

⁶⁰ Ibid, p. 25.

⁶¹Bernhardt, Annette D. and Thomas R. Bailey, “Making Careers Out of Jobs: Policies to Address the New Employment Relationship.” New York: Institute on Education and the Economy, Columbia University Teacher’s College, June 1998.

organizations fighting for a living wage or a movement to “care for the caregivers” at the New York City level is a potentially successful strategy to address low wages.⁶²

Recommendation: Continue pressure and political actions to sustain momentum for a living wage for home care workers.

Creating external career ladders is an additional response to increasing job instability. In this scenario, workers shift among firms according to demand, “but gain portable and recognized skills in the process, so that upward mobility occurs incrementally across different organizations and churning between low-wage jobs is avoided.”⁶³ It is also important to consider the possibility of portable benefits. Other than wages, benefits are probably the most important issue for low-wage workers. Unfortunately, the current provision of health insurance and pension benefits militates against portability.⁶⁴ Changing the laws that govern the provision of health insurance is incredibly complex and unlikely to be achieved in the near future. Although it is a worthy undertaking, creating portable benefits is an option 1199/SEIU and its League employers could develop to offer “lifetime membership” in the union and support workers as they move from one employer to the next. It would assist home care workers in particular who wish to upgrade their skills and move out of a home attendant job. Currently, most home health aide jobs and nursing home jobs are non-unionized and are unattractive for that reason. Thus, workers tend to stay in their jobs for long periods for fear of losing their health insurance and pension benefits.

Recommendation: Support the development of portable health insurance and pension benefits and work with League employers to develop external career ladders.

⁶² The 2002 Health Care Bill included wage increases for home care workers as a result of 1199/SEIU President Dennis Rivera’s discussions with Governor George Pataki. Governor Pataki was anxious to receive 1199’s endorsement prior to his 2002 reelection campaign and rewarded the union for its support with a significant increase in benefits. This was made possible by the one-time fee from the privatization of an HMO, Blue Cross Blue Shield. The ability to sustain wage increases based upon this fee during a recession period and operating budget deficits remains to be seen. It also makes it less likely that workers will want to upgrade their skills to move into Home Health Aide positions, as the wage increase largely benefits the lower-skilled Home Attendant jobs. The impact on the new TANF grant to the ETJSP may be a reduced interest from workers who wish to pursue the Home Health Aide training component.

⁶³ Bernhardt, Annette D. and Thomas R. Bailey, “Making Careers Out of Jobs: Policies to Address the New Employment Relationship.” New York: Institute on Education and the Economy, Columbia University Teacher’s College, June 1998.

⁶⁴ Ibid.

The view from home care is a strained model that is inadequately meeting the needs of both its workers and clients. Recent changes in the long-term care industry have disempowered front line workers, who as shown previously, are overwhelmingly minority women of color. The low wages paid to employees of home care and the relative lack of attention to these workers within policy analysis reflects structural arrangements within society overall, underlying age, race, gender and social class divisions.⁶⁵ These trends warrant a closer examination of this marginalized portion of the health care labor force, and greater support to the workers who provide care to thousands of elderly and disabled New Yorkers on a daily basis.

Conclusion and Opportunities for Mutual Gains

The 1199 Home Care Industry Bill Michelson Education Fund is poised to grow and mature into a training fund to match the size and effectiveness of other ETJSP programs with its recent addition of 20,000 new members. It will test the ability of the organization to meet those workers' needs quickly and effectively. However, it is an unprecedented opportunity to implement new strategies on a scale that was not possible before. This thesis could not adequately address the question of whether the Fund is undersubscribed, compared to other ETJSP training funds, due to a lack of data. It presents a fruitful area for future research, as the Home Care Education Fund transitions to a new database for reporting purposes. It is hoped that this new system will allow greater flexibility and will be structured with a view toward tracking individual outcomes over time.

By working together, the Home Care Education Fund union and management trustees can help break down the barriers that prevent worker participation in education benefits designed to fit their needs. Increased use of the Education Fund ensures better-trained and better-supported workers on the job, resulting in higher quality care for clients. For workers, taking classes through the Education Fund can result in real wage and career gains if advanced and specialized programs are pursued.

On a macro level, 1199/SEIU and home care agency directors pressing together for policy changes holds the greatest potential for long-term mutual gains. Changes in health care legislation will benefit the union, which gains legitimacy and credibility among its members; for

⁶⁵Close, Liz, Carroll L. Estes, Karen W. Linkins, and Elizabeth A. Binney, "A Political Economy Perspective on Frontline Workers in Long-Term Care." *Frontline Workers in Long-Term Care*, Fall 1994, p. 26.

non-profit home care agencies which are able to operate in a more rational and stable funding environment; and the worker gains a salary that recognizes their contributions to the well-being of elderly and disabled individuals. The future of health care is in home care. New York City is at the forefront in the provision of home care, and now is the time for the union and management leaders of the 1199 Home Care Industry Bill Michelson Education Fund to demonstrate to the nation the importance of serious support to frontline home care workers.

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Personal Interviews

Workers and Others:

1199 members employed by RAIN Home Attendant Services (as present during 1/15/02 in-service training), and member volunteers visiting 1199 ETJSP headquarters on 330 W. 42nd Street, New York during week of New York State budget defense.

Focus group interviews, February 27, 2002 (union delegates); February 28, 2002 and April 2, 2002 (in service trainings at Rockaway Home Attendant Corp. and the Chinese American Planning Council Home Attendant Program).

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Louise Weathers, Director, North General Home Attendant Corporation

APPENDICES

Appendix A: Survey to Home Health Care Agencies, members of 1199/SEIU

Appendix B: Survey to current training participants (results not received in time for inclusion in this thesis).

APPENDIX A

Home Health Care Agency Survey: for Agency Participants in the 1199 Home Care Education Fund

Thank you for taking the time to answer the following questions. Your responses will be **completely confidential**. All responses will be reported in the aggregate. The purpose of this survey is twofold: the information will be analyzed by a graduate student researcher for a master's thesis, as well as to help us identify the reasons home care workers choose to participate (or not participate) in the Education Fund. It also helps us to continually improve the services we offer to home care workers.

1. How long have you been a contributing member to the 1199 Home Care Industry Bill Michelson Education Fund?_____

2. What training benefit(s) do you offer your employees?_____

3. Does your agency provide training to your home care workers, in addition to the required in-service sessions?
 - Yes
 - No

4. How many hours of training, on average, do you offer above the amount necessary as required by city, state and/or federal health regulations?_____

5. Do you encourage your workers to take advantage of classes offered by the 1199 Home Care Education Fund?
 - Yes
 - No
 - Sometimes, when we are aware of offerings.

6. Do you think 1199 been effective in communicating training benefits to workers through your agency?
 - Yes
 - No
 - Sometimes, but communication could be improved.
 - Not applicable. It is the union's responsibility to communicate with workers.

7. Please check the box that best describes your current staffing situation:
 - We do not have enough home care workers to cover all the cases.
 - We have many more workers than cases right now.
 - Our staffing needs are in balance with our caseload.

8. How difficult would it be for you to release workers during regular business hours for training if 1199 could pay for their lost wages?

- very difficult
- difficult
- somewhat difficult
- not difficult

9. Please describe the services rendered by your agency:

- Housekeeper
- Home Attendant
- Home Health Aide
- Other (please describe): _____

9. Of the services listed above, which one is your primary focus? _____

10. Please list your agency type:

- private non-profit
- private for-profit
- Other: _____

11. What are your main funding sources? (for example, VNS, grants, other contracts): _____

12. What is your agency's size? Number of office staff: _____

Number of home care workers: _____

13. What is your average annual staff turnover among home care workers? _____%

14. What is the average hours worked per week by your agency's home care workers? _____

15. How often, in your best estimate, do workers' schedules change? Daily? Weekly? Monthly?

16. Please list your service coverage area (geographical area): _____

17. In your opinion, what are the most significant barriers to worker participation in the 1199 Home Care Education Fund? _____

THANK YOU FOR YOUR TIME AND CONSIDERATION!!!

APPENDIX B:

***Home Health Care Worker Survey:
for Current Participants in the 1199/SEIU Home Care Education Fund***

Thank you for taking the time to answer the following questions. Your responses will be **completely confidential**. The purpose of this survey is to help us identify the reasons home care workers choose to participate (or not participate) in the Education Fund. It also helps us to continually improve the services we offer for you.

1. Is this your first time taking a class through the 1199/SEIU Home Care Education Fund?
 - Yes
 - No
 - 1.a. If no, what other classes have you taken? _____

2. How did you find out about the classes offered?
 - Organizer
 - Home Care Education Fund staff explained class offerings to me
 - Employer
 - Friend
 - Co-worker taking a class told me
 - Received a notice in the mail
 - Other (please describe): _____

3. How many hours per week do you work? _____

4. Do you work on weekends?
 - Yes
 - No

5. Do you have children at home?
 - Yes
 - No
 - 5.a. If yes, did you have to make arrangements for their care in order to take this class?
 - Yes
 - No

6. Do you have a second job, in addition to your home care job?
 - Yes
 - No

7. Is your employer aware of your participation in this class?
 - Yes
 - No

7.a. If yes, did they encourage your decision?

- Yes
- No
- Neither

8. Does your agency offer paid release time for training?

- Yes
- No

8.a. If not, would you be more likely to take classes again if they did?

- Yes
- No

9. Did you make arrangements for someone to take care of your client while you are in class?

- Yes
- No

10. What is your current job?

- Housekeeper
- Home Attendant
- Home Health Aide
- Other: _____

11. Is the classroom in a location convenient to your home?

- Yes
- No

12. Is the classroom in a location convenient to your job?

- Yes
- No

13. How satisfied are you with the current class?

- very satisfied
- satisfied
- somewhat satisfied
- somewhat dissatisfied
- dissatisfied
- very dissatisfied

14. Please describe what you like and/or dislike about taking a class with 1199:

15. Please describe why you decided to take this class:_____

16. Please list your highest level of education (either in the United States or another country):

- completed primary school
- some high school
- high school diploma
- some college
- college degree
- Other (please describe): _____

17. Please check the box that best describes your age:

- under 25
- 25 – 35
- 36 – 45
- 46 – 55
- 56 – 65
- 66 – 75
- 75+

17. How long have you been a member of 1199/SEIU? _____

THANK YOU for your time and cooperation!!