



EDUCATION
ASSOCIATION



HEALTHCARE CAREER
ADVANCEMENT PROGRAM

ESSENTIAL WORKERS, ESSENTIAL EDUCATION:

The SEIU Labor-Management Training Partnership Model for Home Care Workforce Development

By Terri Harkin | September 2022

TABLE OF CONTENTS

- 01 Executive Summary**
- 02 Introduction**
- 03 Background: The Caregiving Crisis**
- 04 Key Principles for Home Care Workforce Development**
- 06 Who Are SEIU LMTPs and What Do They Offer?**
- 08 Unique Advantages of Providing Home Care Training through LMTPs**
- 10 Best Practices and Lessons Learned in Home Care Training Delivery**
- 14 Conclusion & Acknowledgments**
- 15 Bibliography**
- 16 Appendices**

I. Executive Summary

The nation's home care crisis is reaching dire proportions, with massive turnover and workforce shortages driven by persistent low wages, lack of benefits, poor job quality and “dead end” caregiving jobs without opportunities for advancement. The majority women of color workforce have faced generations of racial and gender inequities that devalue caregiving labor. As the U.S. population ages and the demand for home care is increasing exponentially, the lack of available caregivers threatens the health and well-being of millions of older adults and people with disabilities who rely on caregivers for daily personal care and support. The nation must invest in a home care workforce development system that is capable of recruiting, training, and supporting millions of home care workers to provide essential care—and do so in manner that is equity-oriented and responsive to the unique challenges facing home care workers and their communities.

Labor-Management Training Partnerships (LMTPs) are highly effective models for bringing new workers into a field and keeping them employed due to their responsiveness to both workers' and employers' needs,^[i] and should be expanded to play a larger role in the nation's home care workforce development system. LMTPs—with their unique focus on codetermination—deliver innovative worker-centered, industry-savvy programming and are uniquely situated to address the task of serving a geographically dispersed, diverse workforce.

To truly tackle the caregiving crisis, decisionmakers must address the inextricable links between structural racial and gender inequities and the poor job quality of home care jobs, a task made difficult by centuries of exclusionary, structural policy choices. In service of guiding efforts to improve recruit and retain much-needed home care workers, this report outlines the best practices and lessons learned from an inventory of SEIU LMTPs serving home care workers in nine states and make the case for the SEIU LMTP model of home care workforce development.

The findings coalesce around the following three core principles to guide policy and public investment in home care workforce development and training:

- Explicitly support workers' right to unionize, set up workplace infrastructure that builds worker power, and set industry-wide standards for home care job quality
- Condition public funding on the creation of high-quality jobs, using job quality and racial equity metrics that incentivize positive outcomes for workers
- Prioritize LMTPs in workforce training and education funding, given those partnerships ensure that workers' voices are represented alongside employer needs.^[ii]

II. Introduction



Healthcare Career Advancement Program (H-CAP) is a national labor-management organization of Service Employees International Union (SEIU) local unions and employer partners in 15 states plus the District of Columbia, with industry partnerships covering 1,100 employers and 550,000 workers who have access to collectively bargained training benefits across healthcare settings, from hospitals and clinics to skilled nursing facilities and home care.

H-CAP works with partners such as employers, states, unions, consumers, and other stakeholders to design high-quality healthcare workforce development programs and policies that advance job quality and equity.

A core component of H-CAP's work is to support the network of SEIU Labor-Management Training Partnerships ("Training Partnerships" or "LMTPs").

A core component of H-CAP's work is to support the network of SEIU Labor-Management Training Partnerships ("Training Partnerships" or "LMTPs"). LMTPs bring labor and management together to focus on the workforce development needs of the industry and collaborate on delivering innovative and worker-centered programming. LMTPs—with their unique focus on codetermination and addressing the needs of workers along with the needs of employers—are highly effective models for bringing new workers into a field or sector and keeping them employed.[iii] LMTPs are unique in the training provider landscape in that they are accountable directly to the unionized workers and employers who agreed to create and fund them, usually through the collective bargaining process. During contract negotiation, unionized health care workers—who could have otherwise chosen to bargain for increased wages or other economic improvements—propose that employer funding be dedicated to creating training and educational programs that enable workers to build their skills and knowledge and access opportunities for career advancement. Employers agree to fund LMTPs to ensure their workforce had access to high quality training and to fill necessary jobs.

Beginning in December 2021, H-CAP undertook an inventory of SEIU Training Partnerships serving home care workers across the country. The purpose of the inventory was to identify best practices and lessons learned in service of strengthening national workforce infrastructure to prepare for the anticipated expansion of the home care workforce. The methodology included conducting a two-part survey covering operational and programmatic details along with conducting structured in-depth interviews with LMTP Directors covering the history and development of their state's home care training program, and conceptual questions about program strengths, challenges and lessons learned.

III. Background: The Caregiving Crisis

Home care workers are vital caregivers for millions of older adults and people with disabilities who need personal care and support to live independently in their own homes and communities. Home care workers provide essential services, such as bathing, feeding, dressing and toileting. The work is often physically and emotionally demanding, and is performed in isolated settings inside consumers' homes, rendering their labor relatively invisible. Despite the essential nature of their work, home care workers themselves are chronically undervalued[iv], often making minimum wage, receiving no or minimal benefits, juggling inconsistent part-time schedules and facing limited career mobility options. (Read more about the roots of the "caregiving crisis" here: [The Racial Equity and Job Quality Crisis in Long-Term Care](#)).

The historic and present devaluation of caregiving labor reflects the structural racial and gender inequities faced by the home care workforce which is disproportionately made up of women of color: 86% of home care workers are women, 63% are people of color, and 31% are immigrants.[v]



53% of home care workers receive public assistance from the government to make ends meet.[vi] The demographic composition of the caregiving workforce is no coincidence: it is the result of a series of intentional policy choices over the course of our country's history (and present)—such as the 1938 Fair Labor Standards Act's exclusion of domestic workers (who were predominantly Black women) from the protections of minimum wage and overtime pay afforded other (whiter, more male) professions.[1] In addition, there are no federal standards or guidelines for training for home care workers who provide frontline personal care and support to older adults and people with disabilities,[vii] leaving many workers feeling unprepared for the demanding requirements of the job.

The caregiving crisis is reaching dire proportions. As the population ages, demand for home care workers is rapidly increasing. The direct care workforce that provides services in the home and community is projected to add more than one million new jobs from 2020 to 2030, a 33% increase.[viii] Poor job quality has led to a 65% turnover rate,[ix] which compounds the challenges of recruiting, training and retaining sufficient numbers of home care workers to meet growing demand.[x] Without access to caregivers, older adults and people with disabilities are at risk for unwanted placement in a nursing home, social isolation, injury and death.[xi] The need for transformational change to address the caregiving crisis is evident and urgent.

IV. Key Principles for Home Care Workforce Development

To truly tackle the caregiving crisis, decision-makers must address the inextricable links between structural racial and gender inequities and the poor job quality of home care jobs. The research findings from our inventory of best practices and lessons learned from SEIU LMTPs serving home care workers in nine states coalesce around the following three core principles to guide policy and public investment in home care workforce training:

Principle #1: Explicitly support workers' right to unionize, set up workplace infrastructure that builds worker power, and set industry-wide standards for home care job quality.

Unionization creates better jobs by improving wages, benefits, and workplace health and safety, improves public health and public services, strengthens families and communities, and more.[xii] Home care workers have historically been excluded from basic federal labor protections like collective bargaining, minimum wage and overtime pay (exclusions that reflected a devaluing of the caregiving labor of the majority women of color workforce). To course correct on those racist and sexist exclusions, workforce policy in the industry should be explicitly oriented toward ensuring that workers have the right to organize together to improve their jobs and working conditions.

Home care worker unionization has had the clearest and most positive impact on improving the quality of home care jobs over any other intervention. Wages for unionized home care workers are 12% percent

[1] The Fair Labor Standards Act (FLSA) continued to exclude most home health and personal care aides until January 1, 2016.

higher than their non-union counterparts,[xiii] and unionized home care workers have access to benefits like health care and paid time off, access to orientation and training programs, and have established basic employment rights long denied in their industry. For example, prior to unionization, home care workers in Illinois in the early 1980s earned as little as \$1.00 per hour. Since forming their union, home care workers have increased their wages to over \$17.00 per hour, negotiated for health care coverage through a Union-sponsored health care fund, negotiated for paid sick time and expanded access to paid training.

Policymakers should explicitly support unionization as a highly effective tool for improving job quality to address the caregiving crisis. In addition, policymakers should develop an industry-wide approach to setting standards for wages, benefits, and job quality by bringing together workers, government, employers, and care consumers.

Principle #2: Condition public funding on the creation of high-quality jobs, using job quality and racial equity metrics that incentivize positive outcomes for workers.

Due to how the majority of home- and community-based services (HCBS) are provided through the Medicaid program, government is the single largest payer of home care workers[2] and effectively sets industry-wide rates, wages, and benefits. Government policy and funding is directly responsible for impoverishing millions of home care workers, creating and reinforcing structural race and gender inequities faced by the majority women of color workforce. Job quality and racial equity metrics should be adopted to ensure that public funding is sufficient to create high quality home care jobs.

Tying public investment to job and care quality could look like setting federal and/or state quality standards for wages, benefits, training program outcomes, and more, to incentivize states and home care providers to prove that government funds are going to the provision of good, family-sustaining jobs in home care, rather than jobs that keep workers in poverty.

Principle #3: Prioritize LMTPs in workforce training and education funding, given those partnerships ensure that workers' voices are represented alongside employer needs.

SEIU LMTPs are a model for home care workforce development that brings together workers, states, and employers to identify industry needs and create worker-centered solutions. In building the HCBS workforce infrastructure necessary to effectively recruit, train and support the massive expansion of the workforce needed in the face of our nation's rapidly aging population, LMTPs must be prioritized in workforce education and training funding. The home care industry is rife with employment situations that pose unique challenges to traditional training and workforce development programs because workers are dispersed across wide and distinct geographies without a central worksite, often working in a unique employment situation as an "independent provider" employed directly by consumers through publicly funded consumer-direction programs or individual private-pay arrangements in private homes.

[2] In 2020, over 72 percent of long-term services and supports were paid for by a mix of federal and state government funds: Colello, K. (2022, June). Who Pays for Long-Term Services and Supports? Congressional Research Service: IF10343, Version 9. <https://crsreports.congress.gov/product/pdf/IF/IF10343/7>.



The way the workforce is decentralized calls for a workforce infrastructure tailored to address the distinct obstacles endemic to the industry. LMTPs should be considered priority recipients of public and philanthropic workforce training and education funding given that they ensure that workers' voices and needs are represented alongside employer needs (something that for-profit training providers do not assure).[xiv] The remainder of this report will focus on the research findings indicating the supports needed to bolster LMTPs as a foundational component of the home care workforce infrastructure.

V. Who Are SEIU LMTPs and What Do They Offer?

SEIU is the largest union of home care workers in the country, representing over 700,000 home care workers in 12 states.[3] Beginning in the 1980s, home care workers began organizing to win the right to form a union and bargain collectively. The path to unionization was difficult because many home care workers across the nation were excluded from basic labor protections.[xv] Workers persisted and succeeded in organizing unions and winning agreements with states and employers that made material improvements in their wages, benefits, and employment rights.[xvi] A key priority for workers was establishing training programs, because the vast majority had no access to training or opportunities for career advancement. Workers in Illinois, like most home care workers across the country, did not even receive an orientation prior to starting work.[4]

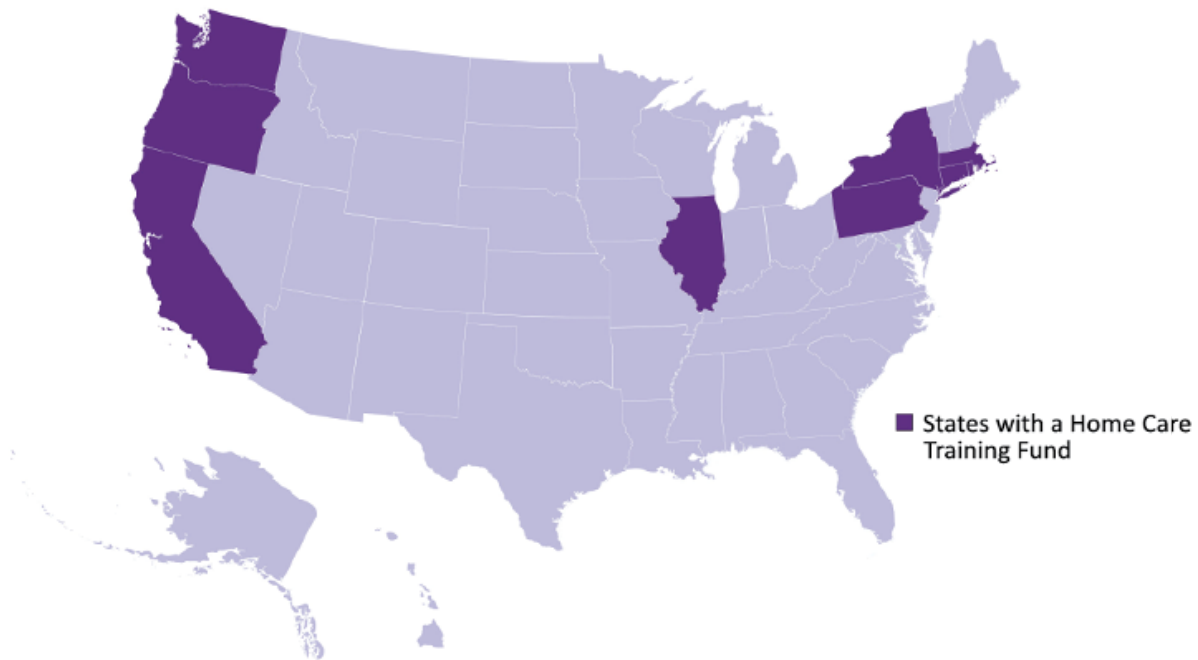
Home care workers wanted the opportunity to come together as a group and be provided with basic employment information and gain knowledge and skills they could apply to their work. Through their Unions, workers began establishing LMTPs in their states (or expanding existing LMTPs to serve the home care industry) to design and launch orientation and training programs to serve the specific needs of the workforce and strengthen the quality of care and services that are delivered to consumers.[xvii] There were (and are to this day) no national training standards for this workforce, so Unions and LMTPs engaged home care workers, states and employers, consumers, health plans and other stakeholders to identify unmet needs and design training programs from the ground up. To date, SEIU LMTPs have been

[3] SEIU represents home care workers in California, Connecticut, Illinois, Indiana, Massachusetts, Minnesota, New York, Oregon, Pennsylvania, Virginia, Washington, Wisconsin. As-yet unrepresented IPs in Rhode Island receive training through the 1199NE Training & Upgrading Fund.

[4] SEIU HCII 2011 DHS/ORS Personal Assistants Training Survey of over 2,000 home care workers in Illinois reflected that 68% of worker had never received training to do their job and 79% said they were interested in receiving training.

established to serve home care workers in nine states [5] and the network has a demonstrated track record of providing high quality training and education by applying their uniquely effective worker-centered approach.

Figure 1: SEIU Training Partnerships serve home care workers in nine states



- New York & Massachusetts: **1199SEIU Training and Employment Funds**
- Connecticut & Rhode Island: **1199NE Training and Upgrading Fund**
- Illinois: **Helen Miller SEIU Member Education and Training Center**
- Pennsylvania: **The Training and Education Fund**
- Oregon: **Rise Partnership / Carewell SEIU 503**
- Washington: **SEIU 775 Benefits Group**
- California: **Center for Caregiver Advancement**

[5] See Appendix A of this report for an outline of the history of home care workers unionizing and establishing LMTPs across the country.

VI. Unique Advantages of Providing Home Care Training through LMTPs

SEIU LMTPs have deep experience in providing training and support to the home care workforce; the first LMTP serving home care workers was founded in 1992. SEIU LMTPs provide a diverse array of training opportunities across states, ranging from orientation for newly hired home care workers to basic and advanced training on a wide variety of topics. They provide training in skills and safety, person-centered care, complex conditions, and on topics designed to support the caregiver.[6] In addition, some Training Partnerships also offer apprenticeships for workers to specialize in advanced skills or to serve as part of a coordinated care team to better support the consumer's health and well-being. Many Training Partnerships offer case management, career counseling, and tuition assistance to support workers in successfully completing training or advancing along a health care career pathway. Some LMTPs offer peer mentorship and view it as an important component of supporting home care workers in successfully completing advanced training.



Among the strengths of LMTPs is that they provide training opportunities that are accessible and engaging to front line home care workers. This task should not be underestimated given that it is nearly impossible to train with a “one size fits all” approach due to the diversity and variances in worker needs across the home care workforce. The workforce is geographically dispersed and is made up of workers with varying educational backgrounds and experiences with technology. Many workers have limited access to transportation and Internet, and unpredictable availability due to fluctuating part-time hours and having multiple jobs. Across all the states surveyed in the inventory, leaders reported that many workers speak a language other than English as their primary language, often requiring multiple non-English language curriculums and instruction offerings in a single geographic area.

Multiple Modalities: To meet the needs of the diverse workforce being served, SEIU Training Partnerships offer training opportunities in multiple modalities: in-person, virtual live, virtual asynchronous and blended (both virtual and in-person).[7] LMTPs support digital access in a variety of

[6] See Appendix B of this report for an overview of the types of training topics offered by SEIU LMTPs.

[7] The COVID-19 pandemic impacted the ability to offer in-person trainings; LMTPs transitioned to virtual training offerings during the pandemic and are working with local partners on assessing if, when and how virtual versus in-person training should be offered.

ways: providing support and coaching on using technology and accessing online platforms, loaning out equipment and devices to workers to access the internet, optimizing virtual training for mobile devices, and making training content available in DVD format or hard copy form where necessary.

In-Language Inclusivity: LMTPs provide training opportunities in multiple languages. All LMTPs that provide orientation for newly hired home care workers offer it in English and Spanish, and many offer additional languages, with the most common being Mandarin or Cantonese, Vietnamese, Russian, Arabic, Korean, Somali, Polish, Portuguese. In one state with workers hailing from many nationalities, the LMTP offers translation into 20 languages.

Responsive Scheduling: LMTPs schedule training sessions at times of day, days of the week, and at locations to enable workers to participate. Sessions are held in mornings, afternoons, evenings and on weekends to meet the needs of home care workers and their work/ life schedules. In-person sessions are scheduled with the population density in mind, meaning that more sessions are scheduled in areas with more workers to accommodate need and interest. LMTPs work to make sure the training locations are safe, clean and accessible by public transportation.

Adult Learner Oriented: LMTPs develop curriculum that is adult-learner, multi-sensory centered, created with input from workers, consumers, the state and/or employers and other stakeholders. LMTPs report being intentionally thoughtful about the content being accessible to adult learners, making it engaging and helpful, and being responsive to feedback from workers. LMTPs employ instructors who have experience instructing home care workers and supporting their needs.

Holistic Workforce Supports and Infrastructure: By taking on so many functions of supporting the workforce, SEIU LMTPs often serve as the de facto home care workforce infrastructure in their states. They perform functions around scheduling and holding training and orientation for workers, developing the curriculum and content for training, marketing and recruiting for training, and in many cases compensating workers for training attendance.

Innovations in Home Care Training

Washington: The 2007 “[Blue Print for the Future](#),” commissioned by SEIU 775 and authored by the 1199SEIU Training and Employment Funds and PHI, outlined a detailed plan for building an adult-learner centered training program delivered by a labor-management training fund that would provide quality training, on-the-job support and career pathways across the spectrum of long-term care. SEIU 775 implemented the Blueprint’s recommendations by successfully passing a ballot measure to expand home care worker training requirements in the state. SEIU 775 Training Partnership, a labor-management partnership, held its first classes in 2010 and provides basic and advanced training and continuing education courses to the state’s home care workforce.

Oregon: In 2018, SEIU Local 503 in Oregon successfully advocated for the passage of legislation to strengthen the home care training program in their state; the legislation created a stakeholder workgroup to establish minimum training standards, resulting in new requirements of 12 hours of mandatory orientation, training and continuing education requirements. Carewell SEIU 503, the Union’s Labor-Management Training Fund, launched in 2020 to provide that training.



California: The Center for Caregiver Advancement in California has collaborated with health plans, government and research institutions on funding and evaluating training for home care workers,[xviii][xix][xx] demonstrating that training home care workers is associated with better care, stronger health outcomes and cost savings, with workers reporting increased knowledge and confidence in caregiving skills.

VII. Best Practices and Lessons Learned in Home Care Training Delivery

Pre- and post-employment orientation training for home care workers employed directly by consumers was a key focus of the inventory research. As discussed in Section VI regarding the challenges of training a decentralized workforce, in the consumer-directed model of home care where independent provider (IP) home care workers are hired by their consumer and paid by the state or other entity designated by the state, requiring a structured orientation to employment is singularly important. As the result of Union advocacy, newly hired IPs in the majority of SEIU states have access to orientation.

See Figure 2 for the inventory findings on best practices and lessons learned from LMTPs in delivering home care orientation.

Figure 2: Inventory Findings on Best Practices for Independent Provider (IP) Orientation

Best Practice for IP Orientation	Details
All home care workers need access to a structured orientation	Orientation is the only opportunity to ensure that newly hired workers are provided with consistent and accurate information to ensure they get paid properly, understand their rights, roles and responsibilities, have access to vital information regarding safety and infection control, understand the model of consumer direction and independent living principles, and be able to identify and report fraud or abuse.
Orientation should be mandatory	Employment sanctions should be applied for non-attendance (see above for importance of receiving orientation to be set up for success).
Ensure orientation is easily accessible	IPs must easily and quickly be able to access and attend orientation, so as not to cause delays in consumers receiving services from a new IP or in new IPs being able to start work and earn pay.
Workers should be paid during attendance of orientation	Ensuring workers are paid at their regular compensation rate for the duration of the orientation period helps assure equity and access for workers and families who could not otherwise afford to attend an unpaid training.
Provide Union access	Due to the decentralized nature of home care work in private homes, orientation should ensure that workers have the opportunity to hear from their Union and have a chance to understand their right to become a member.
Cover a set of core topics	<p>Across SEIU LMTPs, new IP Orientation lasts 2-5 hours and covers a set of core topics[8], with additional topics covered on a state-by-state basis:</p> <ul style="list-style-type: none"> • Operational procedures, paperwork, receiving pay • IP roles & responsibilities • Emergency situations, safety, accidents & injury • Recognizing and reporting fraud, abuse & neglect • Understanding independent living principles • Infection control • Workers' rights and benefits

[8] This list of topics was identified via survey responses from LMTPs.

Figure 2 (Cont'd): Inventory Findings on Best Practices for Independent Provider (IP) Orientation

Best Practice for IP Orientation	Details
Offer it in multiple languages as appropriate to the communities of workers served	All LMTPs that provide orientation offer it in English and Spanish, and many offer additional languages, with the most common being Mandarin or Cantonese, Vietnamese, Russian, Arabic, Korean, Somali, Polish, Portuguese.
Design the curriculum using adult education principles	By shifting focus of instruction from instructor to the learner, the instructor plays a facilitative role that supports active learning and active engagement with the instructor, the content, and other learners.
Workers must be notified of requirements and relevant information	It is the responsibility of the State/ Public Authority/ fiscal intermediary to notify workers of the requirement to attend, how to register, and any other relevant information.
Provide orientation through a Labor-Management Training Partnership (LMTP)	LMTPs are a unique model that brings labor and management together to collaborate on addressing the workforce development needs of the industry and delivering innovative and worker-centered programming.
Create the curriculum with the input and support of workers, consumers, and the state and/or employer	Consumer, worker and state/ employer stakeholders should be consulted in the curriculum design to ensure the training content meets stakeholder needs and is aligned with independent living principles.

In addition to the foundational best practices identified in the inventory research process relating to the importance of home care workers beginning their employment with a thorough, structured orientation program, other key themes emerged on principles for training delivery, and best practices to ensure that training is implemented in an effective and equitable manner that assures worker access. See Figure 3 for the best practices related to implementing each principle.

Figure 3: Inventory Findings on Principles & Best Practices for Home Care Training Delivery

Principle	Best Practices
Training must be incentivized, recognized and lead to wage increases, and should result in the participant accessing a home care career pathway.	<ol style="list-style-type: none"> 1) There must be recognition of the competencies, skills and knowledge required for delivering high quality home care services. 2) Workers should be compensated for their time spent in training, and additional training and the commensurate knowledge and skill gains should be recognized with higher compensation. 3) The lack of career pathways or ability to move up to higher paying positions within home care by definition make home care a “dead end job.” To attract and retain millions of new home care workers to the field, there need to be career pathways and advancement opportunities that lead to higher wages.
Training program design should support workers’ ability to participate in training and advancement opportunities.	<ol style="list-style-type: none"> 1) Program offerings should be worker-centered. That means training must be provided in languages that are accessible to workers, and training content should be available in multiple modalities, with support for workers to be able to access digital and online training offerings. 2) Training needs to be accessible to the workforce. This means that training should be held at times, days and locations that accommodate workers’ ability to participate. Wraparound supports like childcare onsite and transportation can help support attendance. 3) Training delivery to a disaggregated workforce with high turnover requires ongoing project management and attention to addressing complex details.
Stakeholder engagement and collaboration is essential to success	<ol style="list-style-type: none"> 1) Strong stakeholder engagement and investment throughout the design and implementation of training and workforce programs, including consumer, state/ employer, and worker stakeholders. 2) Understanding independent living philosophy is essential, and there should be consumer-supported program and curriculum design. 3) States and employer partners need to provide full collaboration, including communicating with workers about training opportunities, requirements and deadlines, and furnishing regular, current and accurate electronic worker lists to enable LMTPs to provide timely orientation and training to the workforce.

VII. Conclusion

Together with SEIU, the home care providers' union, LMTPs often serve as the de facto home care workforce infrastructure in their states, and should be strengthened and expanded nationally where they do not yet exist. With adequate funding, LMTPs are in a position to address unmet workforce needs that are critical to addressing the caregiving crisis, including functions around recruitment, registry and job matching, whole-worker support and interventions to stem turnover and promote retention.

SEIU LMTPs work to ensure that home care jobs are quality jobs and ensure the voice of home care workers is part of program design and delivery. The network of SEIU LMTPs have unique and valuable experience in creating and implementing local orientation and training programs for home care workers. By centering the needs of workers, LMTPs have developed creative and innovative solutions to delivering training to a largely isolated and geographically dispersed home care workforce.



In many states, **the union and the labor-management training partnership ARE the workforce infrastructure** for home care workers who are independent providers hired and directed by individual consumers in private homes, and otherwise lack a common worksite. As the workforce grows, and the caregiving demands put upon the workforce become more complex, the labor-management training partnership model should be expanded to support home care workforce development on a national scale.

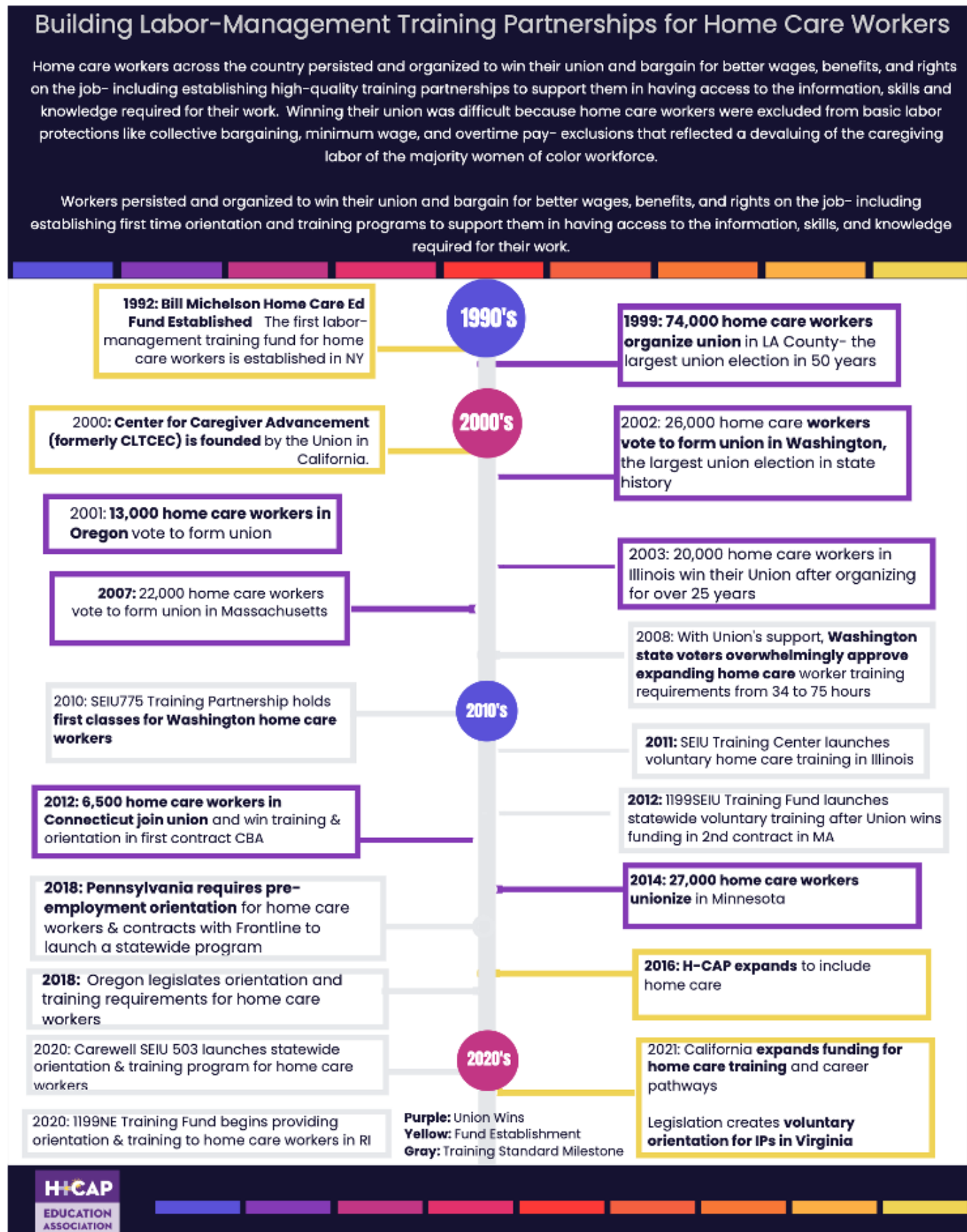
Acknowledgements

H-CAP is grateful to the SEIU Labor-Management Training Partnership leaders and practitioners who generously shared their experiences and insights in service of strengthening opportunities for home care workers, including Steve Bender, Moraima Castaneda, Harneen Chernow, Sarah Edwards, Corinne Eldridge, Don Fiorillo, Christina Fitzpatrick, Kim Gibson, Myra Glassman, Desiree Leclair, Abby Solomon, Angela Stewart, Faith Wiggins and Lisa Williams.

BIBLIOGRAPHY

- [i] Choitz, V., Helmer, M., and Conway, M. (2015). "Improving Jobs to Improve Care: The SEIU Healthcare NW Training Partnership." The Aspen Institute. <http://www.aspenwsi.org/wordpress/wp-content/uploads/SEIU-CaseStudy.pdf>
- [ii] Hanks, A. and Madland, D. (2018). "Better Training and Better Jobs: A New Partnership for Sectoral Training." The Center for American Progress. <https://www.americanprogress.org/article/better-training-better-jobs/>
- [iii] Choitz, V., Helmer, M., and Conway, M. (2015). "Improving Jobs to Improve Care: The SEIU Healthcare NW Training Partnership." The Aspen Institute. <http://www.aspenwsi.org/wordpress/wp-content/uploads/SEIU-CaseStudy.pdf>
- [iv] Scales, K. (2021, June). It Is Time to Resolve the Direct Care Workforce Crisis in Long-Term Care, *The Gerontologist*, Volume 61, Issue 4, Pages 497-504, <https://doi.org/10.1093/geront/gnaa116>
- [v] PHI. "Workforce Data Center." Last modified September 2, 2021. <https://phinational.org/policy-research/workforce-data-center/>.
- [vi] Ibid.
- [vii] PHI. Personal Care Aide Training Requirements. (n.d.). <https://www.phinational.org/advocacy/personal-care-aide-training-requirements/>
- [viii] Bureau of Labor Statistics Occupational Outlook Handbook. Retrieved from <https://www.bls.gov/ooh/healthcare/home-health-aides-and-personal-care-aides.htm>
- [ix] Holly, R. (May 19, 2021). "A Huge Victory: Home Care Turnover Remains Stable at 65.2%." Home Healthcare News. <https://homehealthcarenews.com/2021/05/a-huge-victory-home-care-turnover-remains-stable-at-65-2/>
- [x] The Center for Advancing Racial Equity and Job Quality in Long-Term Care. (2021). "The Racial Equity and Job Quality Crisis in Long-Term Care." <https://centerforlcequity.org/wp-content/uploads/2021/06/CFE-Framework7.pdf>
- [xi] Graham, J. (February 23, 2022). "Pandemic-Fueled Shortages of Home Health Workers Strand Patients Without Necessary Care." Kaiser Health News. <https://khn.org/news/article/pandemic-fueled-home-health-care-shortages-strand-patients/>
- [xii] Banerjee, A. et al. (2021). "Unions are not only good for workers, they're good for communities and for Democracy." The Economic Policy Institute. <https://www.epi.org/publication/unions-and-well-being/>
- [xiii] PHI. (2021). "Caring for the Future, the Power and Potential of America's Direct Care Workforce." p. 41. <https://www.phinational.org/resource/caring-for-the-future-the-power-and-potential-of-americas-direct-care-workforce/>
- [xiv] Hanks, A. and Madland, D. (2018). "Better Training and Better Jobs: A New Partnership for Sectoral Training." The Center for American Progress. <https://www.americanprogress.org/article/better-training-better-jobs/>
- [xv] Lezzoni, L. I., Gallopyn, N., & Scales, K. (2019). Historical Mismatch Between Home-Based Care Policies and Laws Governing Home Care Workers. *Health Affairs*, 38(6), 973-980. <https://doi.org/10.1377/hlthaff.2018.05494>
- [xvi] Boris, E., & Nadasen, P. (2008). DOMESTIC WORKERS ORGANIZE! *WorkingUSA*, 11(4), 413-437. <https://doi.org/10.1111/j.1743-4580.2008.00217.x>
- [xvii] Center for Caregiver Advancement (f.k.a. CLTCEC). (2016). "Care Team Integration and Training of Home care Workers - Impact Study." <https://advancecaregivers.org/wp-content/uploads/2021/03/CLTCEC-Home-Care-Integration-Training-Project-Brief.pdf>
- [xviii] Center for Caregiver Advancement (f.k.a. CLTCEC). (May 2016). "Care Team Integration and Training of Home care Workers: Impact Study." <https://advancecaregivers.org/impact-study-training-results-in-better-care/>
- [xix] Center for Caregiver Advancement (f.k.a. CLTCEC). (June 2021). "IHSS+ Home Care Integration Training: Year 4 Report." <https://advancecaregivers.org/report-pdf-this-is-the-3rd/>
- [xx] Guerrero, L., Avgar, A., Phillips, E., Sterling, M. (2020). They are Essential Workers Now, and Should Continue to Be: Social Workers and Home Health Care Workers during COVID-19 and Beyond. *Journal of Gerontological Social Work* 63:6-7, p. 574-576. <https://www.tandfonline.com/doi/abs/10.1080/01634372.2020.1779162>

Appendix A: Timeline of Building SEIU LMTPs for Home Care Workers



Appendix B: Overview of Home Care Training Topics Offered by SEIU LMTPs

Skills & Safety

- Body Mechanics and Safe Lifting
- Infection Control / COVID-19 Training
- Fundamental Skills for IPs
- Medication Safety
- CPR, First Aid, Mental Health First Aid
- Emergency Preparedness
- Reporting Fraud, Abuse, Neglect and Exploitation
- Communications / Workplace Skills

Person-Centered Care & Complex Conditions

- Caring for People with Alzheimer's / Dementia Capable Care
- Nutrition and Exercise for People with Disabilities
- Nutrition and Diabetes
- Working Effectively with My Consumers to Solve Problems
- Working with a Consumer Who Is Depressed
- Safe Bathing, Bedmaking, & Grooming
- Crisis De-escalation
- Heart disease and hypertension
- Behavioral Health
- Intellectual and Developmental Disabilities

Supporting the Caregiver

- Care for the Caregiver
- Stress Management
- Adult Education Programs
- Understanding Tuition Vouchers