

# HOME HEALTH AIDE

## *Needs Assessment*

Prepared by:

Office of Institutional Planning & Analysis

*Caitlin L. Hawkins*

*Kay E. Palmer*

*Terrie L.C. Paulson*

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# Table of Contents

EXECUTIVE SUMMARY .....	i
INTRODUCTION .....	1
Description of Occupation .....	1
METHODOLOGY .....	2
Methods of Data Collection .....	2
ANALYSIS .....	3
Home Health Care Industry Outlook .....	3
<i>Employment Outlook</i> .....	3
Employee Benefits .....	8
<i>Wage and Salary</i> .....	8
Advancement Opportunities .....	10
Occupational Desirability .....	10
<i>Level of Training Needed</i> .....	10
Home Health Aide Programs in Michigan .....	13
<i>Prospective OCC Nursing Student Survey</i> .....	17
CONCLUSION .....	19
Summary .....	19
Issues .....	20
BIBLIOGRAPHY .....	21
SUPPLEMENTAL REFERENCES .....	22
APPENDIX A: CIP Code .....	23
APPENDIX B: Employer List .....	27
APPENDIX C: Employer Survey .....	33
APPENDIX D: Student Survey .....	39
APPENDIX E: Employer Survey Narrative Responses .....	43

# EXECUTIVE SUMMARY

- ◆ The purpose of this report is to review current needs in the home health field and to examine the viability of a home health aide training program at OCC. Home health aides provide personal and homemaking services to the ill and elderly, typically in private home settings.
- ◆ The demand for home health aides is growing substantially. Over the course of the next five to ten years, it is expected to be one of the fastest growing occupations in the United States.
- ◆ Locally, over two-thirds of home health employers predict significant increases in demand for home health aides within their organizations. Currently, almost half of employers report frequent difficulty in finding qualified employees.
- ◆ Nationally as well as locally, the home health field suffers from low wages, poor working conditions, no advancement opportunities, and, as a result, high turnover. Typically, hourly wages range from \$6.00 to \$8.00.
- ◆ In general, there are few if any prerequisites for employment as a home health aide. More than half of local employers require no training beyond a high school diploma. To many employers, previous experience in the field is regarded more favorably than formal education.
- ◆ Most employers base their training on the federal guidelines for home health aides. Employees are sometimes required to take a competency test based on these guidelines, particularly when employed at agencies receiving state or federal assistance in the form of Medicare or Medicaid. In Michigan, there is a state competency test employers may require, but there is not state certification.
- ◆ Two-thirds of employees felt that the proposed home health aide program would be worthwhile.
- ◆ Over half of students from OCC's nursing program wait list indicated a personal interest in the proposed training.
- ◆ While there is significant evidence of demand for home health aides, the college will need to carefully consider whether it is appropriate to offer students a program which is not likely to provide them with higher wages, increased job security, or career advancement potential. Offering the program to students on the nursing wait list, while resolving some of these issues, would raise others including the question of credit and relationship to the nursing program.

## OAKLAND COMMUNITY COLLEGE

# *Home Health Aide*

## Needs Assessment

### INTRODUCTION

The purpose of this report is to review current industry needs and educational responses related to the field of home health care. Currently, most employment opportunities in this field are for home health care aide positions, although there are also opportunities for RNs, LPNs, and Physical Therapists. This report was initiated at the request of Chancellor's Council. The report, which focuses on the prospects for home health care aides, includes a comprehensive literature review, data supplied by the U.S. Department of Labor and Michigan Occupational Information System (MOIS), information compiled from telephone interviews with industry experts, and an examination of related programs in other higher education institutions. Phone surveys of employers in the home health care industry were conducted.

### **Description of Occupation**

In 1992, according to Occupational Outlook there were approximately 475,000 home health aides employed nationwide. The majority of these are employed by home health agencies, visiting nurse associations, hospitals, public health and welfare departments, volunteer agencies, and temporary employment agencies. Typically, home health aides are responsible for several patients at a time and travel from home to home over the course of the day. Given the nature of the employment, the work of the home health aide may be performed in the evening or weekend hours. While a licensed practical nurse (LPN) supervises the case and provides detailed instructions about the care of the patient, the home health aide performs most daily duties on her own.

The Home Health Aide provides personal and homemaking services to ill, convalescing, elderly, and disabled persons, and if needed, to their families (see Appendix A for CIP definition). Duties of the Home Health Aide are usually performed in the patient's home. According to the Michigan Occupational Information System, general duties of the Home Health Aide may include:

- ◆ measuring patients' pulse, body temperature, and respiration rates
- ◆ changing surgical dressings for patients under the supervision of a registered nurse

- ◆ giving medication to patients under the supervision of a registered nurse
- ◆ helping patients to exercise
- ◆ assisting patients to bathe or giving bed baths
- ◆ helping patients into and out of beds, automobiles, and wheelchairs
- ◆ transporting patients to doctor's offices
- ◆ entertaining patients by reading aloud or playing cards or other games
- ◆ massaging patients and applying preparations, such as alcohol rubs
- ◆ changing patients' bed linen
- ◆ washing and ironing patients' laundry
- ◆ purchasing food for patients and family members
- ◆ preparing and serving "balanced" meals or meals for special diets
- ◆ cleaning patients' living quarters
- ◆ maintaining records on services performed and the patients' condition
- ◆ providing information on preparing healthful meals on limited income, household management
- ◆ assisting patients to adapt to limitations caused by disability
- ◆ discussing cases with supervisors
- ◆ acting as a companion or friend to patients
- ◆ teaching patients and family members approved medical techniques, such as mobility training in the use of walkers, crutches, and other devices.

## METHODOLOGY

### **Methods of Data Collection**

In order to obtain background information about the home health care field, a literature search was conducted and professional, industry, public and regulatory bodies were contacted. A complete list is provided in the *Bibliography* and *Supplemental References*.

A survey of home health care providers in southeast Michigan was also conducted to determine local employment opportunities, skill requirements, and trends in the field. Employer names were obtained through Dun's (1995) *Regional Business Directory* as well as the *1993-1994 Michigan Business Directory*. All employers contacted were listed under one or more of the following SIC codes:

Residential Care	8361
Home Health Care Services	8082
Nursing and Personal Services	8059
Skilled Nursing Care Facility	8051
Medical and Surgical Hospitals	8062
Social Services	8399

A total of 87 employers were contacted for the survey (see Appendix C). The largest group of employers (44) proved to be Home Health Agencies, followed by Nursing Homes (25), and Residential Care Facilities (17). Other employer groups represented included Hospitals, Nurses Associations, Hospices, and other Social Service Agencies (see Appendix B). It should be noted that some organizations classified themselves in more than one of these groups. Of the total 87 employers, fifty-five indicated that they employed home health care aides and majority of survey questions were directed to this latter group.

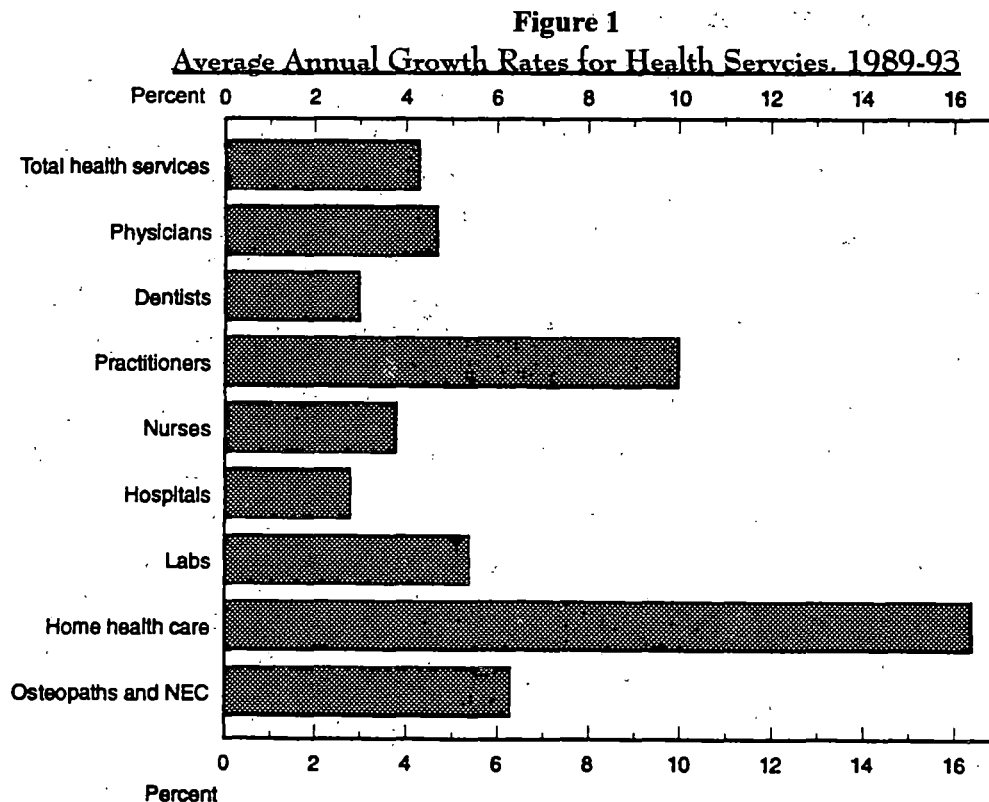
In addition, a survey was conducted of 111 prospective students on the waiting list to enter the OCC Nursing program in Fall, 1996 to determine the level of interest among this group in participation in home health care training (see Appendix D).

## ANALYSIS

### Home Health Care Industry Outlook

#### *Employment Outlook*

According to the Bureau of Labor Statistics' *Occupational Outlook Handbook* and the *Career Information Center*, employment in home health care is expected to grow at an above-average rate for the next five to ten years. In 1990, the U.S. Department of Labor's *Outlook 2000* predicted growth rates in the number of home health workers ranging from 54% to 68%. Within the field, employment prospects are brightest for home health aides, as evidenced in Figure 1, shown below:



While much of this growth is anticipated due to the aging Baby Boom population, economists in the Office of Employment and Unemployment Statistics have identified several other factors which will undoubtedly contribute to this growth in employment opportunities. First, changes in health care and insurance systems have resulted in increasingly expensive hospital care. From the perspective of both the hospital and the insurers, a shorter hospital stay combined with longer at-home care is often an attractive option. Second, technology has made possible a variety of at-home treatments which were once available only on an inpatient basis. Within the medical profession, there is a growing belief that treatment in surroundings familiar to the patient can hasten recovery. Thirdly, the growth in demand for home health aides has been influenced by the reduction in informal, unpaid caregiving, reflecting the greater participation in the labor market of women who were the traditional unpaid caregivers. Finally, the nature of home health aide employment--long hours, emotionally and physically tiring work, low pay, and few opportunities for advancement--have resulted in high turnover rates in a field where demand is constant or expanding.

Expert observers have pointed out that the market for home health care providers does not follow the rules of a typical supply and demand model because of the role of state, local and federal government in the field. Direct influence is exerted by government through Medicare, Medicaid and their policies, while other government policies such as minimum wage, welfare and immigration have more influence over this field than is typical of the whole low-wage labor market. Thus, changes in the home health care market tend to reflect both market and political pressures.

The Michigan Occupational Informational System (MOIS) indicates that the employment outlook will grow much faster than the average for all occupations through the year 2005. In Michigan, approximately 1,540 home health aide positions are expected to open annually, with 1,300 due to growth and 150 due to replacement of current workers.

MOIS indicates that increased awareness on the part of the public and the medical profession of the availability of home care services is one of the main reasons for the expected increase in demand for this occupation. Care in the home can cost less than care in an institution, and the aging population will account for a large majority of those needing home health aides. In addition, MOIS foresees a high turnover rate among current Home Health Aides, thus creating many openings for those wishing to enter this field. MOIS is also concerned with the change in projected growth patterns if federal and state funding is changed. MOIS predicts that the growing demand for Health Care Aides may also be due to the availability of Medicare and Medicaid program payments and the growing inclusion of home health care in health insurance policies.

In order to further investigate the opportunities for Home Health Aide employment, an examination of health care insurance providers' requirements was conducted. Health Alliance Plan (HAP) provides one hundred percent coverage for Home Health Care as determined by the attending physician. Each case is individually assessed for care requirements, and those providing the care must meet skill standards determined by HAP. For the most part, Registered

Nurses (RN) are sent to the homes, but occasionally Home Health Aides, provided by a Home Health Care Provider, are used in the same capacity, under the direct supervision of a RN. However, care is only covered if it is medically indicated; custodial care is not covered by this insurance provider. Custodial care would include any type of housekeeping duties. HAP is also under the impression that the Home Health Aides provided by the Home Health Care agencies are certified by the agency.

Further investigation of additional insurance providers reveals similar claim procedures when determining health care coverage. Among those insurance providers interviewed, home health care is typically determined by the attending physician, often with the consent of family members or the individual under the care. Any type of custodial care is not generally covered by health insurance providers, although automobile insurance providers may cover custodial care in the case of a temporarily disabled client.

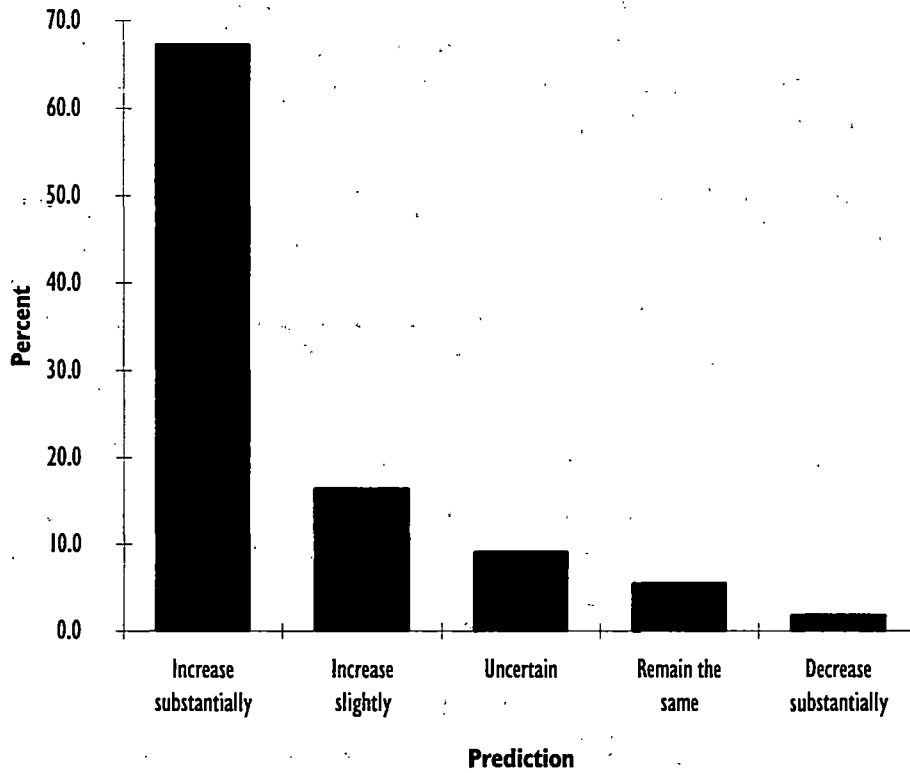
National and state data on the employment outlook is confirmed on the local level by data provided by the OCC Home Health Aide Employer Survey. Of the fifty-five employers contacted who employ home health aides, 67% predict their need for employees will increase substantially over the next five to ten years. An additional 16% predicted a slight increase in need, while only one employer (2%) foresaw a decrease (see Table 2 and Figure 2).

**Table 2**  
**Prediction of Need for Home Health Aides**  
*Employer Survey*

	<i><u>Number</u></i>	<i><u>Percent</u></i>
Increase substantially	37	67.3
Increase slightly	9	16.4
Uncertain	5	9.1
Remain the same	3	5.5
Decrease substantially	1	1.8
<i><u>Total</u></i>	<i><u>55</u></i>	<i><u>100.0</u></i>



Figure 2  
 Prediction of Need for Home Health Aides

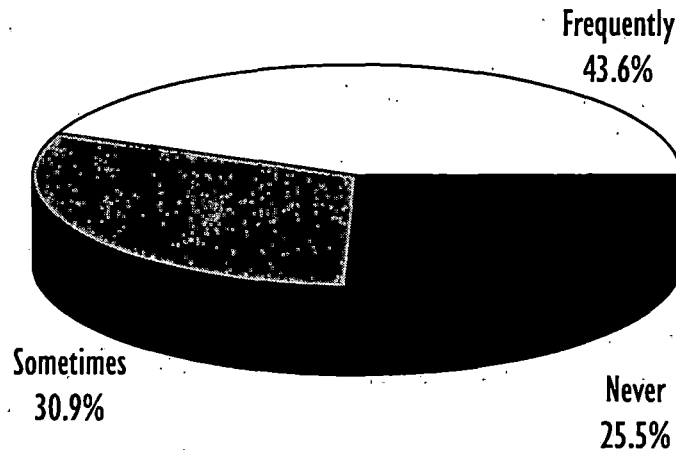


In addition, 44% of the employers of home health aides reported that they "frequently" experienced difficulty finding qualified home health aides: Thirty-one percent "sometimes" had difficulty, while 26% reported that they "never" had difficulty (see Table 3 and Figure 3).

Table 3  
Employers Having Difficulty Finding Qualified  
Home Health Aides

	<i>Number</i>	<i>Percent</i>
Never	14	25.5
Sometimes	17	30.9
Frequently	24	43.6
<i>Total</i>	<i>55</i>	<i>100.0</i>

**Figure 3**  
*Employers Having Difficulty Finding Qualified  
Home Health Aides*



The large majority of home health aides employed by our respondents (82%) are assigned to work outside the employer's organization in private homes, hospitals, nursing homes and other care facilities. Only about 15% of aides are employed on site by their employers, while 4% work both on and off site. Much of the employment in the home health care field is of a part-time or contingent nature as evidenced by the 3:7 ratio of full to part-time home health aides reported by our respondents.

Employers were asked to consider the current trends in the health care field and comment on the need for LPNs and RNs to have more experience in home care. The majority of the respondents believe that this need is currently being met by home health aides, except in cases where a higher level of medical treatment is necessary, thus a higher level of skill is needed. Comments are as follows:

*The need is being met by home health aides - LPNs are not in a lot of demand as they still need to be supervised by RNs and they demand more pay.*

*Daily aides are sufficient - most could not afford an LPN or RN to come into a person's home.*

*There is a need for nurses to perform more of the tasks of a home health aide, but the problem is cost.*

*A little bit of both because many clients are coming home earlier, but need for an RN is cut with more time for home health aide needed.*

*The way the health care industry is moving a lot of managed care that was once done in hospitals is being done at home and people will need to be trained in that area.*

*Need for LPNs and RNs to get more home care experience - as the trend is to release patients earlier from hospitals, it's cheaper to keep them at home - more high-tech care needs in the home.*

*The need is not being met by home health aides - with more critical care patients being cared for at home - LPNs and RNs will need more home care experience.*

These comments reflect the literature reviewed, as well as the employers' opinions, and can be a factor in the decision of a prospective nursing student to take a home health aide course.

## **Employee Benefits**

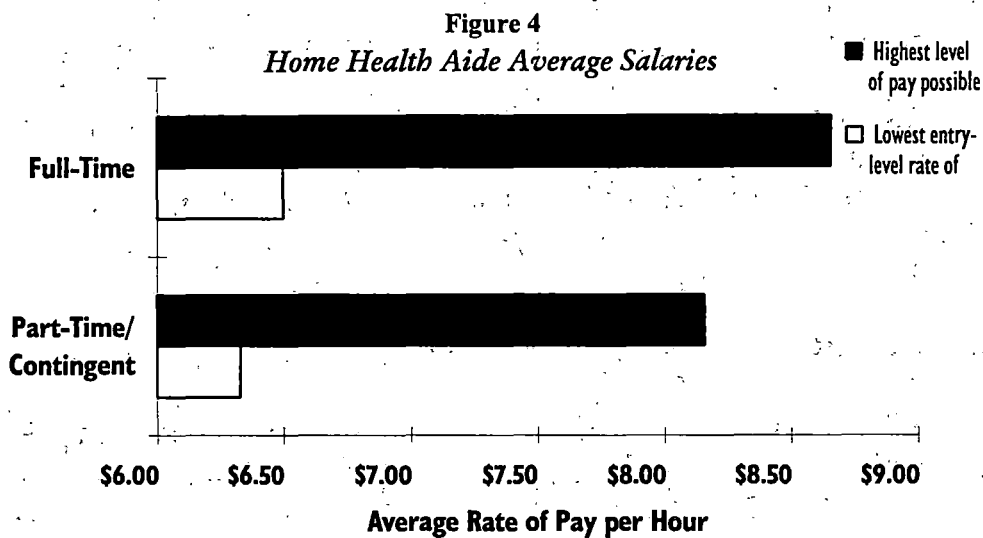
### ***Wage and Salary***

As mentioned earlier, turnover among home health aides is unusually high, due in large part to low salaries and poor benefits. *Occupational Outlook* reports that the national average starting salary for a home health aide is \$6.31, while the maximum hourly rate is \$8.28. Analysis of national and regional data indicate that average salaries may be somewhat lower in the Midwest. Many home health aides are part-time employees and receive no benefits. These employees are typically paid only for the hours they are with patients and do not receive compensation for the time spent travelling between homes. Some employers of full-time home health aides offer full benefits packages including sick leave, vacation time, health and life insurance, and retirement.

Data from the OCC Home Health Aide Employer survey confirmed these salary levels. The average pay rate per hour reported by respondents ranged from \$6.50 to \$8.66 for full-time aides. The reported pay rate for part-time and contingent aides was slightly lower ranging from \$6.33 to \$8.16 per hour (see Table 4 and Figure 4).

**Table 4**  
**Home Health Aide Average Salaries**  
*Employer Survey*

	<i>Part-Time/ Contingent</i>	<i>Full-Time</i>
Lowest entry-level rate of pay	\$6.33	\$6.50
Highest level of pay possible	\$8.16	\$8.66



Seventy-four percent of the employers with whom we spoke said that they provided benefits for home health aides. Typical benefits cited by these employers included vacation time, health insurance, sick leave, pensions and in some cases tuition reimbursement. When asked for specifics, 44% of the employers said that benefits were available only for full-time employees, while 56% of employers reported that benefits applied to both full and part-time employees. However, in some cases provision of benefits was conditional, often on the number of hours worked per week or per year.

Inadequate wage and benefits packages may contribute to the high turnover rate of home health aides. The most common reasons why home health aides leave their position have been identified by the employer survey as low pay with no benefits, temporary employment or not enough hours, no advancement, poor and stressful working conditions, and lack of convenient transportation. On average, respondents claim that employees remain at their establishment from six months to five years. Some employees stay even longer, up to 25 years, according to employers surveyed. In addition, experts have noted that the longevity of the type of

establishments surveyed is typically reflective of the employees, thus they may also suffer from high turnover rates.

## **Advancement Opportunities**

According to *Occupational Outlook*, MOIS, and the Foundation for Homecare and Hospice, there are very few advancement opportunities for home health care aides. Because many of them do not have formal training beyond the federally mandated 75 hours, they are unqualified to perform more advanced medical procedures.

The OCC Home Health Care Aide Employer survey indicated that the line between the functions of home health aides and other trained medical staff is clearly defined, with more than three quarters of employers (78%) reporting that they do not use LPNs or RNs to perform the same duties as home health aides. Of those employers who use other staff, nearly three-quarters (74%) use LPNs, and 42% use RNs instead of home health aides (respondents gave more than one answer). Certified nurse's aides and assistants are also used in lieu of home health aides. The most common reasons for using other medical staff include: client request, emergency situations only, or a home health aide was not available.

## **Occupational Desirability**

National studies (Cantor & Chichin, 1989; Feldman, Sapienza, & Kane, 1990) have shown while many workers enjoy the helping aspects of home care and find the work rewarding, they are frustrated by both the low wages and poor working conditions. In addition, studies of the current shortage of home health care givers have identified a variety of other issues affecting the desirability of the work: the isolating and monotonous aspects of the job, exposure to disease and dirty working conditions, fluctuating work hours, long commutes to reach clients, little training and few opportunities for promotion.

Cantor & Chichin, 1989 found that the profile of home health care workers reflected a considerable number of single, low-income women in their forties. Home health care was the first job for one third of the workers they interviewed. However, the AFDC Homemaker-Home Health Aide Demonstrations found that programs to train and employ welfare recipients as home care workers were often not cost effective. Welfare recipients often did not make sufficient income to get off welfare permanently and the availability of food stamps and Medicaid benefits often make welfare a more attractive option.

## **Level of Training Needed**

Most employers of home health aides have no specific education or training requirements. While some state a preference for employees with high school diplomas or previous experience in the field, the reality is that many home health aides are hired with neither.

The exception, according to *Occupational Outlook Handbook*, is the group of employers who are being reimbursed by Medicare. The specifics of this training program are detailed below. In these instances, employees are required by federal law to complete a 75 hour training program and pass a basic competency test. While some employers may require new employees to complete an in-house training or orientation program, it is rarely a prerequisite for employment.

The federally mandated 75 hour training program must be supervised by an RN with at least two years of experience, one of which must be in home care. The program includes the following components:

- ◆ Communication skills
- ◆ Observing reporting, and documenting patient status and care or service given
- ◆ Reading and recording temperature, pulse, and respiration
- ◆ Basic infection control procedures
- ◆ Basic elements of body functioning and changes in body function that must be reported to a supervisor
- ◆ Maintenance of a clean, safe, healthy environment
- ◆ Recognizing emergencies and knowledge of emergency procedures
- ◆ Physical, emotional, and developmental needs of and ways to work with populations served, including the need for respect for the patient, and respect for his or her privacy and property
- ◆ Appropriate and safe techniques in personal hygiene and grooming that include bed bath, sponge, tub or shower bath, shampoo in sink, tub, or bath, nail and skin care, oral hygiene, toileting and elimination
- ◆ Safe transfer techniques and ambulation
- ◆ Normal range of motion and positioning
- ◆ Adequate nutrition and fluid intake
- ◆ Any other task that the home health agency may choose to have the employee perform

*(Source: Foundation for Hospice and Homecare Summary of Federal OBRA regulations)*

While these guidelines are set at the federal level, testing is administered at the state level or through national home health care associations.

If an aide has not worked in the home for 24 consecutive months, retesting of competency in these areas may be required.

The Foundation for Hospice and Homecare offers a training program which meets the federal standards and also provides home health aides with a national credential, which they believe benefits both the consumer and the industry by setting and maintaining a higher standard than the law requires. However, the Foundation's certification does not result in greater potential for advancement or a higher salary. The skills taught are essentially the same as those offered through the federal program.

Data from the OCC Home Health Care Aide Employer Survey supports the national data on the level of employee training. Twenty percent of employers have no specific educational requirements for employment, 32% of employers require a high school diploma, while another 20% require the seventy-five hours of federal training. Thirteen percent of employers require both a high school diploma and the federal training. Of the employers who said they required other certification, the most frequently mentioned types were CPR and nurse's aide training (see Table 5 and Figure 5).

**Table 5**  
**Minimum Qualifications for Home Health Aides**

<i>Qualification</i>	<i>Number</i>	<i>Percent</i>
High school diploma	17	31.5
No specific requirement	11	20.4
Federal 75 hour training	11	20.4
High school & federal 75 hour training	7	13.0
High school & other certification	4	7.4
Other certification	3	5.6
Federal 75 training & other certification	1	1.9
<i>Total</i>	<i>54</i>	<i>100.0</i>

**Figure 5**  
***Minimum Qualifications for Home Health Aides***



Most employers surveyed desire a minimum amount of experience above or in lieu of educational qualifications. The employer survey reveals that over half (54%) of respondents require at least one year of experience in a nursing home, hospital or other care facility (including private homes). Other employers require a minimum of six months up to three years of home health care experience. Less experience is required if the applicant has some form of certification.

## **Home Health Aide Programs in Michigan**

Findings indicate that there are currently no Home Health Aide programs in community colleges or in universities in the State of Michigan. However, St. Clair County Community College offered a "Homemaker/Home Health Aide" program in the winter 1994 semester, but has not been able to obtain enough prospective students to run the program again. According to Halina Jedrzczyk, Coordinator of Contracts and Grants at St. Clair, the program was primarily established as a customized contract training program requested by private industry. The majority of the tuition was paid by the employer, thus Jedrzczyk believes that they are having such a difficult time attracting new students to the program because they cannot afford to pay the tuition up-front, or see little relevance when compared to possible earnings in the field.

St. Clair's program consisted of 126 hours (10 weeks of classes), which included 18 hours of practicum. Classes included above and beyond the federal guidelines were CPR, employability skills, study skills and interpersonal skills. Classes were taught by nursing staff, and labs were held in the nursing department. Jedrzczyk notes that St. Clair has followed up on the graduates from the program, and reports that they are working and enjoying the work. Of the ten students from this particular program, one student pursued further education in nursing.

There are a limited number of community colleges offering a home health aide program nationwide. In fact, the National HomeCaring Council (a.k.a. Foundation for Hospice and Homecare) could only suggest two national community college programs offering such a program, Laurel Institute and Northern Virginia Community College.

Training programs in the field are currently provided by organizations like the American Red Cross. Regina Pierce, Supervisor of Health Care Training at the American Red Cross, indicated that its program lasts four weeks, includes 26 hours of experience as an intern, and 90 hours of instruction at a cost of \$665. In her experience many of the participants are "literacy learners", who want to spend as little time as possible in school. She believes that the length of time required to complete the program is an important consideration for them.

A number of trade schools in southeast Michigan offer training programs in home health care. Ross offers a Patient Care Technician/Home Health Aide program which prepares students to take the state competency test. The cost of the 4 month, 450 hour program is \$2,900. Many of the students who enroll in this program are new to the health care field; relatively few people with previous health care experience choose to enroll.



The Academy of Health Care Careers also offers a Home Health Aide training program. Like the Ross program, the Academy also prepares students to take the state competency test. Students must complete 308 hours (12 weeks) of training in order to complete the program which costs \$1,350.

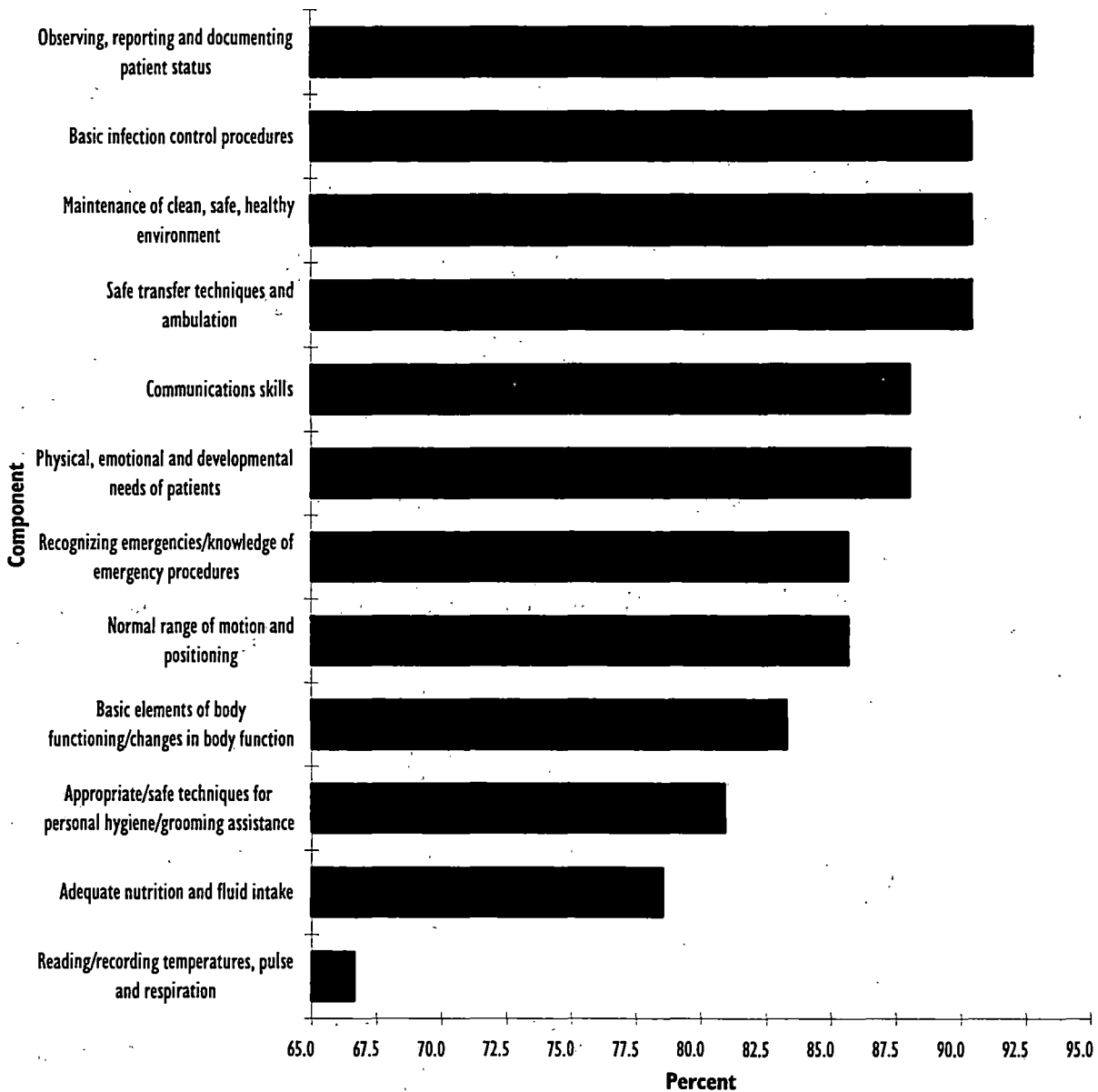
In-house training is provided to new employees by 76% of employers we interviewed in the OCC Home Health Care Aide Employer survey. Sixty-eight percent provide certification for this training. It is generally applicable at that particular agency only, but seven (28%) employers who claim their training results in certification offer national certification or training which complies with the federal guidelines.

There appears to be a considerable degree of consistency about the components of in-house training provided by these employers and the elements mirror those specified in the federal provisions. Only 15% of employers named components other than those listed in the federal guidelines. These additional aspects include first-aid, CPR, psycho/social aspects of home care (for patient as well as the home health aide), and legal aspects (i.e. patient confidentiality). The four components most commonly taught are observing, reporting and documenting patient status (93% of employers), basic infection control procedures (91%), maintenance of clean, safe, healthy environment (91%), safe transfer techniques and ambulation (91%)(see Table 6 and Figure 6).

**Table 6**  
**Components Included in On-Site Home Health Aide Training**  
*Employer Survey*

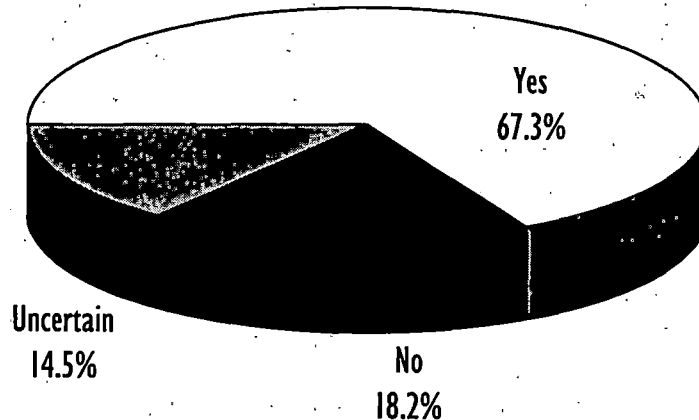
	<i><b>Number</b></i>	<i><b>Percent</b></i>
Observing, reporting and documenting patient status	39	92.9
Basic infection control procedures	38	90.5
Maintenance of clean, safe, healthy environment	38	90.5
Safe transfer techniques and ambulation	38	90.5
Communications skills	37	88.1
Physical, emotional and developmental needs of patients	37	88.1
Recognizing emergencies/knowledge of emergency procedures	36	85.7
Normal range of motion and positioning	36	85.7
Basic elements of body functioning/changes in body function	35	83.3
Appropriate/safe techniques for personal hygiene/grooming assistance	34	81.0
Adequate nutrition and fluid intake	33	78.6
Reading/recording temperatures, pulse and respiration	28	66.7
<i><b>Total responding</b></i>	<b>42</b>	<b>100.0</b>

**Figure 6**  
*Components Employers Include as Part of their In-House Training*



Although there is apparently already extensive in-house training in the field, two-thirds of the employers we interviewed thought that a college program for home health aides would be worthwhile (see Table 7 and Figure 7). Eighteen percent of employers did not consider it worthwhile and 15% were uncertain.

**Figure 7**  
**Would a College Home Health Aide Program**  
**be Worthwhile or Not?**  
*Employer Survey (Those Who Employ HHAs)*



Further cross-tab analysis suggests that there is a relationship between how difficult it is for employers to find qualified home health care aides and their support for a college training program. Seventy-nine percent of those employers who frequently have difficulty finding qualified aides consider a college training program worthwhile. Typical comments from employers were as follows:

*It would help get more qualified people - there's a need for such a program.*

*It will cut down on the outside training time they have to complete once hired.*

*The better educated you are the better you'll be at caring for patients.*

*Home health is the trend of the future- with more education they'll be better qualified.*

However, some employers continued to emphasize the importance of experience rather than education.

*Experience is still preferred over education in this field. Also, the employees can get their training and work in nursing homes and get paid for it instead of paying a college for their training.*

*Knowledge acquired beneficial, cannot replace experience- would prefer experience over education.*

A number of the employers also emphasized the importance to these employees of low cost training of short duration.

*Program should only be 1 semester.*

*People will not pay for this type of program. Unless there is government assistance to pay these people they will not take them because they will not receive the money back in wages.*

*Don't make it a financial burden on these people; they have a limited education and unreliable transportation if any at all.*

*A lot get experience in nursing homes. They don't want to pay \$60 for the State test- (to earn \$6 an hour ) so they probably wouldn't want to pay for training.*

In addition, sixty-one percent of the employers surveyed reported that they would be interested in working with OCC to develop a Home Health Aide program.

Employers who responded positively to the prospect of a community college home health aide program were asked how such a program would benefit an employee in their organization. The majority of respondents claim that, beyond the greater likelihood of being hired first, they might receive more, varied assignments, there would be reduced in-house training, they might experience a higher level of job security, and they could use this education as a stepping stone to other medical professions. The predominant benefit most employers claim home health aides would experience in their organization would be increased "flexibility" in choosing their hours and jobs. Unfortunately, few respondents mentioned an increase in pay, although the following comment proves to be an interesting reflection on possible changes in future pay scales:

*They would know more about the patient and diagnosis. This would decrease the need for nurses and increase their need, resulting in higher pay.*

Although there is no realistic evidence of this happening in the near future, it may reflect a change not yet challenged throughout current literature.

### ***Prospective OCC Nursing Student Survey***

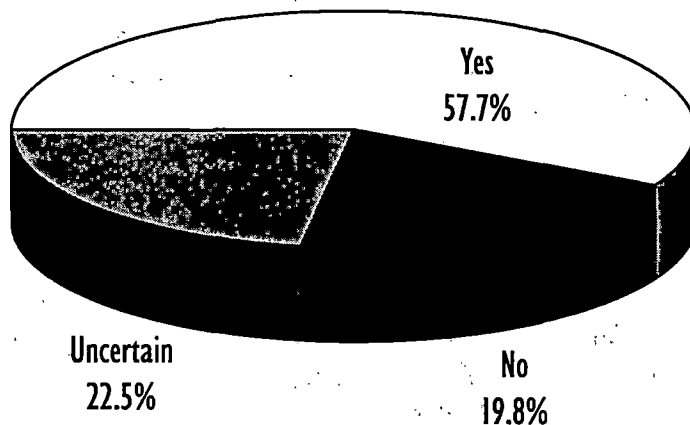
OCC's Nursing program (IJL) is currently in high demand in the community. The Nursing school maintains a waiting list of students who have qualified to enter the program but must wait a year for a place to become available. The OCC nursing faculty suggested that some members of this group might be interested in gaining experience by participating in a home health care training program during this waiting period. In order to determine the level of

interest in this type of training, 111 prospective students on the waiting list were contacted by telephone interviewers in the Office of Planning & Analysis. These students were asked about their current employment and participation in education as well as their interest in home health care training. Further questions were directed to their opinions of such training and the best schedule for its provision (see Appendix E for narrative responses).

Seventy-one percent of the respondent group are currently employed while waiting to enter the nursing program. Of those in employment by far the largest group (54%) were already employed in the medical field. Other significant groups were in hospitality (14%) and sales/marketing fields (10%). When asked their job title 23% of respondents in employment were nurse or medical assistants, while another 8% were medical records clerks, 8% were pharmacy technicians, 5% were medical technicians and 4% were already working in home health care. In addition, thirty-one percent of the respondents reported that they are currently taking college courses, with the largest group (82%) attending OCC.

When a brief description of the proposed home health care training was read to them, 58% of the respondents indicated their interest in the training (see Figure 8). The reason most frequently given for this interest (by 38% of respondents) was the belief that it would be valuable experience for the nursing program. Another 7% said it would be a good way to stay current in the field, while 5% said that it would be a good way to determine if they were suited to nursing. Twenty-three percent of respondents were undecided about the training, with 11% indicating they would need more information and 5% reporting that they would be interested only if it was "for credit." Twenty percent of the group indicated they would not be interested in the training. The reason most frequently given was that they were already trained in the field or that they preferred to concentrate on the RN degree.

**Figure 8**  
**Would You Be Interested in a**  
**Home Health Aide Program?**  
*Student Survey*



Student respondents who expressed interest in the home health care training were asked what kind of scheduling would best fit their needs. One half of the group (51%) chose ten hours of instruction per week for ten weeks, while almost one third (30%) of the group chose a shorter, more intense schedule of four weeks with twenty-five hours of instruction per week.

When asked if they had any additional comments about the proposed training respondents were generally positive. Thirty-seven percent thought it a good idea, and 20% said that any kind of related medical experience before entering the program would be valuable. An additional 17% said they would like more information. One or two individuals made comments about content and location of the training, suggesting that CPR should be included and locations other than Highland Lakes should be used. Negative comments included the sentiment that the training would not be personally beneficial, that OCC should offer more places in the nursing program and that the pay of home health aides is too low to justify the program.

## CONCLUSION

### Summary

While there is significant evidence that the demand for home health aides will continue to increase, it is clear that the desirability of home health aide careers is negatively influenced by low pay, poor working conditions, and lack of advancement opportunities. All of these factors contribute to the high rate of turnover in the field.

Local employers confirm that the demand for home health aides will increase substantially in coming years. Wages offered by local employers are consistent with national averages. Although the majority of local employers report that they provide employee benefits, it is likely that many of these are conditional, requiring a certain number of accumulated hours which would disqualify most part-time or newer employees.

Two-thirds of employers surveyed feel that a college program for home health aides would be a worthwhile source of training. Currently, however, most training for new employees is provided in-house by the employer.

Over half of the wait-listed students responding to the survey are interested in the idea of a home health training opportunity. Most felt that gaining experience in home care would be valuable in the nursing program. Many of the wait-listed students who are currently working in health care fields are not interested in the program, suggesting that the proposed training might be most appealing to students who are new to the health care field and could benefit from an introduction to the basics of home care.

## Issues

It appears that there are two possible markets for the proposed home health aide training program. The literature review, interviews with experts in the field, and the employer survey all reveal that there is a growing demand for home health aides. In general, employers support the concept of a training program designed to prepare those without previous experience for employment in the home health field. The second possible market for the proposed training includes students on OCC's nursing program wait list. This training could provide students--particularly those without previous experience in a health care field--with an overview of home care. The needs of these two markets should be taken into consideration when developing the details of the training program.

In developing the home health aide program, the college will need to carefully consider whether it is appropriate to offer students a program which is not likely to provide them with higher wages, increased job security, or career advancement potential. Offering the program to students on the nursing wait list rather than the general public, while resolving some of these issues, would raise others including the question of credit and relationship to the nursing program.

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Jane. Metrostaff. Telephone Interview (August 1995).

Michelle. Allen. Telephone Interview (August 1995).

Michelle. Amicare Home Health Care. Telephone Interview (August 1995).

Sandy. Medical Team. Telephone Interview (August 1995).

# APPENDIX A

## *Home Health Aide*

### CIP CODE

*Center for Educational Statistics*

**A Classification of Instructional Programs (CIP)**

**15.1615 Home Health Aide**

"An instructional program that prepares individuals to assist elderly, convalescent or handicapped patients in their homes by providing for their physical, mental, emotional and/or social health care needs, under the supervision of a registered nurse."

# APPENDIX B

## *Home Health Aide*

### EMPLOYER LIST

## Home Health Aide

### *Employer List*

Royal Home Care  
Oak Park, MI  
810-968-6080

Home Care, Inc.  
Rochester, MI  
810-652-4440

Metro Health Care Plans  
Dearborn, MI  
313-454-3453

Health Care Professionals  
Southfield, MI 48034  
810-357-7080

Allen Health Care  
Southfield, MI 48034  
810-948-0044

Visiting Nurse Home  
Support  
Southfield, MI 48034  
810-354-0501

Excellacare Inc.  
Farmington Hills, MI 48336  
810-476-9091

Olsten Health Care  
Southfield, MI 48034  
810-356-6800

Prime Care Services  
Bingham Farms, MI 48025  
810-646-5151

Oakland Private Duty  
Registry  
Southfield, MI 48076  
810-559-8077

Home Health Plus  
Southfield, MI 48076  
810-357-3650

Medical Team  
Southfield, MI 48075  
810-358-2260

North Oakland Caregivers  
Clarkston, MI  
810-625-8484

Liberty Agency  
Plymouth, MI  
313-420-2300

Frenchtown Nursing Care  
Center  
Monroe, MI  
313-243-5100

Home, Inc.  
Monroe, MI  
313-242-2177

Bloomfield Hills Care Center  
Bloomfield Hills, MI  
810-338-0345

Williams Quality In-Home  
Care  
Auburn Hills, MI  
810-627-5757

Family Home Care  
Clarkston, MI  
810-620-6877

Coram Health Care  
Plymouth, MI  
800-323-5308

Nightingale Home Health  
Care  
Bloomfield Hills, MI  
810-358-9060

Woodward Hills Nursing  
Center  
Bloomfield Hills, MI  
810-644-5522

Amicare Home Health  
Services  
Bloomfield Hills, MI  
810-858-7735

Henry Ford Health Systems  
(Cottage Hospital)  
St. Clair Shores, MI 48080  
810-774-4141

Home Care Service  
Monroe, MI 48161  
313-243-2225

Henry Ford Extended Care  
(Private Duty)  
Southfield, MI 48075  
810-352-4890

Visiting Nurses Association  
of Southeast Michigan  
Detroit, MI 48202  
313-876-9731

Lutheran Home  
Monroe, MI  
313-241-9533

St. Elizabeth Briarbank  
Bloomfield Hills, MI  
810-644-1011

Georgian Bloomfield, Inc.  
Bloomfield Hills, MI  
810-645-2900

Amicare Home Health Care  
Ann Arbor, MI 48108  
313-741-5719

Friends Who Care  
Southfield, MI 48075  
810-352-5340

Visiting Home Support  
Services  
Southfield, MI 48034  
810-354-0501

Oakwood Healthcare  
Services  
Westland, MI 48186  
313-467-2792

Caring Home Support  
Services  
Waterford, MI 48309  
313-673-9820

Hospice of Monroe  
Monroe, MI 48162  
313-457-3220

Staff Builders  
Southfield, MI 48075  
810-557-2505

Metro Home Health Care  
Dearborn, MI 48120  
313-336-6303

Michigan Cancer Foundation  
Southfield, MI 48076  
810-443-5800  
313-833-0710

Dorvin Convalescent &  
Nursing  
Livonia, MI  
810-476-0550

Luther Haven  
Detroit, MI  
313-579-2255

Madonna Nursing Center  
Detroit, MI  
313-835-4775

Affordable Home Care  
Livonia, MI  
810-380-8237

New Light Nursing Home  
Detroit, MI  
313-491-7920

Apostolic Christian  
Woodhaven  
Livonia, MI  
313-261-9000

West Trail Nursing Home  
Plymouth, MI  
313-453-3983

Northwest Care Center  
Detroit, MI  
313-273-8764

Ameristaff Inc.  
Clawson, MI  
810-288-2270

Adultcare of Independence,  
Inc.  
Clarkston, MI  
810-628-8640

Lincoln Pack Senior  
Residence  
Lincoln Park, MI  
313-381-3100

Botsford Continuing Health  
Center  
Farmington Hills, MI  
810-447-7400

Charterhouse  
Farmington Hills, MI  
810-476-8300

Medbury House, Inc.  
Farmington Hills, MI  
810-476-6495

RN Home Health Care  
Bloomfield Hills, MI  
810-467-8209

Ingelside Convalescent  
Center  
Detroit, MI  
313-872-1420

Hunters Family Care  
Detroit, MI  
313-571-6524

Dearborn Heights Health  
Care  
Dearborn Heights, MI  
313-274-4600

Oak Manor  
Troy, MI  
810-689-7755

Residential Placement Inc.  
Ann Arbor, MI  
313-677-3222

Mindell's Option Care  
Ann Arbor, MI  
313-677-3800

Personalized Nursing  
Services  
Ann Arbor, MI  
313-677-0500

Interim Health Care  
Ann Arbor, MI  
313-677-3066

Kimberly Quality Care  
Ann Arbor, MI  
313-677-1661

Kelly Assisted Living  
Ann Arbor, MI  
313-665-7671

Caregivers  
Detroit, MI 48501  
313-964-5070

Olsten Kimberly Quality  
Care  
Flint-Lake Orion, MI  
800-861-4267

Allied Nursing Care  
Southfield, MI 48076  
810-443-5700

Medical Staff Resources  
Plymouth, MI  
313-453-3980

Irvine Head Injury Home  
Oak Park, MI 48237  
810-542-4423

Brookside Adult Foster Care  
Clarkston, MI 48346  
810-623-2846

Hutcheson Manor  
Farmington, MI  
810-476-3798

Trowbridge  
Southfield, MI  
810-352-0208

Health Exchange  
Southfield, MI  
810-443-2400

Hospice of Southeastern  
Michigan  
Southfield, MI  
810-559-9209

Lakeland Convalescent  
Center  
Detroit, MI  
313-921-0998

Lincoln Care Center  
Detroit, MI  
313-834-1204

Northland Nursing Center  
Detroit, MI  
313-534-8408

Omni Convalescent Center  
Detroit, MI  
313-571-5555

Huron Valley Hospital  
Commerce Twp., MI  
810-360-3300

St. Joseph Mercy Hospital  
Ann Arbor, MI  
313-572-3456

First American Home Care  
Southfield, MI 48034  
810-355-4000

West Bloomfield Nursing  
Center  
West Bloomfield, MI  
810-661-1600

Home Health Outreach  
Rochester, MI 48309  
810-656-7010

Trinity Park West  
Livonia, MI 48152  
313-464-2772

Wilmar Convalescent Center  
Utica, MI  
810-739-7700

Health Partners  
Auburn Hills, MI 48326  
810-340-0222

University Convalescent  
Home  
Livonia, MI 48154  
313-427-8270

# APPENDIX C

## *Home Health Aide* EMPLOYER SURVEY



Oakland Community College  
**Home Health Aide Needs Assessment**  
**Employer Survey**

OCC is currently contacting organizations in southeast Michigan which employ home health workers, and we understand that you employ people in this field. Do you have a moment to answer a few questions for us?

1. First of all, we'd like to know about the type of work your organization is involved in. Please tell me which of the following categories best describes your organization (*check all that apply*):

1  Home Health Agency

2  Nurses Association

3  Hospital

4  Residential Care Facility

5  Nursing Home

6  Social Services Agency

7  Other (please explain) \_\_\_\_\_

2. Can you tell me whether you employ home health aides?

1  Yes

0  No (*skip to 19*)

9  No response

3. How many home health aides are currently working within your organization? (*fill in number*)

1  Full-time

2  Part-time (contingent)

4. Are these home health aides employed on site, or are they assigned to work outside the organization (such as contractual work in private homes, care facilities, etc)

1  All work on site

2  All work off site (if so, where?) \_\_\_\_\_

3  A combination of both (please describe:) \_\_\_\_\_

5. What are your organization's minimum educational qualifications for employment as a home health aide?

1  No specific requirements

2  High school diploma or GED

3  Completion of federal 75 hour training program

4  Other certification (if so, what?) \_\_\_\_\_

5  Associate degree or higher

6. And what is the minimum amount of experience required for home health aides? (*time in months, and where experience is required, i.e. in a nursing home, private home, etc.*).

7. Do you provide new home health aide employees with any in-house training?

- 1  Yes
- 0  No (*skip to 11*)
- 9  No response

8. Do the home health aides receive certification for this training?

- 1  Yes (if so, where is it applicable?) \_\_\_\_\_
- 0  No
- 9  No response

9. Please tell me which of the following components are included in your training:

	Yes	No
a. Communication skills .....	1	0
b. Observing, reporting and documenting patient status.....	1	0
c. Reading/recording temperatures, pulse and respiration.....	1	0
d. Basic infection control procedures.....	1	0
e. Basic elements of body functioning/changes in body function .....	1	0
f. Maintenance of clean, safe, healthy environment.....	1	0
g. Recognizing emergencies/knowledge of emergency procedures .....	1	0
h. Physical, emotional and developmental needs of patients.....	1	0
i. Appropriate/safe techniques for personal hygiene/grooming assistance .....	1	0
j. Safe transfer techniques and ambulation .....	1	0
k. Normal range of motion and positioning .....	1	0
l. Adequate nutrition and fluid intake .....	1	0
m. Other (please describe):		

10. Are there any other specific training requirements?

- 1  Yes (if so, what?) \_\_\_\_\_
- 0  No
- 9  No response

11. Do you have any difficulty finding qualified home health aides?

- 1  Never
- 2  Sometimes
- 3  Frequently
- 9  No response

12. What is the average length of employment for most home health aides working within your organization?

13. Please tell me what you feel are the most common reasons why aides may leave this field:

14. In your opinion, which of the following most accurately predicts your organization's need for home health aide employees over the next five to ten years:
- 5 \_\_\_\_\_ Increase substantially
  - 4 \_\_\_\_\_ Increase slightly
  - 3 \_\_\_\_\_ Remain the same
  - 2 \_\_\_\_\_ Decrease slightly
  - 1 \_\_\_\_\_ Decrease substantially
  - 7 \_\_\_\_\_ Uncertain
  - 9 \_\_\_\_\_ No response
15. In terms of salary, what is your average starting hourly rate and highest rate of pay for full time home health aide employees?
- From \_\_\_\_\_ per hour to \_\_\_\_\_ per hour
16. And for part time employees, what is the salary range?
- From \_\_\_\_\_ per hour to \_\_\_\_\_ per hour
17. Are any benefits made available your home health aide employees? (*health insurance, paid vacation, sick leave*)
- 1 \_\_\_\_\_ Yes (if so, what?) \_\_\_\_\_
  - 0 \_\_\_\_\_ No (*skip to 19*)
  - 9 \_\_\_\_\_ No response
18. Do these benefits apply to part time and full time employees?
- 1 \_\_\_\_\_ Yes
  - 0 \_\_\_\_\_ No, for full time only
  - 9 \_\_\_\_\_ No response
19. Do you have any other employees (LPNs, RNs) who perform the same duties as home health aides?
- 1 \_\_\_\_\_ Yes (if so, what is position?) \_\_\_\_\_
  - 0 \_\_\_\_\_ No (*skip to 21*)
20. Can you tell me why you do not use health aides to perform these duties?
21. Considering current trends in the health care field, do you anticipate a need for LPNs and RNs to have more experience in home care, or do you feel that this need is being met by home health aides? (*probe*)

22. Would you consider a two-year college program for home health aides to be worthwhile or not?  
(how long? certification?)

- 1 \_\_\_\_\_ Yes  
0 \_\_\_\_\_ No (get response / end survey)  
7 \_\_\_\_\_ Uncertain  
9 \_\_\_\_\_ No response

Why do you feel this way? (probe)

23. How do you see such a program benefitting a home health aide employee in your organization?  
(financial, etc.)

24. Would you be interested in working with OCC to develop a Home Health Aide program?

- 1 \_\_\_\_\_ Yes  
0 \_\_\_\_\_ No  
7 \_\_\_\_\_ Uncertain  
9 \_\_\_\_\_ No response

*Thank you for your time and assistance. We appreciate your help and believe that your responses will help to influence what happens at OCC in the future. If you have any further questions, please contact the Office of Planning & Analysis at 810-471-7746.*

Interviewer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# APPENDIX D

## *Home Health Aide*

### STUDENT SURVEY

# Home Health Aide Program

## STUDENT SURVEY

August, 1995

OCC is considering introducing a training program for home health aides. We are currently contacting students who are on the waiting list for our nursing programs to determine the level of interest in this kind of training. Would you be willing to answer a few questions for us?

1. First, can you tell me when you plan to enter OCC's nursing program?

Term and year: \_\_\_\_\_

*(If the student is no longer interested in the OCC nursing program discontinue the survey)*

2. Are you currently employed?

1 \_\_\_\_\_ Yes  
0 \_\_\_\_\_ No *(Skip to Question 6)*  
9 \_\_\_\_\_ No response *(Skip to Question 6)*

3. In what field are you working?

4. What is your job title?

5. Are you currently taking any college courses?

1 \_\_\_\_\_ Yes  
0 \_\_\_\_\_ No

If yes, at which college? \_\_\_\_\_

6. OCC is considering a short training program for people interested in the field of home health care. The program will probably grant credit which could be applied toward an OCC nursing degree or certificate. The program would include basic competencies such as reading vital signs, understanding body functions, infection control, and emergency procedures. In addition, the training would cover topics like patient emotional and developmental needs, personal hygiene techniques, and communication skills. It has been suggested that this type of training might be of interest to prospective nursing students.

If OCC made this training available, would you be interested in participating?

1 \_\_\_\_\_ Yes  
0 \_\_\_\_\_ No *(ask #7, then skip to last question)*  
7 \_\_\_\_\_ Uncertain

7. Why do you feel this way?
8. Currently, OCC is considering between 75-100 hours of instructional time for the completion of this training. These hours could be structured in a number of ways. For example, we could offer four weeks of training at 25 hours per week, or ten weeks of training at 10 hours per week. Given your current schedule, what kind of structure would be ideal?
9. Are there any other comments you would like to make about this proposed training at OCC?

"Thank you very much for your time and assistance. We sincerely appreciate your help."

*Interviewer Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

# APPENDIX E

## *Home Health Aide*

### EMPLOYER SURVEY

#### *Narrative Responses*



OAKLAND COMMUNITY COLLEGE

*Home Health Aide*

**EMPLOYER SURVEY**

August 1995

*Narrative Responses*

**Q1. Other type of organization:**

5. Hospice.
16. Respite.
45. Licensed Home for the Aged.
59. Rehab.
60. Home Infusion.
62. Staffing.
72. Assisted Living.
74. Hospice Care.
86. Nursing Service/Agency.

**Q4. Home health aides employed on-site or off-site and where?**

1. Home.
2. Private homes.
3. Private homes.
4. Hospital, nursing homes, private homes.
5. Private residence, extended care facilities.
6. Private homes and care facilities.
7. Private homes.
8. Private homes.
9. Private homes.
10. Private homes, care facilities.
11. Private homes.
12. Private homes plus one facility.
13. Home.
14. Homes.
16. Home.
18. Home, hospitals, etc.
19. Homes.
21. Homes.
23. Private homes.
24. Clients homes.
25. Clients homes.
26. Private homes and hospitals.
27. Patient homes.
31. Clients' home.
32. 99% work in clients' homes.
33. Nursing homes and private homes.
34. Private clients in their homes.
35. Private homes.
37. Private homes, nursing homes, and hospitals.

38. Private homes.
39. Home visits.
43. Homes.
54. Homes.
61. Private home.
62. Homes.
63. Homes.
64. Homes.
65. Private homes only.
66. 95% private homes/5% nursing homes.
67. Private homes.
68. Private homes.
73. Homes.
81. Private homes and assisted living facilities.
83. Private home and nursing homes.

**Q5. Any other type of certification?**

13. CPR-Meds.
16. CPR - first aid.
23. State - preferable.
24. Pass the NLN certification test.
38. Basic aid training program.
39. Competency evaluation, written test, skills demonstration.
48. Nurse - home health.
66. Nurses aide training and certification.
67. National Certification Hospice and Home Care Foundation.
68. Nurses aide.

**Q6. What are the minimum qualifications required for home health aides?**

1. 1 year experience nursing home - hospital.
2. At least one year - hospital, long-term facilities.
3. One year, hands on - nursing home or hospital.
4. One year recent experience - in hospital or nursing home.
5. One year - home care.
6. No minimum - it varies.
7. 1 year any medically related setting.
8. 1 year any medical background.
9. At least 3 years experience in nursing home, agency, etc.
10. 1 year long-term care setting or hospital.
11. 6 months in a nursing home, home health agency or hospital setting- or - 6 mos in a private residence w/completion of 75 hr training program.
12. 1 year in agency, nursing home etc.
13. Knowledge of technical skills-1 year- nursing home.
16. Not mandatory.
18. None.
19. 1 year experience.
21. 1 year experience (part of certification).
23. 1 year experience hospital or nursing home.
24. At least 2 years in a nursing home or private home.
25. 1 year in a nursing home.
26. Minimum 1 year experience in hospital or nursing home setting. 3 months for "sitter" position (less involved).
27. 6 months if certified/ 1 year if not certified (in supervised settings).
31. 6 months - 1 year working in nursing home.

32. 1 year nursing home experience.
33. 1 year experience as nursing aide.
34. Successful completion of 75 hrs of home health care certification program.
35. No minimum.
36. 2 years experience nursing home or hospital in patient setting.
37. 1 year hospital or nursing home.
38. 1 year in a nursing home, hospital, agency or group home. We take student nurses.
39. 1 year in actual in-patient, acute care setting with medical/surgical patients.
43. Experience helpful but not necessary.
48. 3 years experience.
49. Depends, usually 6 months.
54. None.
55. 3 - 6 months.
56. None.
61. 6 months.
62. 1 year current experience - 2 references, bondable.
63. 6 months.
64. 1 year recent experience.
65. 6 months - 1 year either home based or facility care.
66. 6 months experience in last 3 years under supervision of registered nurse or completion of nurse aide class.
67. 1 year institutional setting, hospice, hospital, nursing home.
68. 6 months - 1 year in nursing home setting.
69. 1 year with closed head injuries.
73. 1 year nursing home/hospital or nurses aid program.
74. 1-2 years as nurses aide or home health aid.
78. None.
81. 1 year - hospital, nursing home, or other home care setting.
82. 6 months - direct patient care.
83. 6 months experience in nursing home, group home, or hospital.
86. 6 months recent work experience - hands on.

**Q8. If you provide your home health aides with in-house training, do they receive certification, and where would this certification be valid?**

2. In-house and possibly elsewhere.
5. With this agency - written exam 80% passing score.
6. Within agency only.
7. Within agency.
8. Inside the agency only.
12. Within the company-it's not state certification.
16. Mental Health.
18. MORC - DC training.
19. Home health and basic training.
21. State certification.
27. Hospice home care certification, Medicare certification, must be provided.
32. Aides need 12 hrs. of in-service training to keep state certification for Medicare and Medicaid every year.  
Those who want long-term care certification (needed in nursing homes) also take 12 hrs/yr. in service training.
35. The certification is issued by the Foundation for Hospice and Home Care.
36. It's the federal certification so its applicable anywhere.
38. Anywhere it meets federal guidelines.
48. Own.
54. Hospice, Home Care.
56. Certified (2 week training) Detroit Mental Health.
63. Credit, own certificate.

65. National Home Caring Council Certification, applicable anywhere.
66. In-service credit within agency.
69. Anywhere.
78. For an organization.
81. Certificate that's valid in the community.
86. Certificate for certain programs.

**Q9. Any other type of components involved in your training?**

2. Universal Precautions.
7. Hip surgery care.
13. Dietary needs of individuals.
24. Psycho-social needs of dying patient.
25. They should be trained in the aging process and in dealing with the elderly. Should also be able to recognize and report abuse and neglect.
26. The rules and regulations of the agency. Documentation of work done.
35. Training in the care of the terminally ill training in assistance with medications.
36. Bed sore care.
37. Patient rights, confidentiality.
38. Hospice, mentally impaired, time/money, management, pediatric and medication.
39. Wound care, non-sterile wound care.
63. Fire safety, universal precautions, clients bill of rights, ethical issues, and patient confidentiality.
64. Specialized Alzheimer training.
65. First aid.
66. Fire safety training.
69. Fire drill, medication assistance training.
78. Stress, HIV, dialysis.
86. Universal Precautions.

**Q10. Are there any other specific training requirements?**

2. At least 5 home visits and passing a competency test.
21. 12 years in service per year.
26. Straight catheter insertion.
54. CPR, in-service OSHA.
56. Disease Control OSHA, CPR First Aid, In Home Procedures Intervention.
62. Blood Pressure TPR, Range of Motion, Transfer techniques.
81. Skills validation - in lab and in the field.

**Q12. What is the average length of employment for most home health aides working within your organization?**

1. Most steady.
2. 6 months - 1 year.
3. Hard to say - some leave after orientation and some have been here 10 years.
4. 3 - 4 years.
6. 8 months - 1 ½ years.
7. 3 years.
8. 5 years.
9. 4 years
13. Tend to stay.
14. Stable.
16. Stable - low turnover.
18. 4 months - 1 year.
21. Stable.
24. 10 years.

25. Can't really say - some people have been thru for 18 years.
26. 1 year or more.
27. 10 years.
31. 1 year.
32. 3 -5 yrs.
33. 6 mos. - 5 yrs.
34. 5 - 7 years.
35. Some have been here 6 years - with others the turn over is quick.
36. 3 - 5 years.
37. 2 years - a guess.
38. 8 years.
43. High turnover, 6 months - 1 year.
48. Varies.
49. 1 year - other facility - more turnover.
54. 3 - 4 years.
55. 1 month.
56. Varies "2 staff over 10 years" 2 turnover.
61. 4 years.
62. Great retention, 75% long term, 2 years or more.
63. Varies from 2 weeks - 10 years.
65. 5 - 25 years for care group, hourly employees-50% a year turn over.
66. Some stay 10 years or more, others are in and out in 6 months.
67. Wire a new organization - 1 year.
68. 6 months.
69. 4 - 6 years.
73. Varies - flexible - some have been here 15 years, some only a few months, others leave and come back.
74. Unsure - typically they stay for quite awhile.
78. High turn over. 1 -2 years.
81. 5 years plus.
82. Less than 6 months.
83. About a year.
86. Hard to say.

**Q13. Please tell me what you feel are the most common reasons why aides may leave this field?**

2. It's a difficult job (physically) and poor pay.
3. Money; lack of transportation; and to get full-time work.
4. Not committed - lack of work ethic.
5. Not enough money.
6. Low pay.
7. They become nurses.
8. Lack of benefits. They're looking for longer hours per shift.
9. Some go into nursing, some develop back problems.
10. Lack of work in a contingence setting.
12. Because its temp work.
18. More advancement, minimum wages, benefits.
19. Many nursing students who graduate and go on to their careers.
23. Contingent - full time - more pay - full relocation.
24. Retirement or continuing education (left to go to nursing school.)
25. Higher wages elsewhere.
26. They're looking for full time employment with benefits. It's usually a 2nd job, and it becomes too much.  
They're relocating.
27. Low pay - employees would like to be paid per visit instead of an hourly rate.
31. Amount of pay.

32. Get a better job that would pay more or go back to nursing school.
33. Go back to school for nursing.
34. They're going into nursing.
35. Transportation problems, child care problems.
36. Low pay, emotional pressures, and lack of hours and job security.
37. They find full time work elsewhere and many get fired.
38. They don't like the driving or area where they are placed, they don't like the pay.
39. For better paying jobs in other fields. One left because of an illness, another left because of child care problems.
43. Found independent jobs - More money to be made independently than through an agency.
48. Low pay.
49. Can't handle the type of work.
54. Graduating from school and move on to other career paths.
55. Personal.
56. Stress.
61. Advance to nurses or burn out.
62. Lack of work.
63. Hire in privately.
64. Full time employment or return to school.
65. Transportation problems, child care problems, DSS problems (state assistance).
66. Some have to work too far from and don't like the commute. They don't get enough hours as a contingent.
67. Child care problems, transportation problems.
68. For higher pay, full-time employment.
69. Low pay, no promotability.
73. Usually for another job which pays benefits.
74. Relocate.
78. Area - location.
81. Burn-out.
83. More pay. Most are contingent employees who leave for full-time positions.
84. They spend too much time travelling to and between jobs.
86. Lack of transportation, child care.

**Q17. Are any benefits made available to your home health aide employees (if so, what)?**

1. Vacation time.
2. Sick, vacation, medical, pension.
3. Medical insurance only.
5. Full-time vender, Medicare/Medicaid, receive benefits.
6. Health insurance and co-pay dental, paid vacation, sick leave.
7. Health insurance, workman's compensation, unemployment coverage.
9. Health insurance (optical, dental), life insurance, pension/401K, tuition reimbursement, child care expenses.
11. Health insurance, paid vacation, life insurance, 401K etc - full timers.
12. Health insurance.
16. Health insurance, sick-vacation.
23. Full benefits - full time.
24. All the above and tuition reimbursement.
25. All of the above plus some type of tuition reimbursement.
27. Health, dental, life, long/short term disability, retirement, mileage, uniform allowance, holiday/sick pay, malpractice insurance, paid tuition reimbursement.
31. Medical, dental, retirement plan, workers comp, PTO time, tuition reimbursement.
32. Health insurance, paid vacation which includes sick leave.
33. After 1,000 hrs they get a week's vacation and can enroll in the health plan.
34. Health insurance, dental, optical, \$800/yr tuition reimbursement.
36. Paid vacation/sick pay.

37. After a required number of hours are worked they receive health insurance, dental insurance paid vacation.
38. Full benefits.
39. Full benefits.
43. Medical, flexibility, point system-6 points=1 vacation day.
48. Work bonus - holiday.
49. Health insurance, vacation, sick pay.
54. Health, dental, vacation, sick, etc.
56. Medical, dental vacation, sick.
61. 7% gross wage to employee choice.
62. Sick, vacation, health.
63. Vacation, health.
65. Full package of benefits.
66. Bonuses quarterly but that's all.
69. Medical benefits, vacation days, sick pay, personal days.
74. Comprehensive paid.
78. Health, life insurance.
81. Health, sick, vacation, educational, etc.
82. Can but into health plan over time.
83. Full-time gets health, vacation, sick, etc.
84. Vacations only.

**Q19. Do you have any other employees who perform the same duties as home health aides?**

1. LPN RN.
2. LPNs - only if home health aids are not available.
9. LPNs
10. LPN and RN
18. LPN and RN in emergency.
30. LPN
31. LPN
34. Community health nurses.
40. LPN-RN
41. LPN-RN-CNA.
47. LPN-RN-CNA.
57. CNA
59. Behavior technician.
63. LPN - RN.
64. LPN.
68. LPNs - RNS
76. Restorative Nurses, Certified Nurses Aides.
82. Nurse assistants.
83. LPNs.

**Q20. Can you tell me why you do not use health aides to perform these duties?**

1. Skill need along with home care.
9. LPNs want to work in that capacity because if a nurse is required in a situation, the agency sends an RN.
10. Because, the client requests it.
18. Emergency situations only.
30. If needed as emergency situations.
31. Short of home health aides - forced to do so.
40. Team effort, jobs may overlap.
41. Employs certified nurses aides.
42. Employ certified nursing aides.
44. Employ certified nurses aides.

45. Employs residential care technicians.
47. Certified nursing assistants used.
57. Need people who are certified.
59. More qualified-specialized in acquire of neurological deficit.
63. They might possibly overlap due to the situation, but basically all employment guidelines are usually followed.
64. In addition to basic aid these people need others who have higher technical skills.
68. Unavailability.
75. We hire our own people.
76. They would be in addition to nurses aides and in specialized situations.
82. No health aids available.
83. They're not available.

**Q21. Considering current trends in the health care field, do you anticipate a need for LPNs and RNs to have more experience in home care, or do you feel that this need is being met by home health aides?**

1. Need more - especially skilled levels ex ventilators, IV.
2. The need is being met by home health aides - LPNs are not in a lot of demand as they still need to be supervised by RNs and they demand more pay.
3. The need is not being met by home health aides - definitely need more LPNs and RNs in home health care.
4. Depends on the level of care. We have a staff that can meet the current needs - home health aides.
5. LPNs and RNS do need more experience - vents, tracheotomy, IV therapy in the home.
6. With shorter hospital stays there will be a demand for visiting nurses to do even more.
7. Yes, LPNs and RNS should be trained to know the job of a home health aide - there will be increasing demands for these skills.
8. There will be a demand for more licensed personnel in the field period
9. No, because roles are pretty narrowly defined. Doctor opens case, nurse evaluates, etc.
10. I see the role of LPN and RN expanding in this area because of the DRGS in hospitals i.e. the new regulations requiring patients to home sooner after surgery.
11. Do not see the role of LPN or RN being expanded to include home health care.
12. I foresee an expanded role for LPNs and RNs because of industry demands.
13. Nurses have enough to do.
14. Daily aides are sufficient - most could not afford LPN or RN to come into a person's home.
15. Will need to expand - home health aides will not be able to handle the numbers hospitals send home.
16. Most experience would come from those involved in mental health.
17. Aides position - medications needed.
18. Needs met currently by home health aides.
19. Combination of the two.
20. More need - clients are needing a higher level of care.
21. RN-LPN to do teaching- home.
23. Those from an ADM program have limited home care experience and are somewhat deficit in the area of home health care.
24. Thinks that enough people will become home health aides so LPNs and RNs won't have to fill these positions.
25. Thinks the need can be met by home health aides although LPNs and RNs will still be needed for home visits. But thinks the ratio should be about 20 home health aides to 1 LPN or RN.
26. There is a need for LPNs and RNs to have more training because of demand.
29. Probably.
31. Home health aides should cover the home care market.
32. There are 2 different levels of need - LPNs and RNs versus home health aides. Both are needed and they can probably work in conjunction with each other.
33. LPNs and RNs will have to have more experience with home care because patients are being discharged sooner from hospitals.
34. Because of early discharge from hospitals, it's cheaper to send someone to patients' home. The classification of "Community Health Nurse", which is a combination of an LPN/RN and home health aide, would cover this need which is becoming greater all the time.



35. There is a need for nurses to perform more of the tasks of a home health aide, but the problem is cost. Private nurses cost \$40.00/hr. Insurance companies won't pay for the cost of home health aids.
37. I see the duties of a home health aide expanding as opposed to the role of the LPN/RN expanding to include the duties of home health aide.
38. Patients are becoming much more complex and LPNs will eventually be phased out so RNs will have to take on more responsibility.
39. Medicare establishes the requirements and defines the roles of health care aids and this won't change unless the payer establishes new roles.
41. LPN needs more experience mainly basic training only 1 year and specialization needs more training.
43. In our situation needs are met by care givers. We don't deal or handle individuals or cases which require medical problems.
46. Assume needs are being met by home health aides.
47. Needs currently being met by home health aides.
48. Needs being met by home health aides.
49. Home health aides meet the need.
50. Presently being met by home health aides.
51. Knowledge of home health aides limited, only hire certified nursing assistants.
52. Changes in health care, LPN-RN more need to be more skilled especially technical skills.
53. Both are needed - LPN-RN are more skilled, it might be beneficial if home health aides would be certified LPN.
54. Totally different functions - LPN-RN could not take over, both nurses and home health aides are needed.
55. Being met by home health aides.
56. Met by home health aides - RNs and LPNs are more technically skilled.
58. I'm sure their needs are being met.
59. Depends on the need of the client.
62. A little bit of both because many clients are coming home earlier, but need for RN is cut with more time for home health aide needed.
63. Due to the direction the health care field is going to.
64. Yes-changing needs of the clients and more people staying home who need help.
66. No, I don't anticipate a need for LPNs or RNs to take on role of home health aides.
67. No, there won't be a need for LPNs and RNs to expand their roles to include the duties of home health aides.
69. "Uncertain" the roles don't overlap at the Irvine Head Injury Home.
70. The need is being met by home health aides.
71. Met by home health aides.
72. Things are fine as they are - We are not a licensed facility.
74. More specialized area type of care given entirely different from that of a regular hospital setting.
76. Depends what RNs don't do health aide does - need for both.
78. More nurses may be needed due to the acuteness of our facility.
79. The way the health care industry is moving a lot of managed care that was once done in hospitals are being done at home and people will need to be trained in that area.
80. There will be a need for more RNs and LPNs to be knowledgeable in the home health field.
81. Need for LPNs and RNs to get more home care experience- as the trend is to release patients earlier from hospitals, its cheaper to keep them at home - more high-tech care needs in the home.
82. LPNs and RNs will need more home care experience - as the geriatric population grows.
83. The need is not being met by home health aides - with more critical care patients being cared for at home - LPNs and RNs will need more home care experience.
84. The need is being met, as long as they're supervised by RNs and LPNs.
85. Already met by home health aides. If a patient needs nursing care, then they enter a nursing home.
86. Definitely need more experience in home care- most growth is in home care - it's the wave of the future, and its becoming more complex.
87. Need being met by home health aides.

**Q22. Why would or wouldn't you consider a college program for home health aides to be worthwhile?**

1. Many changes with assistants doing more of nurses skilled with nurses doing more advanced skills.

2. It would help get more qualified people - there's a need for such a program. However, costs could be a factor i.e. they wouldn't get paid more for college training.
3. A lot get experience in nursing homes. They don't want to pay \$60 to pay for the State test - (to earn \$6/hr) so they probably wouldn't want to pay for training.
4. Employees would still need one year of supervised experience to work for us. Such a program should be one year or 6 months - 2 years is too long.
5. To get a basic understanding in communication skills, clinical experience.
6. At community college to hold costs down. 6 months in duration.
7. Increased demand for home health care workers. These workers need to put in 12 additional hours per year to stay current.
8. It will provide employees with insight into industry. With the changing laws there will have to be more certification required, perhaps even an internship.
9. The employee might have a broader knowledge base. College might expand his/her thinking skills.
10. A two year program would be too long the students might as well become RNs. A one year program would be too long - the students might as well become LPNs - 6 months might be okay
11. It might lead to a more responsible employee with a wider base of knowledge.
12. Experience is still preferred over education in this field. Also, the employees can get their training and work in nursing homes and get paid for it instead of paying a college for their training.
13. 1 year -aide- People think they have cared on a volunteer basis this qualifies them in reality it does not.
14. Knowledge acquired beneficial cannot replace experience - would prefer experience over education.
17. Some training but not necessarily college.
18. 1 year program. Basic increase intelligence and care.
19. So many changes and the need to keep up on the advances.
20. If a person was going for a 2 year degree it would be better to get a LPN with more expertise in the field.
21. People would not want to spend the time to get the degree to receive \$7.00 an hour in someone else's agency.
23. It would help us - granted the intensity we may waive the requirements.
24. 2 years is too long - 2 semesters with a clinical study would be enough.
25. The more skill and knowledge a person has the better. Program should only be 1 semester - 2 years is too long.
26. Because of the trend in home health care at present the need surpasses the supply.
27. A two year program would be too long. A person might get a job and never complete the program. Maybe a shorter program would work.
28. We would be interested if people were trained and certified.
30. People will not pay for this type of program. Unless there is government assistance to pay these people they will not take them because they will not receive the money back in wages.
31. There's a shortage of home health aides.
32. If they can get 75 hrs of classroom instruction that's important. A 2 year program is too long.
33. Might be beneficial way of finding employees. Thinks practical experience is better.
34. All home health assistants need some certification, 1 semester of training would be enough.
35. These people need a broader based education they need to develop critical thinking skills and people skills.
36. We need more educated/experienced people in the field and then they will be able to ask for more money for what they do.
37. Commercial medical training schools receive federal grant money and thus feel obligated to pass the students whether or not they're ready.
38. I don't know that the pay would be commensurate for the education acquired.
39. Don't make it a financial burden on these people they have a limited education and unreliable transportation if any at all.
41. It would be worthwhile and helpful but realistically I don't think it's viable.
42. Ways are changing and different treatments, 6 months - 1 year.
43. Not on a regular basis perhaps an occasional class.
45. It would be good to give them some basic skills - short training period of about 6 weeks.
46. Assume in the community but we don't deal with it.
48. It would be wonderful. 6 months or under or people won't participate.
49. Some training would be beneficial - at least 6 months - 1 year training needed for CPR-Nurses and Home aide.

50. Probably a grouping field presently experience would be nice.
51. I feel it would be a waste of time and money.
53. A structural program would ensure that training would uniform - 1 year.
54. We need specific Hospice and Home Care certification. Other certification would not matter to us.
59. We've contracted with health-aide need more well rounded with better skills 2 year program.
61. It would be good - many people are unsure of nursing and would give them a background - with just high school cost should be limited - 8 weeks.
62. Don't know how many people would pay for college program for a job that pays \$6.25. It might be more beneficial if government subsidized.
63. 6 months - this is a field where many people who have no job slide into and often don't have the needed skills - a college program would assure the education and experience.
65. Better quality of training over vocational schools i.e. commercial medical assistance schools.
66. They would be of a higher caliber.
67. Employees will come to us certified and ready to work. It will cut down on the outside training time they have to complete once hired.
68. They can get the training out in the field.
69. Common sense is best.
70. One can never have too much education.
73. Added experience and training would be helpful.
74. Definitely - aren't enough people trained or with experience.
78. More training - they need to know a little about patient diagnosis - 1 year program.
79. Education - experience is important.
80. I'm not really sure. I don't think it would be beneficial, it might be better to educate Nurses aides, RN and LPN in home care.
81. A lot of clinical experience would help- program could be completed in a year to 18 months.
82. The more knowledgeable they are, the better they can serve.
83. The State 75 hours is not enough - home health aides need 6 months (or even 3 months) training including clinicals in the community - not just lab and course work.
84. A lot is common sense and basic nurturing care. The skills can be learned in 6 months. Some sort of hands-on test would be sufficient (not necessarily a certification).
85. May as well become a nurse if they attend for 2 years.
86. The better educated you are the better you'll be at caring for patients.
87. Home health is the trend of the future - with more education they'll be better qualified.

**Q23. How do you see such a program benefitting a home health aide employee in your organization?**

1. Health care will eventually pay for health care.
2. They could benefit from more training in personal care, bedside manner, compassion - also to treat home health as a serious profession.
5. In great need of supplemental staff in extended care facilities.
6. New opportunities within company (not higher pay though).
7. They will get more and varied assignments i.e. in hospice settings.
8. It would make the employee stronger. They would be able to skip over our training program.
9. Flexibility in employment situations.
10. They would be more knowledgeable and thus more flexible in their employability.
11. They might be more well-rounded and more flexible in their employability.
13. Long range - more experience more competent which could lead to higher wages.
14. Information acquired would be beneficial.
18. Increase the basic intelligence of the employee.
19. Receive field experience to see if this is the career they really wish to pursue.
23. Higher health care - more qualified higher function care giver.
24. Provide job security inclined to hire a new grad from this type of program than anyone else.
25. They'd feel more confident in dealing with clients.
26. It would provide more job security. It would provide more flexibility to move around more in the organization.

27. It could be used as a stepping stone to other professions within the agency like nursing.
32. They need a structured program to really teach them the proper skills they need.
33. Would help them get a better understanding of their in-service training or if they are sent out to seminars.
34. These people would have an edge in job market.
35. They would be able to start at a higher rate if they could take on more varied and complex assignments. They would be promotable.
36. They might be handed more challenging cases and might be able to ask for more money.
37. They would be more likely to get hired, but not at a higher pay rate.
38. No benefits really.
39. They will be more promotable we have 2 levels (aide 1 and aide 2). However, they won't make more money. They will probably develop better communication skills as a result of taking formal classes.
42. Learn more - possible financial rewards.
49. You would know they have more training making more committed - It may be increased in financial standing - starting to take off.
50. Depends on who they are taking care of. Basic everyday care advanced knowledge not needed. If bed ridden or that involve more help and knowledge needed.
53. A higher rate of starting pay. We would feel more confident in their ability.
61. Possibility.
63. Depends if state certified could care for more than 1 and receive staff pay. Regular home health aide - no.
65. Hire in at higher wage, promotable, able to work in more specialized areas.
66. No more money, no advancement.
67. There might be a slight increase in pay if they come to us already trained.
73. The experience would lead to a better job which would relate to higher wages.
74. More skilled level of competency. Financially - it may be but we have a set range of pay - Most are set on experience. We would need to look at the program.
78. Yes. They would know more about the patient and diagnosis. This would decrease the need for nurses and increase need their resulting in higher pay.
79. Not necessarily financially but would help in entering our workforce, if we were to hire home health aides.
81. Improved knowledge base - clinical skills.
83. It would enhance their abilities.
86. It wouldn't - it would benefit them before they become employees.
87. They'll receive more knowledge and background information.