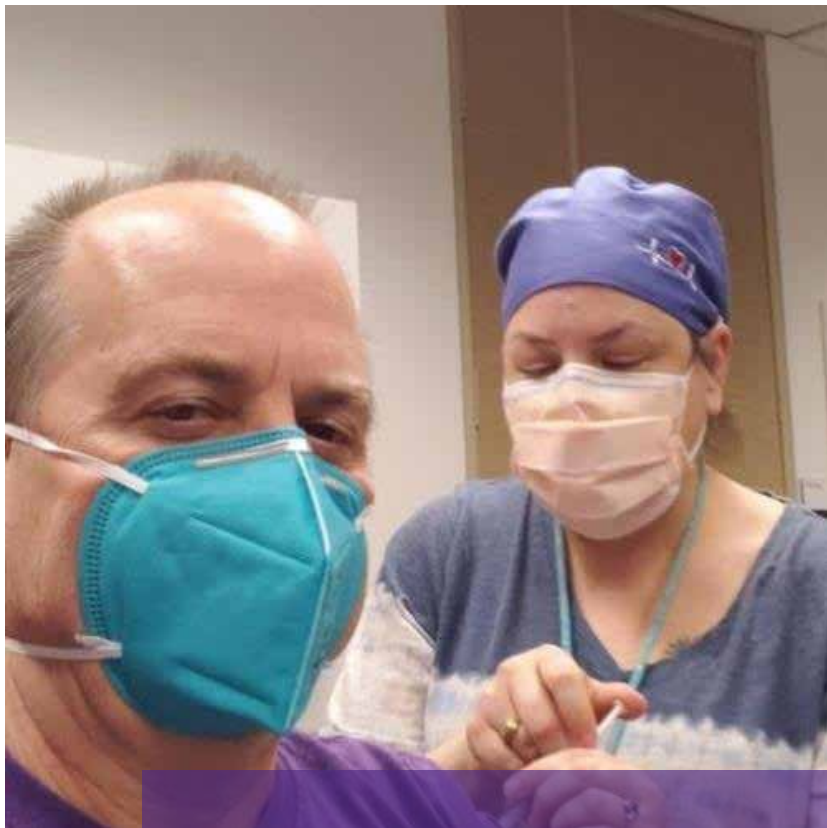
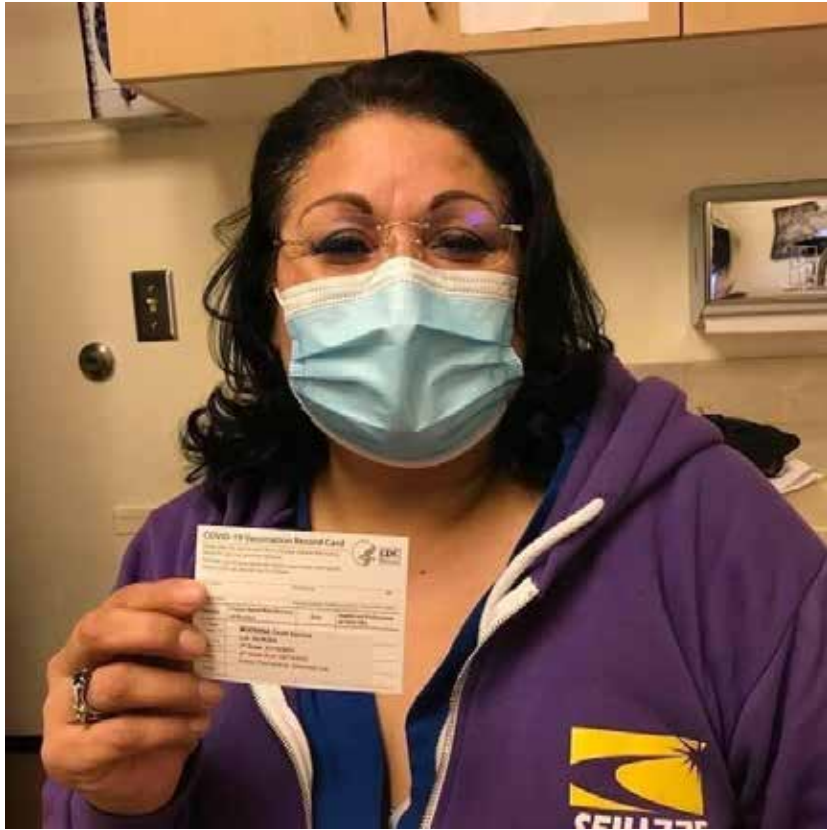


HOMECARE IS HEALTHCARE

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Executive Summary

Washington's home care workers are a vital part of our State's pandemic response. COVID-19 has sickened and led to the deaths of thousands of older adults and essential workers, and has disproportionately impacted low-wage workers, people whose primary language is not English, and Black, Indigenous and people of color. Home care workers are highly trained healthcare professionals who have helped protect their clients from exposure to COVID-19.

Home care workers support medically fragile elders and people with disabilities in their homes, where people are safest during a pandemic. They are essential, low-wage workers who risk their own health and economic stability to protect their clients. Both caregivers and their clients are disproportionately immigrants, people whose primary language is not English, and Black, Indigenous and people of color. Even before the pandemic and its economic fallout, these communities already experienced higher rates of poverty and economic hardship, and, during the pandemic, have faced more severe health consequences.

The following report examines the role of the Medicaid Home Care Program in promoting the health of Washington residents, equity among communities, and sustainability of state systems and safety nets. The analysis is based on academic and scientific literature, data from state agencies like the Department of Health, and interviews we conducted in 2020 with home care workers and clients across the state. We conclude:

1. *Home care workers reduce the spread of COVID-19.*

Staying home is the most powerful action any of us can do to reduce the spread of the virus. Home care workers help clients do this.

- Quality, skilled home care allows elders and people with disabilities to stay out of residential care facilities where more than 40% of the deaths due to COVID-19 in the U.S. have taken place.
- Caregivers are also coming up with creative ways to ensure their clients can leave their residence as little as possible, to decrease their exposure to the disease. They acquire clients' basic needs, such as prescriptions, groceries from the store or food bank, and, during the pandemic, supplies like hand sanitizer and masks.
- Caregivers' training includes knowledge of infection control protocol and caregivers' practices with their clients demonstrate the seriousness with which they take their responsibility to protect their clients.

2. *Caregivers provide care at great risk to themselves.*

Compared to the general population, caregivers in Washington are more likely to experience COVID-19 and are more likely to live on the brink of crises, like food insecurity or homelessness.

- More than twice as many caregivers in Washington tested for COVID-19 were found to be positive, compared to people tested in the general population.
- Medicaid home care employment keeps caregivers afloat economically. However, low wages mean that many caregivers still depend on state and community safety nets and cope with precarious household finances.

3. *Investing in home care is an investment in Black, Indigenous and communities of color, communities most impacted by economic hardship and COVID-19.*

- Black, Indigenous and people of color are at higher risk of exposure to and serious health consequences from COVID-19. Underlying health conditions, caused by factors like inequity in access to healthcare, are compounded by inequities in access to timely COVID-19 testing and care.
- People whose primary language is not English have also been more likely to contract COVID-19 and need hospitalization. Caregivers who speak the same language as the client become essential messengers of public health information and mitigate the risks of exposure.
- Black, Indigenous and communities of color in Washington experience poverty at higher rates than White communities.
- Medicaid home care is a financial lifeline for caregivers and clients. This is especially true for Parent Providers and other family caregivers who are limited in their ability to secure other employment because they are responsible for the well-being of their clients.

4. *A quality home care program reduces strain on hospitals, mental health care systems, criminal justice systems, emergency services, and state social safety nets.*

- Caregivers have extensive training in client health and support. Through daily tasks like reducing client falls and reminding clients to take medications and eat healthy meals, caregivers maintain clients' health and well-being. These efforts slow the decline of clients' conditions and reduce their need for expensive emergency services and hospitalization.
- When people with mental or behavioral health needs have an in-home caregiver, they are less likely to experience relapses that could prompt more expensive medical responses, such as hospitalization. It also prevents increased criminalization and the costs, to the state and the individual, of courts, incarceration and re-entry.
- Medicaid home care is essential for the well-being and health of caregivers and their families. Health insurance allows caregivers to access care when they need it, before their health needs become an expensive emergency. Paid caregiving also reduces caregivers' reliance on safety nets like unemployment, food assistance, housing assistance, and public health insurance.

When the Medicaid Home Care Program is strong, providing quality care and livable jobs, it protects some of the communities hardest hit by COVID-19: elders, people with disabilities, Black, Indigenous and people of color, immigrants and people whose primary language is not English.

Investing in home care saves the State money, by reducing institutionalization, hospitalization, and reliance on other systems and safety nets. Moreover, it saves and improves lives, keeping people most at risk of dying from COVID-19 away from possible exposure, reducing declines or relapses in clients' conditions, and providing wages and benefits that increase caregivers' access to basic needs for themselves and their families.

As we work to keep our state's most vulnerable residents safe and reduce inequities in health and well-being, Washington must continue to invest in this highly qualified workforce through wages and benefits that ensure clients receive the care they need and caregivers are able to sustain themselves in their essential work.

Introduction

Washington State's home care workers and their clients are vital to the pandemic response. Home care workers offer in-home supports that allow elderly, disabled, and medically-fragile Washingtonians to remain in their homes and avoid congregate living settings/institutionalization. As vaccine distribution begins delivering hope for the future, Washington State must continue its leadership and ongoing support of and investment in home care workers. Caregivers' professional contributions, and daily, vital work are crucial to our state effectively fighting the pandemic, decreasing the spread of COVID-19, and keeping Washington healthy.

Inequity and its impacts on Black, Indigenous and Communities of Color is persistent throughout all aspects of caregiving. In this report we offer details about how inequity leads to greater COVID-19 exposure, interacts with underlying health conditions and precarity, is compounded by access to timely testing and health care, and results in a widening gap between people who can readily access resources and those who can not.

Equity

In a pandemic that has sickened and led to the deaths of thousands of older adults, essential workers, and has disproportionately impacted low-wage workers and Black, Indigenous, and communities of color, it is our moral duty to provide relief and security to these communities and eliminate these disparities.

Home care work puts caregivers at increased risk of contracting COVID-19. Among home caregivers in the Benefit Groups' Kaiser Permanente plan, **18% of those tested had a positive COVID-19 test in November 2020, more than twice the rate in the state overall (8.7%)**. While many factors likely drive this disparity, some include serving multiple clients and entering multiple client homes, the intimate nature of home care, and the difficulty some clients have in adhering to masking.

These risks on the job contribute to and exacerbate the disproportionate exposure to COVID-19 and risk of serious health consequences from COVID-19 that Black, Indigenous and people of color experience. More than one in three (37%) home care workers in Washington are Black, Indigenous, or persons of color (BIPOC). Caregivers are also more likely to be low-income, essential workers, female, and from immigrant and refugee populations. Similarly, among Medicaid home care clients, 40% are BIPOC compared to 21% of the state population, 9% are Black, compared to 4% of the state population. These are communities who experienced substantial health disparities long before the arrival of COVID-19, and the pandemic has amplified these inequities (Table 1).



Table 1. Relative Risk of COVID-19 Hospitalizations by Demographic Characteristics*

Characteristic	# Hospitalized	# WA State population	Hospitalization Rate per 100K people	Relative Risk of Hospitalization
Non-Hispanic White	4310	5,178,200	83.2	1.0
Non-Hispanic Black	493	304,600	161.9	1.9
Hispanic	2155	989,950	217.7	2.6
AI/AN	162	76,150	212.7	2.6
PI /Native Hawaiian	286	76,150	375.6	4.5

*Not controlled for age. Age-adjustment typically amplifies racial disparities.

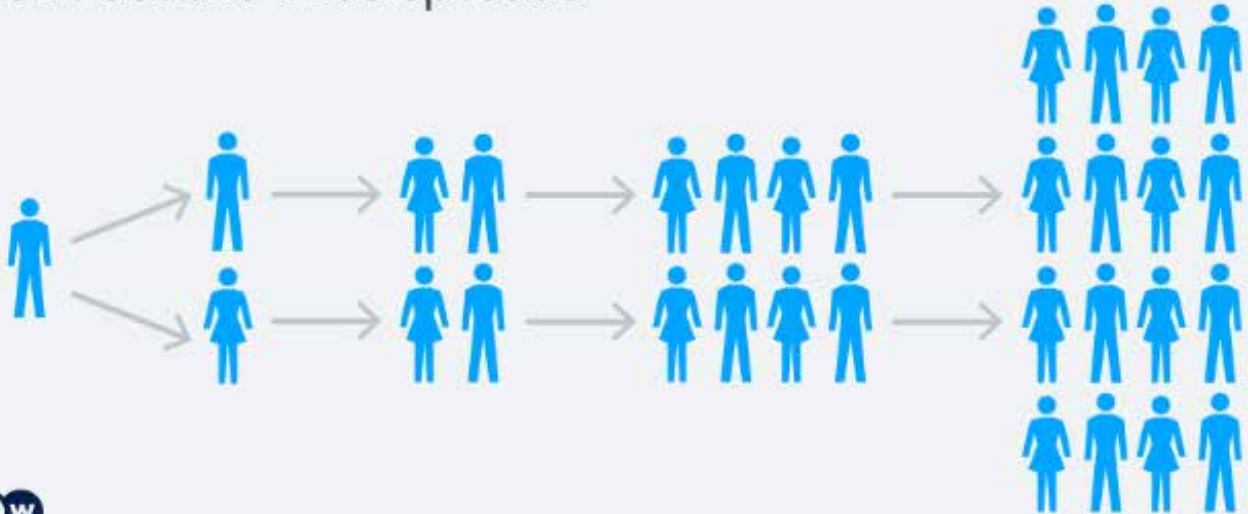
Lastly, COVID-19 has disproportionately imposed a greater burden on people whose primary language is not English. For example, Washingtonians whose primary language is Spanish comprise 6% of the state population, but almost 20% of COVID-19 cases. Similarly 7% of English speakers with COVID-19 were hospitalized in Washington while 19% of Russian speakers with COVID-19 were hospitalized. While the reasons for language disparity are not fully known, understanding appropriate mitigation measures, as well as how to access testing and care are challenging when communications are not in the primary language used by clients. In essence, a gap in language fluency becomes a gap in critical information about how to stay safe and address disease. **Yet caregivers routinely speak the same language as their clients and serve as essential messengers of public health messaging.** This role is one of prevention primarily but also mitigating severe disease when infection occurs.

Institutional and systemic racism pervade all aspects of American life – health, economic, and especially in the realm of opportunity. These inequities are addressed in transformative changes to policy and practice. **We must close these gaps so race and ethnicity no longer predict success. Investing in the caregiver workforce will reduce racial gaps and make it easier for Black, Indigenous and people of color, working as caregivers or receiving Medicaid services, to realize equity.** Policies focused on eradicating racism ensure that those who have borne historical disparities in health and economic opportunities have the same outcomes as those who have not. **We must strengthen our commitment to home care workers, disproportionately Black, Indigenous and people of color, through wages and benefits as an effective tool to help our State manage the pandemic and maintain a healthy home care system that reduces institutional care.**

COVID-19

Exponential growth

How fast the virus spreads



During this pandemic, we have all come to realize that ultimately, the most powerful action any of us can take to prevent the spread of COVID-19 is to simply stay home. **Increasing people's trips outside of their homes into their communities increases the spread and transmission of COVID-19 – period.** The home care workforce exists to allow vulnerable individuals to stay in their homes and live independently. Investing in this workforce allows elders and people with disabilities to **reduce the amount of time they spend outside their homes** (getting groceries, prescriptions, and other household supplies, and in public transit if they have no car or license), helping to **prevent the spread of COVID-19**, consistent with current recommendations.

Home caregivers take the task of infection control extremely seriously and use their infection control training and professional skills to reduce client exposures. Some caregivers have even **taken clients into their own homes to protect them from community exposures.** In the words of caregiver Olga, “So now she’s in my home for now. We change gloves and wash hands. I ask my kids to call and drive by, pick up a tray of whatever for Thanksgiving. You can’t come in.” Others work exceedingly hard to keep clients safe in the client’s home as noted by caregiver Sunshine who talks about her laser focus on protecting her client and how she works **“to protect her because she has diabetes and other health issues and we just don’t want her to get sick.”** It is the investment in training that helps caregivers understand and respond to the needs of their clients with the conscientious professionalism that enables them to address many health needs upstream before they become real emergencies.

Each additional interpersonal interaction creates an additional risk for COVID-19 transmission. The in-home support provided by home care workers, particularly during the pandemic, **allows clients to remain at home, supporting the Governor’s ‘Stay Home, Stay Healthy’ message.** In this pandemic, movement within the community is strongly associated with increasing incidence of COVID-19 as evidenced by the correlation between COVID-19 case incidence and community levels of mobility in Google’s Community Mobility Reports. Caregivers are creatively working to ensure their clients, who are very often at the highest risk for complications, hospitalization, and death from COVID-19, **stay home and leave their residences as little as possible**, to decrease their potential exposure to this deadly disease. This is absolutely critical during the pandemic, and strengthened investment in home care will help to ensure that clients can stay at home and do not have to interact in the community while it is unsafe.



Parent Providers take similar precautions. As Parent Provider Melissah said, caregivers who care for their fragile and medically vulnerable adult children are working to keep a “hermetic seal” around their children as protection from COVID-19. Melissah’s son is 35 years old, and was born with multiple severe physical and cognitive disabilities. Without a paid caregiver coming into the home, parents would be forced to bring a non-caregiver (likely without formal training) into the home to offer care while they go out into the community for essential needs like food, medicines, etc., or to bring their children into the community with them. Both scenarios represent not just increased community exposure, but additional exposure for a fragile population of people. **A robust care infrastructure allows parent caregivers and other caregivers trained in infection control to provide care for this vulnerable population at home.**

Home care support allows clients to choose to stay home instead of living in residential care facilities. As client Jessica noted in an interview, without the hours of care she has, institutionalization would be the only option. Client Jessica stated, “I enjoy living in my own home, and my caregivers make that possible. During the pandemic, they also help keep me safe.”

Keeping clients out of congregate living settings prevents a worst-case scenario in a pandemic, as over 40% of the deaths due to COVID-19 in the US – a number now well over 150,000 people – have occurred in those in congregate living settings or long-term care facilities. These institutions are ground zero for the devastation caused by the pandemic, and home care workers’ roles in caring for people at home **prevents even more infections, hospitalizations, and death in these settings.** Clients depend on caregivers for assistance with shopping, getting to doctors appointments and support of their overall health and well-being. **Washington has proudly shown outstanding national leadership in decreasing the population of older, more vulnerable, and individuals with disabilities in congregate long-term care facility settings; during the pandemic, we must do everything possible to maintain independent living in this population, and not increase the number of people living in institutionalized long-term care.**

Additionally, an ‘invisible’ task many caregivers provide, especially for older clients, is preventing falls. **Many clients are at high risk for falls.** Falls in this population very frequently lead to orthopedic issues which require not only significant health care expenditures, but hospitalization. Caregivers prevent worsening client condition and hospitalization, especially critical while the pandemic has pushed the healthcare system to capacity.

Individuals with disabilities spend more time in transit and when shopping than their non-disabled counterparts. A major factor in COVID-19 exposure is the duration and nature of exposure. Disability leads to across-the-board increased exposure durations in transit, and when shopping or seeking essential services. Reducing their exposure to COVID-19 is an essential way in which clients with disabilities benefit from home care services.

Medicaid home care services provide protections from COVID-19 for the state’s most vulnerable populations in innumerable ways. **Increasing investment in Washington’s exemplary home care system will strengthen the state’s resilience against the pandemic and protect the quality of life experienced by vulnerable adults in Washington State.**

System Impacts: Strain on Health & Systems

Investment in home care **reduces the strain on the already over-stressed healthcare and social services systems during the pandemic.** Caregivers provide support at home, monitoring and stabilizing the physical and behavioral health of the client, in ways that would often require intervention from other systems if not for the caregivers' vigilance.

Caregiver training is extensive in the areas of client health and support. Training enables caregivers to encourage clients in their health behaviors such as medication use and regular, healthy meals. Caregivers frequently remind clients to take medications. Medications are critical to maintaining client wellness. **For instance, in the case of many behavioral health conditions, regressions and/or recurrences will likely prompt more expensive medical responses, such as hospitalization or other mental health interventions.** Specifically, people with behavioral health conditions may face increased criminalization with legal and incarceration costs replacing the expense of home care, with increased burden on the criminal justice system that may fail to fully understand or address the behavioral health needs of its clients. Maintaining a well-trained workforce to offer behavioral support to clients is essential to protecting other state systems like mental health, criminal justice, and health services.

Additionally, particularly during the pandemic, caregivers report that they bring additional necessities to the homes of clients, such as hand sanitizers, cleaning agents, masks and other resources. These provisions help keep clients safe and minimize their need to leave their homes and spend time in the community. With the current widespread COVID-19 activity and cases, **this work to ensure vulnerable, medically-complex and oftentimes immunocompromised clients can remain safely in their homes and avoid catching or unknowingly spreading COVID-19 is crucial.**

For instance, it is caregivers who may go to the food bank and drop off food to enable their clients to socially distance. Regular eating and routine access to healthy meals can be a lifeline for clients unable to cook or access food banks, or who have a difficult time remembering to eat regular meals. Nutrition is foundational to good health. **Food insecurity is increasing dramatically during the pandemic, and caregivers are helping clients mitigate its impacts by delivering vital food supplies to their homes, again helping support efforts to minimize community exposure and spread.**

The existence of the home caregiver workforce in our state helps minimize health care utilization through the reduction of unnecessary emergency department visits, maintenance of outpatient prescription medication routines, and general support for well-being and independence in the home for clients. We must consider increases in wages and benefits to this critical workforce to bolster what is proving to be a key tool in our fight against COVID-19.

Spending one night in a hospital incurs thousands of dollars of expense to our systems. Whether that hospitalization may be due to a fall, malnutrition, or a mental health crisis, a night in the hospital likely exceeds the monthly costs of care for the vast majority of Washington's home care clients. Caregivers also reduce clients' need for expensive emergency services. As Cheryl Strange, Washington state DSHS secretary, noted: **A compression in home care access would "put additional strain on our emergency departments and acute care hospital system."** (C Strange 11/2/2020)

Caregivers' role in caring for clients' needs, monitoring their health and promoting positive preventive habits slows the rate of decline in their condition. As noted by caregiver Melissa, "These types of conditions do not tend to get better but worsen over time", and even more so "in the absence of caregiving". Investments in caregiver training support teaching essential skills and proactive attention to client health that make clients' lives and caregiving safe and sustainable.

System Impacts: Personal Financial and Health Impact

Medicaid-paid home care work is a financial lifeline for caregivers who depend on compensation for their professional labor for stability in household finances, housing and health care access. Compensating caregivers reduces the need for food assistance, unemployment, housing assistance and health insurance. Washington State is currently dealing with economic shortfalls, rising unemployment, and increasing numbers of residents turning to public health insurance options, and anything that helps to provide stability in the face of these crises is in the State's best interest.

Paying for homecare improves equity in the economy. If they must leave work to care for an elder or person with disabilities, Black, Indigenous and people of color are more likely to live on the edge of economic disaster due to less savings, uncertain safety nets, and the experience of less educational and professional opportunity. Long-time caregiver Imelda, an immigrant from Mexico who has been a caregiver in the US for decades, explained that without her job as a caregiver, "I would no longer be able to pay my bills. I would lose my home. I would lose everything." Ed, a Parent Provider, notes that "it's not just caregivers and the people they care for" that are protected by investments in home care. It benefits "the whole network", "at food banks, everywhere". A strong homecare workforce helps to buoy communities most impacted by economic precarity.

A 2015 national survey found that one in six (17%) unpaid family caregivers left their jobs because they could not afford to hire paid help for their family member or friend. Paying for care allows caregivers and families to sustain income. It reduces the need for social services for food, housing, and healthcare, and ensures that clients are cared for by trained caregivers.

Over 20,000 caregivers get their healthcare coverage through their employment as caregivers. Many in our interviews noted that **their healthcare coverage is a lifeline for conditions they would not be able to address otherwise.** Many caregivers receive commercial health insurance for the first time through the Benefits Group. Caregiver Sunshine noted that the impacts are not just on physical health but also mental health needs, noting, "I get healthcare through the Trust. I just started mental health counseling." After coping with PTSD for a long time, she is now able to begin addressing it because she has coverage through her caregiving job.

A strong home care infrastructure helps to stabilize the physical and mental health and economic condition of both caregivers and clients. However, caregivers, disproportionately living in low-income households and communities denied opportunity, still often do not make enough to sustain the basic needs of their families without turning to food banks and other safety nets. Improving the quality of caregiving as a job would increase equity in access to economic security and reduce the need for public assistance and emergency health services.

Conclusion:

Since the early days of COVID-19, caregivers have selflessly supported Washington's most vulnerable adults to remain safely in their homes and minimize community exposures. It is an exceptionally hard time for Washingtonians but especially for caregivers and clients who were already in precarious financial and social circumstances themselves. Black, Indigenous and people of color, disproportionately represented among caregivers, have been the hardest hit by COVID-19 itself and the subsequent economic crisis.

A strong home care program provides support to the communities in most need at this moment: low-income families, Black, Indigenous and communities of color, immigrants, elders and people with disabilities. The highly-trained caregiving workforce protects clients' health, keeping them out of institutions and hospitals where costs and the risk of COVID-19 transmission are higher. **Continued investment in wages and benefits for caregivers is necessary to maintain the qualified workforce needed to keep people safe in their homes and help guide Washington out of the COVID-19 pandemic.**

