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Home Care Workers in Maine:

Increasingly Essential Workers Face Difficult Job Conditions

by Sandra S. Butler

Maine is the oldest state in the nation and our population is aging faster than any other state. Maine elders hope to stay in their homes as long as possible, yet there is a shortage of workers available to provide the home care that older people need to be able to stay in their homes. Sandra Butler examines the nature of the job of home care worker and presents findings from a study of these workers. A better understanding of the demands of the jobs and concerns of the workers will help Maine retain current home care workers and attract more people to the field.

INTRODUCTION

It is no secret that the population of Maine is aging. When measured by median age (42.7), Maine is the oldest state in the nation according to the U.S. Census. Moreover, Maine's population is aging faster than any other state (Office of Aging and Disability Services 2012). This is particularly true for the oldest sector of Maine's population—those 85 years of age and older—which saw a 58 percent increase over the past two decades, with an additional 10,000 individuals joining that age group.

Like elders across the country, older Mainers hope to stay in their homes as long as possible. According to the 2012 *State Plan on Aging*, 90 percent of older adults express the desire "to remain in their homes and communities as they age" (Office of Aging and Disability Services 2012: 3). Similar to Maine, older adults across the country prefer to remain at home even as they need personal care assistance. Four out of five elders needing long-term care live in the community and most prefer to remain at home as long as possible (Stone 2011). This preference to age in place and the high cost of nursing home care have led to an increased demand for community care over institutional care in Maine and throughout the country (LaPlante et al. 2004; Pohlmann 2003). This translates into an increasing need for home care workers to help those elders who need personal care assistance as they age in place.

The growing demand for home care workers is not just a Maine phenomenon. Nationally, the number of people projected to need personal assistance services is expected to double in the first half of this century, from 13 million individuals in 2000 to 27 million in 2050 (Kaye et al. 2006). Although, most personal assistance services are provided by unpaid family caregivers, the availability of these "informal" caregivers is decreasing due to the rising employment rates among women, smaller family sizes, increased childlessness, and higher divorce rates (Johnson and Wiener 2006).

At the same time as its population is aging, due to low birth rate and out migration, Maine has the second smallest percentage of individuals 18 years of age and younger in the country. The decreasing younger population affects the state's workforce generally, and in particular, the availability of direct-care workers for the long-term-care system (Office of Aging and Disability Services 2012).

The dearth of workers available and willing to do personal care work has resulted in what has come to be known as the "care gap" in long-term care. This article examines the nature of the job of home care aide and presents findings from the Maine *Home Care Worker Retention Study* carried out from 2008 through 2010 and the follow-up *Older Worker Study* completed in 2011. The two inquiries were initiated to determine factors leading to turnover and retention among home care aides and to better understand how individual workers experience the job. Worker turnover is costly to society on several levels. First, it results in inconsistent care and sometimes no care at all for frail elders. Second, home care agencies must devote more resources to recruitment and training when they lose workers. Third, community-based care is largely financed through public programs, such as Medicaid, so ultimately tax payers are responsible for the additional costs resulting from an unstable workforce. The article concludes with current policy considerations affecting home care workers in Maine.

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THE JOB OF HOME CARE AIDE

The Bureau of Labor Statistics (2012) predicts the job of personal care aide to be the fastest-growing occupation in the country between 2012 and 2020, increasing 70.5 percent. The position goes by a variety of titles: personal care attendant (PCA), home care aide/worker, or personal support specialist (PSS)—the title currently used in Maine. These workers assist individuals with activities of daily living (such as bathing, dressing, toileting) and instrumental activities of daily living (such as shopping, cooking, and cleaning). In Maine, there were about 6,200 personal and home care aides in 2008, with a projected employment of 7,800 in 2018—a 26 percent increase (Seavey and Marquand 2011). There is no federally mandated training for personal care workers, but Maine requires 50 hours of training to be certified as a personal support specialist.

Most home care workers are women (about 90 percent) and tend to be older than women in the overall workforce, with nearly three out of 10 being 55 or older (Seavey and Marquand 2011). Nationally, only about half (51 percent) of all personal care aides are white, non-Hispanic (Seavey and Marquand 2011), though in Maine nearly all are. It is also an occupation that draws many immigrant women. Nearly a quarter (23 percent) of personal care aides nationally were born outside the U.S. (Seavey and Marquand 2011).

Learning how to reduce turnover in the home care workforce has been a policy priority nationally and in Maine for some time.

There are many challenges associated with the job of home care aide, resulting in turnover rates of 44 to 65 percent annually (Seavey and Marquand 2011). The low level of compensation and lack of benefits are perhaps the primary challenges to the work. In 2007, *Forbes* magazine included personal- and home-care-aide jobs among the 25 worst-paying occupations in the country (Stone 2011). In 2010, home care aides had a mean wage of $9.44 per hour, and 31 percent lacked health insurance—nearly twice the rate of people lacking insurance among all Americans under age 65 (Seavey and Marquand 2011). Moreover, the value of these wages has decreased; from 1999 to 2006, when adjusted for inflation, real wages for home care aides had declined four percent (PHI 2008). In Maine, the median wage for home care aides, adjusted for inflation, rose four percent from $6.99 in 1999 to $8.86 in 2006 ($7.27 in 1999 dollars; PHI 2008). Nonetheless, the average wage in 2006 placed a single Maine full-time home care aide below 200 percent of the poverty line in 2006, as was true for 28 other states. By 2010, Maine mean wages for personal care aides, at $10.22, remained below 200 percent of the poverty line; other New England states remained above the 200 percent level (Seavey and Marquand 2011). As most workers face inconsistent hours and only work part time (Scala 2008), it is not surprising that more than 50 percent of home care aides receive some sort of public assistance (Seavey and Marquand 2011).

In addition to low wages and lack of benefits, home care aides face a variety of hazards that can affect their health and safety. These include musculoskeletal issues related to lifting and transferring clients, risks involved with physically demanding housekeeping, and hazards related to winter driving and negotiating icy entrances to homes (Seavey and Marquand 2011; Stacey 2011). Emotional stressors include having too much responsibility given the level of training and working within bureaucratic rules that do not always jibe with what workers believe is in the best interest of their clients (Stacey 2011). Despite these challenges, most home care aides find much about the work that is rewarding (Stacey 2011), and these rewards lead many to stay in their jobs for extended periods of time.

THE MAINE HOME CARE WORKER RETENTION STUDY

Learning how to reduce turnover in the home care workforce has been a policy priority nationally and in Maine for some time. In 2008, the longitudinal Home Care Worker Retention Study (HCWRS), funded by the National Institute on Aging, was implemented to examine factors predicting turnover and retention among personal support specialists (PSS) in Maine and to understand more about how these workers experience their jobs. An earlier study, carried out by the Muskie School of Public Service between 2005 and 2007, found that increasing wages, hours, and mileage reimbursement could reduce turnover among Maine home care workers, difficult as that would be given the budgetary constraints on programs that fund long-term care (Morris 2009).

The HCWRS involved two mail surveys and one telephone interview with a sample of 261 PSSs drawn from 11 Maine home care agencies. Two of the home care programs were affiliated with area agencies on aging and were not-for-profit; the other nine were a mix of large and small for-profit companies. These 11 agencies covered all regions of the state, with study participants living in each of the 16 counties. Once agreeing to

participate in the study, agencies sent a mail survey instrument (Time 1) to all their PSS workers (n = 496) in October 2008; more than half of the workers completed the survey (n = 261), giving a response rate of 52.6 percent. Participating agencies provided the study team with regular reports of study participant terminations during the 18 months after completion of the first survey. Workers who left their employment received a second mail survey and completed a telephone interview lasting between 15 and 30 minutes soon after their termination (n = 90); workers who remained employed throughout the 18-month study period (n = 171) received the second survey and completed the telephone interview during the spring and summer of 2010 (Time 2). Study participants received $20 grocery gift cards at both Time 1 and Time 2.

The Time 1 survey instrument assessed demographic information and current home care jobs and included several standardized scales measuring health status and job-experience factors such as job satisfaction, burnout, and empowerment. These measures were also included in the shorter Time 2 survey instrument, which study participants completed after they had either terminated their employment or at the end of the data-collection period if they remained employed. The telephone interview was composed of 18 open-ended questions covering topics such as why they had left if terminated, or what might make them consider leaving if still employed; what aspects of their PSS work brought them satisfaction; what parts of the job they found draining; and their views of their employing home care agency.

SAMPLE DESCRIPTION

Study participants ranged in age from 19 to 82 with an average age of 46. The vast majority was female (94.6 percent), and most study participants identified as white (93.5 percent). Twenty-nine study participants (11.1 percent) said they were Franco-American, three identified as Latino/a (1.1 percent), and nine (3.4 percent) were born outside the U.S. While similar to the national demographics of the home care workforce in terms of age and gender, the Maine sample was disproportionately white and U.S. born, reflecting the composition of the general Maine population. More than a quarter of the study participants lacked any type of health insurance (28.0 percent); a similar number (28.7 percent) received Medicaid, 8.4 percent received Medicare, and only 14 (5.4 percent) study participants received health insurance through their home care agency.

Job tenure at the home care agency through which study participants had received the survey ranged from "just started" to more than 12 years, with a mean tenure of 2.6 years. Hourly wages were low, ranging from $7.50 to $13.50, with an average wage of $9.05. Study participants reported working from no hours in the preceding four weeks to 504 hours, with an average of 18.0 hours per week, and driving from 0 to 1,750 unreimbursed miles in the preceding four weeks, with an average of 46.1 unreimbursed miles per week.

Study participants' overall health—both physical and psychological—was measured by the eight subscales of the *SF-36* of the *Medical Outcomes Study* (Ware 1993). The PSS workers had mean scores that were higher (indicating better health) than U.S. population norms on all but one of the eight subscales of the SF-36. These included general health, vitality, role-emotional, role-physical, physical functioning, social functioning, and mental health. Only on the body pain subscale did the average score fall below—meaning greater body pain—the average U.S. norms (Ware 1993).

Study participants reported relatively high levels of job satisfaction in their responses to the 17-item *Grau Job Satisfaction Scale* (Grau et al. 1991), with an average score of 3.4 in a possible range of 1 to 4. Job burnout was measured by two subscales of the *Maslach Burnout Inventory* (Maslach and Johnson 1981): emotional exhaustion and personal accomplishment, with each being measured both by frequency and intensity. The average score on the emotional exhaustion frequency subscale was quite low at 1.8 in a possible range of 1 to 7, with an intensity score of 2.1 in a range of 1 (never) to 5 (daily). The average score on the personal accomplishment frequency subscale was very high at 6.2 in a possible range of 1 to 7, with an intensity score of 3.9 in a range from 1 to 5. The study participants also reported high levels of empowerment with an average score of 4.0 in a possible range of 1 to 5 on the *Perceptions of Empowerment Instrument* (Kiefer et al. 2005).

JOB EXPERIENCE AND PREDICTORS OF TERMINATION

The relationships between job termination and these job experience variables, along with demographic and job factors (such as wages and hours worked), were examined for statistical significance. Five variables that were significant at the bivariate level were entered into a binary logistic regression to assess their predictive value, four of which remained significant at the multivariate level. (See Butler, Wardamasky and Brennan [2012] for further explanation of this analysis.) The analysis indicated that job termination was more likely for study participants who were younger, who lacked health insurance, had lower mental health scores, and surprisingly, had higher scores on the personal-accomplishment-intensity scale.

In considering the predictor of age, one can surmise that younger workers tend to be at a stage of their lives when increased job security, higher wages and better benefits than home care work typically provides are necessary. In contrast, many older workers may find the flexible hours and part-time nature of personal care work to be appealing, given possible income from other sources (e.g., Social Security, pensions, or spouse) and decreased living expenses than earlier in their lives.

It is interesting to note the importance of health insurance in predicting job retention for the workers in the study, given the ongoing national debate regarding the Patient Protection and Affordable Care Act (the 2010 health care reform commonly called the Affordable Care Act) and the state-level discussions regarding MaineCare eligibility. In this study, not having health insurance more than doubled the odds that a study participant would terminate. Most study participants who had health insurance received it through Medicaid (n = 75, 39.9 percent), their spouse (n = 46, 24.5 percent), Medicare (n = 22, 11.7 percent), or alternative employment (n = 16, 8.5 percent); only 14 (7.4 percent) received health insurance through their home care agency.

Lower scores on the mental health scale, which measured depression and anxiety, also predicted job termination. This finding was corroborated by what study participants reported in their telephone interviews. Many noted that they needed to put their own worries and concerns aside to provide good care to their clients, something that is difficult to do when one is struggling with emotional issues.

The fourth predictor of termination—higher scores on the personal-accomplishment-intensity scale—was unexpected. One possible explanation for this is that these intense feelings of personal accomplishment are related to age—older workers reported significantly lower intensity scores than younger workers, and younger workers are more likely to leave their jobs. Also, it appears that feelings of personal accomplishment on the job decreased with time. On average, all study participants had lower scores for both the frequency and intensity personal accomplishment scales on their second survey as compared to their first. Perhaps those workers who reported more intense feelings for items such as "accomplished many worthwhile things in the job" were more prone to disappointment if the job did not continue to meet their expectations than their counterparts who had less intense feelings of accomplishment.

REASONS FOR TERMINATION IN THEIR OWN WORDS

The telephone interviews with the participants who had terminated provided a more in-depth view of their reasons for leaving. Of the 90 study participants who left their home care jobs during the 18-month study period, 88 completed telephone interviews. Reasons for leaving fell into three broad categories: (1) the job did not seem worthwhile given low wages, inconsistent hours, and unreimbursed mileage; (2) personal reasons, such as health, retirement, or family needs; and (3) burnout caused by poor communication with agency, difficult clients or client family members, or having clients die. (See Butler et al. [2010] for a more complete discussion.) Fourteen terminations (15.5 percent) were considered nonvoluntary by the study participants.

While wages were not a predictor of leaving the job in the quantitative analysis—perhaps because there was little variation in the wages earned—they were mentioned frequently by study participants in the telephone interviews as contributing to the decision to

terminate their employment. Along with unreimbursed mileage and inconsistent hours, many said they could not support themselves and their families. As stated by one 41-year-old woman, "the pay wasn't that great… the part where they didn't pay the mileage. I ended losing money on the whole thing so it really wasn't worth it for me." Many study participants reported similar calculations, causing them to ultimately decide the job was not worthwhile.

Nonetheless, even among those who left their employment, the job was often described in a very positive light. All study participants could readily respond to the question asking them to describe satisfying aspects of their work. The 88 interviews from study participants who terminated were analyzed for references to both challenging and rewarding aspects of the job. Interestingly, more than half (53.4 percent) reported more rewarding experiences than challenging ones, despite deciding to leave the work. As stated by a 22-year-old woman who had terminated her employment to take a full-time job, "when you walk in you can tell when someone wants you there. And that was just the best part." Study participants also gained satisfaction in knowing they were facilitating people's ability to age in place comfortably. As stated by a 48-year-old woman, who quit her job due to excessive travel, "people are happy, like when my shift is done, you know, and they can go to bed with peace of mind that somebody will be there tomorrow to look after them."

But ultimately, for many of the study participants who left, the poor compensation and inconsistent hours made the work untenable. A 57-year-old woman, who left her job due to emotional and physical exhaustion and the lack of hours, described this problem clearly:

> *And driving long distances for two hours here and two hours there…. And when you really stop and think about it, with the price of gas and my time invested in driving, I was making only three, four, and five dollars an hour, maybe even less.*

The interviews clarified that many study participants left their jobs while still loving them. Although factors such as low pay and inconsistent hours drove some workers to seek other employment, their descriptions of their job experiences remained largely positive.

PERCEPTIONS OF OLDER HOME CARE WORKERS

Older workers in the HCWRS were less likely to leave their jobs and to have longer job tenure. In Maine and nationally, the workforce is aging and this is particularly true of the personal care workforce. Fifty percent of home care workers are over age 45, and it is predicted that more than a third will be 55 or older by 2018. And although older workers face discrimination in many sectors of the workforce and have recently been hit hard in the recession, in the field of home care they tend to be welcomed for their reliability, life experience, and ability to relate to older clients (Rix 2001).

Although factors such as low pay and inconsistent hours drove some workers to seek other employment, their descriptions of their job experiences remained largely positive.

The *Older Worker Study* was carried out in 2011 to understand more about the experiences of older home care workers in Maine and to explore whether this is, in fact, a good job to recommend to older individuals—women in particular—looking for part-time work that would not require excessive new training and would allow them to remain active in their communities. Forty-two (16.1 percent) of the 261 study participants in the HCWRS were age 60 or older at the time of their first survey (in the fall of 2008). These individuals were invited to participate in the *Older Worker Study* in summer 2011, by taking part in a second telephone interview. Nearly three-quarters (n = 31, 73.8 percent) agreed to be interviewed, including 30 women and one man; study participants received $50

grocery gift cards for their involvement in this follow-up study. In 2011, when the interviews were conducted, they ranged in age from 63 to 80 with an average age of 67. Nearly three-quarters (n = 23) were still doing home care at the time of the interview, including the eldest study participant at age 80.

Most of the participants (80.6 percent) reported a history of low-wage work with jobs in direct care, house cleaning, factory work, childcare, retail, restaurant work, and farm work, along with raising their own children. This led to periods of financial insecurity throughout their lives for all but three of the study participants (90.3 percent). These past financial hardships often translated into current situations that were similarly precarious. Just slightly more than half of the study participants (51.6 percent) said their current income did not meet their basic expenses. A few (9.8 percent) said they were doing all right, mostly because they were receiving considerable government assistance. The remaining third (38.7 percent) said they were fine financially.

The question remains whether home care work is a good "older person's job"...given its low rate of pay and low status.

One 68-year-old woman, who had a difficult time financially, spoke of her husband being in a nursing home, which was a distance away. Despite her economy car, it took half a tank of gas to visit him. She relied on Social Security and her income from home care work and received food stamps (Supplemental Nutrition Assistance Program [SNAP]). She lived in a trailer with her daughter, son-in-law, and brother-in-law, but despite trying to pool their meager resources, she said it was difficult to make ends meet: "Yeah, it's been very, very tough. In fact, I got a call today from my landlord that the check that I had put in to pay this month's rent, it came back insufficient funds."

Not surprisingly, given their past experience with financial insecurity, more than half the study participants (n = 18, 58.1 percent) did not feel well prepared for retirement. Some stated that they would work as long as they were physically able, because they knew their Social Security would be inadequate. One 65-year-old replied to the question about whether she felt prepared for retirement: "There's no preparation when you have no money."

Although many of the participants (35.5 percent) thought younger workers might have some advantages over older workers in doing home care—in particular greater strength, as mentioned by eight individuals—most (64.5 percent) thought older workers had particular qualities and experiences that made them better workers. For example, a 64-year-old study participant replied to the question about whether older workers had any advantages in doing home care by saying

> *I think they have more experience with life. And probably some of them have had hardships like the people they are taking care of…I firmly believe in book learning and all that, but you can learn a lot from experience too.*

A few study participants (12.9 percent) submitted that their clients preferred older workers and felt more comfortable having someone closer to their own age helping them. This was described by a recently retired 65-year-old participant: "So, you know, they can talk about old times and I'm one of the old ones. And I also thought they were kind of relieved when they got somebody older."

About a quarter of the participants thought that home care was ideally suited for older workers given its flexibility and part-time nature, while at the same time being difficult for younger workers who had family responsibilities and a need for full-time work with health benefits. As one 65-year-old woman who was still working at the time of the interview said:

> *It provides us a job without a 9 to 5 job… You tell them when you can work, and if they have something for you to do, they'll give it to you. If you can't work, that's fine too. So that's why I did it in the first place, because of the flexibility that it all affords. I don't think it's good for younger people to*

> *work in home health care, because there's no incentive to stay there… I think it's an older person's job.*

The question remains whether home care is a good "older person's job" (and most likely, "older woman's job") given its low rate of pay and low status.

CURRENT POLICY ACTIVITY AFFECTING HOME CARE WORKERS IN MAINE

It has been nearly a decade since the Maine Center for Economic Policy published the comprehensive report *Without Care: Maine's Direct Care Worker Shortage* (Pohlmann 2003). While this report covered all direct care workers—including those in nursing facilities and certified nursing assistants in home health care—its general recommendations, still relevant today, apply specifically to home care workers: (1) coordinate state efforts to address worker shortages; (2) provide livable wages and benefits for direct care workers; (3) invest in training for direct care workers and their managers; (4) develop career pathways and promote changes in workplace culture; (5) enhance the public image of the caregiving profession; and (6) support worker organizations (Pohlmann 2003: 43–46). Among these recommendations, the second one—wages and benefits—was most frequently cited by study participants in the HCWRS and the *Older Worker Study*. As Pohlmann explains, unless an elder pays for home care privately, personal care services are reimbursed through Medicaid and the state's General Fund. Reimbursement rates are low ($14.20 in 2003) and must cover administrative and capital costs in addition to the wage paid to the PSS. So raising wages requires increased public funding, something that is difficult in these tight budgetary times. This situation has resulted in stagnated wages for PSSs at a time when inflation has affected gas prices and general living costs.

Maine has made some progress in the area of training. In 2010, the Maine Legislature passed LD 1364, "An Act to Stimulate the Economy by Expanding Opportunities for Direct Support Aides." This law established a work group to examine employment policies for direct support aides including developing an equitable framework for defining jobs, administering compensation, and delivering training; establishing a statewide job classification system; setting wages with a goal of transparency and parity and reimbursement rates that cover costs for things such as health insurance. This law was the result of efforts by the Maine Department of Health and Human Services (DHHS) to first inventory all direct care/support workers employed in the DHHS long-term care programs (24 different job titles were listed for entry-level staff providing direct care and support to clients), and then to convene a task force on direct care workers in 2009.

Out of this task force came the proposed legislation (LD 1364) along with a grant proposal to the Health Resources and Services Administration to fund a competency-based curriculum and a coordinated training and credentialing system (Gattine and Scala 2010). In late 2010, Maine was one of six states to receive this demonstration funding authorized by the Affordable Care Act through the Personal and Home Care Aides State Training Program; the other five states were California, Iowa, North Carolina, Massachusetts, and Michigan (Seavey and Marquand 2011). The Muskie School of Public Service is administering this three-year grant. The hope is that the training will allow for career progression, specialization, and cross training (Gattine and Scala 2010) and ultimately improve job conditions and compensation for home care workers.

Another pending policy debate in Maine that will affect many home care workers is the expansion of Medicaid (MaineCare in Maine) eligibility for all individuals at 133 percent of the poverty line or below, which is to be implemented in 2014 as authorized by the Affordable Care Act (ACA). Because of the low wages earned by home care workers, this expansion—including individuals previously not covered by Medicaid (e.g., those without dependent children or eligible disabilities)—would benefit many home care workers who are currently without health insurance. The Supreme Court decision this past summer on the constitutionality of the ACA gave states permission to not go forward with this expansion, without penalty of losing federal funds for their existing Medicaid programs. As of this writing, Governor LePage had not yet indicated his stand on the Medicaid expansion.

The expansion would be fully funded through federal dollars for the first three years and would extend health insurance to many uninsured Mainers, including those providing care to the state's frail elders.

At the national level there has also been considerable attention focused on compensation for home care workers. This began when Evelyn Coke, a home care worker in her early 70s, was the plaintiff in a 2007 Supreme Court case against her home care employer (Long Island Care at Home) which she sued for nonpayment of overtime hours worked. Ms. Coke was a single mother of five children who worked for decades providing care for others. She earned very low wages, about $7 an hour and received no overtime pay, even when she worked up to 70 hours per week, sometimes putting in three consecutive 24-hour shifts (Martin 2010).

Evelyn Coke's employer was operating under what had come to be known as the "companionship exemption" in the Fair Labor Standards Act. In 1938, the Fair Labor Standards Act provided much needed wage and overtime protections to workers, although the jobs women traditionally filled were excluded. In 1974, Congress expanded the Fair Labor Standards Act to provide protection to domestic workers (such as cooks and maids), but exempted individuals who provided companionship services. At the time, the Department of Labor, charged with writing regulations to implement the new law, interpreted the "companionship exemption" quite broadly, including professional home care aides employed by third-party agencies, under the exemption umbrella.

Ultimately, the Supreme Court ruled in favor of the home care agency in this case. However, Ms. Coke's story helped to energize the campaign to change this regulation. On December 15, 2011, Hilda Solis, secretary of the Department of Labor, announced a new rule eliminating the companionship exemption. During the public comment period for the proposed rule, the Department of Labor received 26,000 comments, of which two-thirds were in favor.

Increasing reimbursement from Medicaid and other public programs for wages for home care workers, expanding options for health insurance, establishing core competencies and career ladders, and ending the companionship exemption are all policy decisions that would help Maine home care workers to be able to continue to do this vital work. Given the state's aging population and the growing need for personal care services, it is time to more highly value these essential employees for the crucial work they do.

REFERENCES

Bureau of Labor Statistics. 2012. Employment Projections: Fastest Growing Occupations. www.bls.gov/emp/ep_table_103.htm [Accessed May 1, 2012]

Butler, Sandra S., Nan Simpson, Mark Brennan and Winston Turner. 2010. "Why Do They Leave? Factors Associated with Job Termination among Personal Assistance Workers in Home Care." Journal of Gerontological Social Work 57(8): 665–681.

Butler, Sandra S., Sara Wardamasky and Mark Brennan-Ing. 2012. "Older Women Taking Care of Older Women: The Rewards and Challenges of the Home Care Aide Job." Journal of Women & Aging 24(3): 1–22.

Gattine, Elizabeth and Elise Scala. 2010. Workforce Issues and Challenges: Maine Identifies Opportunities to Address Direct Service Workforce Employment and Training Issues. www.nasuad.org/documentation/hcbs2010/PowerPoints/Tuesday/Direct%20Care%20Workers-%20Issues%20and%20Challenges.pdf [Accessed August 31, 2012]

Grau, Lois, Barbara Chandler, Brenda Burton and Doreen Kolditz. 1991. "Institutional Loyalty and Job Satisfaction among Nurse Aides in Nursing Homes." Journal of Aging and Health 3(1): 47–65.

Johnson, Richard W. and Joshua M. Wiener. 2006. A Profile of Frail Older Americans and Their Caregivers. The Urban Institute, Washington, DC. www.urban.org/UploadedPDF/311284_older_americans.pdf [Accessed January 2, 2007]

Kaye, H. Stephen, Susan Chapman, Robert Newcomer and Charlene Harrington. 2006. "The Personal Assistance Workforce: Trends in Supply and Demand." Health Affairs 25 (4): 1113–1120.

Kiefer, Kristin M., Lauren Harris-Kojetin, Diane Brannon, Teta Barry, Joseph Vasey and Michael Lepor. 2005. Measuring Long-Term Care Work: A Guide to Selected Instruments to Examine Direct Care Worker Experiences and Outcomes. U.S. Department of Health and Human Services, Washington, DC.

LaPlante, Mitchell P., H. Stephen Kaye, Taewoon Kang and Charlene Harrington. 2004. "Unmet Need for Personal Assistance Services: Estimating the Shortfall in Hours of Help and Adverse Consequences." Journal of Gerontology 59B(2): S98–S108.

Martin, Douglas. 2009. "Evelyn Coke, Home Care Aide Who Fought Pay Rule, Is Dead at 74." New York Times (August 10).

Maslach, Christine and Susan E. Jackson. 1981. "The Measurement of Experienced Burnout." Journal of Occupational Behaviour 2:99–113.

Morris, Lisa. 2009. "Quits and Job Changes among Home Care Workers in Maine: The Role of Wages, Hours and Benefits." The Gerontologist 49(5): 635–650.

Office of Aging and Disability Services. 2012. State Plan on Aging. Department of Health and Human Services, Augusta, ME.

Paraprofessional Healthcare Institute (PHI). 2008. State Chart Book on Wages for Personal and Home Care Aides, 1999–2006. PHI National, Bronx, NY. www.directcareclearinghouse.org/download/PHI_State_Chartbook_PHCA_Wages_99-06.pdf [Accessed December 15, 2008]

Pohlmann, Lisa. 2003. Without Care: Maine's Direct Care Worker Shortage. Maine Center for Economic Policy, Augusta.

Rix, Sara E. 2001. "The Role of Older Workers in Caring for Older People in the Future." Generations 25(1): 29–34.

Scala, Elise. 2008. "Home and Community-Based Services: Workforce and Quality Outcomes." A Compendium of Three Discussion Papers: Strategies for Promoting and Improving the Direct Service Workforce: Application to Home and Community-Based Services, ed. Elise Scala, Leslie Hendrickson, and Carol Regan. Rutgers Center for State Health Policy, New Brunswick, NJ.

Seavey, Dorie and Abby Marquand. 2011. Caring in America: A Comprehensive Analysis of the Nation's Fastest Growing Jobs: Home Health and Personal Care Aides. Paraprofessional Healthcare Institute, New York. www.directcareclearinghouse.org/download/caringinamerica-20111212.pdf [Accessed February 1, 2012]

Stacey, Clare L. 2011. The Caring Self: The Work Experiences of Home Care Aides. Cornell University Press, Ithaca, NY.

Stone, Robyn. 2011. Long-Term Care for the Elderly. The Urban Institute, Washington, DC.

Ware, J.E. 1993. SF-36 Health Survey: Manual and Interpretation Guide. The Health Institute, New England Medical Center, Boston, MA.

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