

# **IMPACTS OF MEDICAL BENEFITS ON SERVICE USE AND SATISFACTION: A SURVEY OF IHSS HOMECARE WORKERS IN LOS ANGELES**

PREPARED FOR THE PERSONAL ASSISTANCE SERVICES COUNCIL OF LOS ANGELES

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## **IHSS MEDICAL BENEFITS BACKGROUND**

In-Home Supportive Services (IHSS), a California public program begun in 1973, provides personal homecare services to low-income elderly individuals and people with disabilities, enabling them to live in their homes rather than nursing homes or other institutional settings. In the early 1990s, the State of California incorporated IHSS into the Medicaid program, resulting in federal funding of approximately half the total costs of IHSS homecare worker wages and medical benefits. During that same time period, State legislation enabled the development of public authorities, which are local governmental organizations created to serve as “employer of record” for purposes of collective bargaining with the unions representing IHSS homecare workers, and to perform other IHSS-related services. Pursuant to that legislation, the County of Los Angeles by ordinance created the Personal Assistance Services Council of Los Angeles County (“PASC”) in 1997 to serve as the IHSS public authority for Los Angeles County.

Prior to the formation of public authorities, homecare workers were paid minimum wage and had essentially no medical benefits relating to their IHSS employment. In 2000, the California legislature increased the level of State funding for IHSS wages and benefits. The combination of Federal and State funding significantly reduced local costs, enabling the counties and their public authorities to increase wages and offer medical benefit packages to homecare workers.

In April of 2002, PASC, in conjunction with the County and Service Employees International Union (“SEIU”) Local 434B (the union that became the representative of homecare workers in Los Angeles), for the first time offered employer-funded medical benefits to qualified IHSS homecare workers. The resulting PASC-SEIU Homecare Workers Health Plan (“the PASC-SEIU Plan” or “the Plan”) implemented a comprehensive employer-funded Health Maintenance Organization medical benefits program for eligible homecare workers, at a premium cost to enrollees of only \$1.00 per month. Initially, in order to be eligible for coverage under the Plan, workers were required to have worked 112 authorized hours per month for two consecutive months. In 2004, the eligibility requirement was reduced to 80 authorized hours per month for two consecutive months. This expansion, together with overall growth in the program, increased the number of homecare workers receiving benefits from 6,029 in 2002 to 19,067 in 2005.

A 2000 study of homecare workers in Los Angeles found that 45%, or nearly half, were uninsured.<sup>1</sup> The same study found that uninsured homecare workers delay care, have chronic medical conditions that go untreated, and lack access to preventive care. Data derived from the California Management Information and Payrolling System (CMIPS) and coverage percentages extrapolated from the current survey indicate that the percentage of uninsured workers has decreased to 39% in 2005. As will be discussed in detail in

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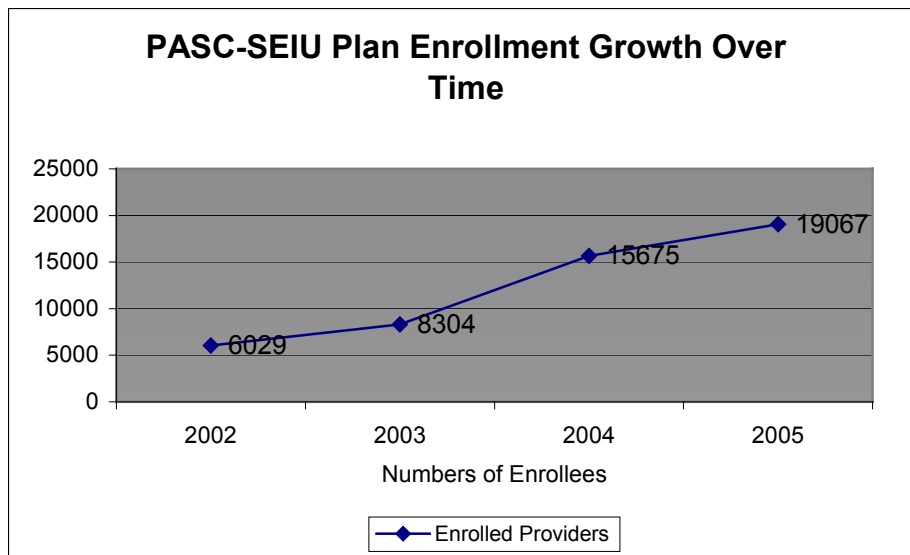
<sup>1</sup> Cousineau, M.R. (2000). *Providing Health Insurance to IHSS Homecare workers (Home Care Workers) in Los Angeles County*. Prepared for the California Healthcare Foundation, Oakland.

this study, the overall decrease in uninsured homecare workers confirms that PASC has been successful in meeting its goals of extending coverage to this important workforce.

### ENROLLMENT GROWTH

An important indicator of the extent of health coverage under a medical plan is the enrollment rate. Enrollment rates represent the percentage of workers eligible for medical benefits who have chosen to enroll in the program. Enrollment rates are driven primarily by the following: (1) worker awareness of their eligibility for the insurance coverage; (2) the availability, quality and cost of alternative medical insurance plans available through other sources such as other employment, one's spouse or through Medicare and Medi-Cal; and (3) the cost to the worker to enroll, particularly any premium-sharing costs. As of March 2005, the enrollment rate for the PASC-SEIU Plan was 30% of eligible workers.

IHSS benefit enrollment rates typically grow over time through increased worker exposure to the program and word-of-mouth information. PASC-SEIU Plan enrollment rates typify this steady growth, with a 23% enrollment rate in June 2002 rising to a 30% enrollment rate in June 2005. It is important to note that the number of homecare workers eligible for the plan has, due to expanded eligibility, also grown significantly. The number of homecare workers eligible for the Plan is currently almost 2.5 times the number of homecare workers eligible in 2002, and the Plan now insures over three times the number of healthcare workers it insured in June 2002.



### PAST LOS ANGELES COUNTY STUDIES

The PASC Plan is designed to respond effectively to the needs of the population it serves. As part of that commitment, PASC has commissioned a series of studies on the impacts of medical benefits on workforce recruitment and retention. Worker turnover, a national problem in the homecare workforce, is a phenomenon known to cause chronic shortages of homecare workers, lower workforce skill levels, State financial losses, and compromised quality of care. A 2003 study of the impacts of PASC medical benefits conducted by RTZ found that medical benefits lowered worker turnover and increased worker retention: 77% of Plan enrollees remained employed after a 12-month period, as

compared with only 61% of eligible non-enrollees.<sup>2</sup> A two-year longitudinal study conducted in 2004 confirmed these findings over a longer period of time: 66% of Plan enrollees remained employed after a 24-month period, as compared with 52% of workers who were eligible, but not enrolled in the Plan.<sup>3</sup> These results confirm that workers who enroll in the Plan are more likely to remain in the workforce than workers who do not enroll, and Plan enrollees who leave the workforce are more likely to return to the workforce than are non-enrollees.

## STUDY RATIONALE

PASC studies conducted thus far have demonstrated the value of medical benefit programs in worker retention. However, these studies of work history data do not address more detailed questions concerning the impact of medical benefits on the workers themselves, such as:

- What factors determine enrollment and non-enrollment for eligible workers?
- How do medical benefits impact workers' use of medical services?
- How does satisfaction with medical care compare among Plan enrollees, eligible workers who obtain healthcare through other means, and those who are eligible but who have chosen to remain uninsured (presumably relying solely on indigent emergency room services)?

Because only the workers themselves could supply the answers, PASC commissioned RTZ Associates, Inc. to conduct a Provider Survey in May 2005. Results of the survey are meant to assist PASC in evaluating the health benefits program, identifying strengths and weaknesses and making recommendations for improving the program.

## METHODOLOGY

### SURVEY POPULATION

According to data provided by CMIPS, there were 317,709 IHSS homecare workers employed in California in March 2005. Los Angeles County has a homecare worker population of 115,387, or 36% of the State total. Over 60,000 of these Los Angeles homecare workers were eligible and 19,067 of these workers were enrolled in the PASC-SEIU Plan in June 2005.

The study team used HomCare*fds* to identify random sample populations of eligible unenrolled and enrolled healthcare workers in Los Angeles. HomCare*fds* is an online benefits management information system that processes monthly CMIPS data to calculate benefits eligibility and record, track and process benefits enrollments.

2,060 surveys were mailed to workers enrolled in the PASC-SEIU Plan, and 2,060 surveys were mailed to workers eligible for the Plan, but not enrolled, resulting in a total of 4,120 homecare workers surveyed. Surveys were available in English and Spanish,

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<sup>2</sup> Zawadski, R. & Radosevich, J. 4).(2003). *The impact of medical benefits on retention of homecare workers: Preliminary analysis of the IHSS medical benefits program in Los Angeles County*. Prepared for the Los Angeles County Personal Assistance Services Council.

<sup>3</sup> Zawadski, R. 5).(2004). *The impact of medical benefits on retention of homecare workers: A two-year study of the IHSS medical benefits program in Los Angeles County*. Prepared for the Los Angeles County Personal Assistance Services Council.

the two most common languages of the homecare worker population in Los Angeles (English 62% and Spanish 18%). Since the Spanish-speaking population had lower response rates in the past, the current study over-sampled this population. Translation services were provided to respondents who preferred languages other than English or Spanish.

## **SURVEY INSTRUMENT**

There were two versions of the survey, one for enrollees and one for non-enrollees. The two surveys were comparable in most areas, differing only on items related to enrollment. The survey tools (see copies attached) consisted of 27-30 items, required approximately twenty minutes to complete and were accompanied by a postage-paid return envelope. The core survey was designed to focus on four areas of interest:

- 1. Worker characteristics**
- 2. Worker awareness of their eligibility for the Plan**
- 3. Use of medical services**
- 4. Satisfaction with medical care and IHSS employment**

PASC and SEIU staff members reviewed and approved the survey questionnaire. Analysis focused on the comparison between two groups of eligible homecare workers, those who enrolled in the Plan and those who did not. In order to more accurately gauge medical use and satisfaction with medical care, eligible non-enrolled workers were further divided into two subgroups: (a) eligible workers who possess alternative (non-PASC) medical coverage, such as spousal benefits or Medicare/Medi-Cal coverage, and (b) eligible workers who have simply remained uninsured.

## **MEASURING STATISTICAL SIGNIFICANCE**

A  $\chi^2$  test was used to test the statistical significance of comparisons across groups and subgroups. Generally, a  $\chi^2$  value that achieves a significance level of 0.01 was used to indicate a significant difference between groups. Unless otherwise noted in the current study, all cited differences were found to be statistically significant at the 0.01 level, meaning that there was less than a 1 in 100 chance that the cited differences in responses could have occurred by chance.

## **RESPONSE RATE**

The overall response rate to the survey was 15.4%, within the expected range for a mail survey. Enrolled homecare workers responded at twice the rate as non-enrolled (20.5% vs. 10.3% respectively). Only 31 surveys, or less than 1%, were returned as undeliverable. Spanish-speaking homecare workers returned their surveys at a slightly higher rate than those who received the survey in English, regardless of whether they were enrolled for benefits or not, as illustrated below. The higher Spanish-speaking response rate indicates that over-sampling is no longer necessary for this population.

<b>SAMPLE GROUP</b>	<b># SENT</b>	<b># RETURNED</b>	<b>% RETURNED</b>
Enrolled-English	1660	322	19.4%
Enrolled-Spanish	400	100	25.0%
<b>TOTAL</b>	<b>2060</b>	<b>422</b>	<b>20.5%</b>
Not-Enrolled-English	1660	165	9.9%
Not-Enrolled-Spanish	400	48	12.0%
<b>TOTAL</b>	<b>2060</b>	<b>213</b>	<b>10.3%</b>

## **STUDY FINDINGS**

### **DEMOGRAPHIC COMPARISONS BETWEEN ENROLLED AND NON-ENROLLED WORKERS**

Demographic comparisons of gender, race and language revealed little difference between enrolled and non-enrolled workers. However, demographic comparisons revealed differences of gender, age and worker-consumer family relations across enrolled and non-enrolled worker groups.

#### **GENDER**

Seventy-seven percent of the entire population of Los Angeles County homecare workers, including workers eligible and ineligible for the PASC-SEIU Plan, are female. The survey shows that a higher percentage of eligible homecare workers, enrolled and non-enrolled, 81% and 82% respectively, are female. This indicates that female homecare workers form a larger proportion of workers eligible for the Plan's benefits than the general population, meaning they tend to work more hours than male homecare workers. The survey found no gender differences between enrolled and non-enrolled workers.

#### **RACE & LANGUAGE**

Enrolled and eligible non-enrolled groups were comparable in race and language. Among enrolled homecare workers, 32% reported their race as Hispanic, 27% as White, 12% as Black, 5% as Chinese, and 21% declined to respond. Of non-enrolled homecare workers, 32% reported their race as Hispanic, 22% as White, 18% as Black, 3% as Chinese and 20% declined to respond. Percentages of Cambodian, Filipino, Vietnamese and Other Asian or Pacific Islander workers were 2% or below across both groups.

Enrollees and non-enrollees were also comparable in terms of language. Nearly 90 languages are listed by workers in Los Angeles as spoken and/or read, including Armenian, Chinese, Vietnamese, Russian, Farsi, Mandarin, Tagalog, French, German, Greek, Hindi, Hungarian, Italian, Russian, Sinhalese, Thai, Turkish, Ukrainian and Arabic. English (62%) and Spanish (18%) are the two most common languages spoken by Los Angeles homecare workers. 57% of enrolled workers and 61% of non-enrolled workers report English as their preferred language and 29% of enrolled and 27% of non-enrolled workers report Spanish as their preferred language.

Overall, the language distribution in the survey reflects the language distribution in the workforce. The survey was translated into English and Spanish, and response rates

from other language groups were generally comparable to their distribution in the population, with the exception of the response rate for Armenian speakers (4% response rate compared to their 7% share of survey recipients).

## **AGE**

Survey results indicate statistically significant differences in age range between enrolled and eligible non-enrolled workers. A higher percentage of Plan enrollees than eligible non-enrollees (39% vs. 27%) are between the ages of 50-59. Higher enrollment rates for this group are not surprising, because health needs and concerns tend to increase with age, and they are not yet eligible for Medicare coverage. In contrast, a higher percentage (21%) of eligible non-enrolled workers than enrolled workers (14%) are aged 60 and older. Lower Plan enrollment rates in workers 60 and over may reflect the fact that homecare workers in this overall age group are more likely to be eligible for coverage under Medicare, which becomes available at age 65.

## **WORKER-CONSUMER FAMILY RELATIONS**

California, unlike many states, permits individuals providing in-home care to qualified family members to become IHSS employees. The survey measured the percentages of enrolled and non-enrolled homecare workers who provide IHSS to a family member. Although not statistically significant, a somewhat higher percentage (64%) of non-enrolled respondents than enrolled respondents (59%) report providing IHSS for a family member. The fact that respondents caring for non-family members are somewhat more likely to enroll in benefits may indicate that these homecare workers see IHSS as a career choice as opposed to a family responsibility. Individuals viewing IHSS as a career choice may be more likely to enter the field because of an attractive benefits package and more likely to enroll in a medical benefit plan. It is also quite possible that those caring for family members may be more likely to have more alternative coverage available.

## **AWARENESS OF ELIGIBILITY FOR THE PASC-SEIU MEDICAL PLAN**

The survey examined differences in enrollee and eligible non-enrollee awareness of their eligibility for the PASC-SEIU Plan. Not surprisingly, enrollees were considerably more aware of their eligibility for the plan and a much higher percentage recalled having received an enrollment packet in the mail. Eligible non-enrollees differed significantly from enrollees in that eligible non-enrollees were less likely to be aware of their Plan eligibility and more likely to be covered under another insurance plan.

**Among enrolled homecare workers, the dissemination of the enrollment packet was successful, with 93% of enrolled workers saying they received it in the mail.** In addition, a wide majority of both enrolled (96%) and eligible non-enrolled (86%) homecare workers who received the packet found the enrollment instructions easy to understand.

## **REASONS FOR NON-ENROLLMENT**

As of July 2005, 30% of eligible workers (16% of the entire Los Angeles IHSS workforce) have enrolled in the Plan. The Plan's enrollment history is similar to that of other IHSS medical plans such as San Francisco's HealthyWorkers, whose initial modest enrollment rate rose steadily over time. PASC-SEIU Plan enrollment has risen fivefold from 4,000

when the program started in May 2002 to almost 20,000 in July 2005. Today, PASC operates the largest IHSS health benefit program in the state, accounting for more than 25% of covered workers.

Yet why do so many homecare workers who are eligible for coverage under the PASC-SEIU Plan choose not to enroll? Non-enrollment is an essential and ongoing area of inquiry. Results of this survey identified two main reasons for homecare worker non-enrollment: 1) many eligible non-enrollees already have coverage under other medical plans; and 2) a large number of eligible non-enrollees report being unaware that they are eligible for the Plan.

#### **OTHER COVERAGE**

**More than half (53%) of the eligible non-enrolled workers reported having other medical coverage**, a leading factor in their non-enrollment. Of those who have another source of coverage, 33% receive Medi-Cal, 23% receive coverage through a spouse's plan, 20% receive coverage from another job, 13% are on Medicare, and 11% listed "other" as their coverage source. Responses of enrollees, by comparison, indicate that only 20% had other coverage prior to enrollment in the PASC-SEIU Plan. The fact that a majority of non-enrollees are already covered by another health plan is regarded by PASC as a very satisfactory result. The Plan's objective has always been to offer coverage to qualified homecare workers who would otherwise go uninsured as opposed to drawing insured workers away from their existing coverage to join the Plan.

#### **LACK OF AWARENESS**

Forty-seven percent of responding eligible non-enrolled homecare workers report that they did not know they were eligible for the Plan, with most of that group reporting that they did not recall receiving enrollment information in the mail. However, it can be verified that at least one enrollment packet (in some cases two or more) was mailed to all eligible workers, at the same addresses successfully used to deliver their paychecks. These payroll addresses were also used to deliver the current surveys, and only 1% of the surveys were returned as undeliverable. Therefore, the response data, taken together with non-survey facts known to be true, strongly suggests that many eligible workers receiving enrollment packets are not recognizing them as such. They may be mistaking the enrollment packet for an insurance company solicitation or general junk mail. If this is the case, it is very likely that receipt of the packet would be quickly forgotten.

Response patterns to this survey also suggest differences in provider response patterns to mailed information. Twenty percent of enrollees who were sent provider surveys responded, as compared with only 10% of non-enrollees. This disparity may indicate that non-enrollees are less likely, in general, to pay attention to and respond to mailed announcements and requests for information.

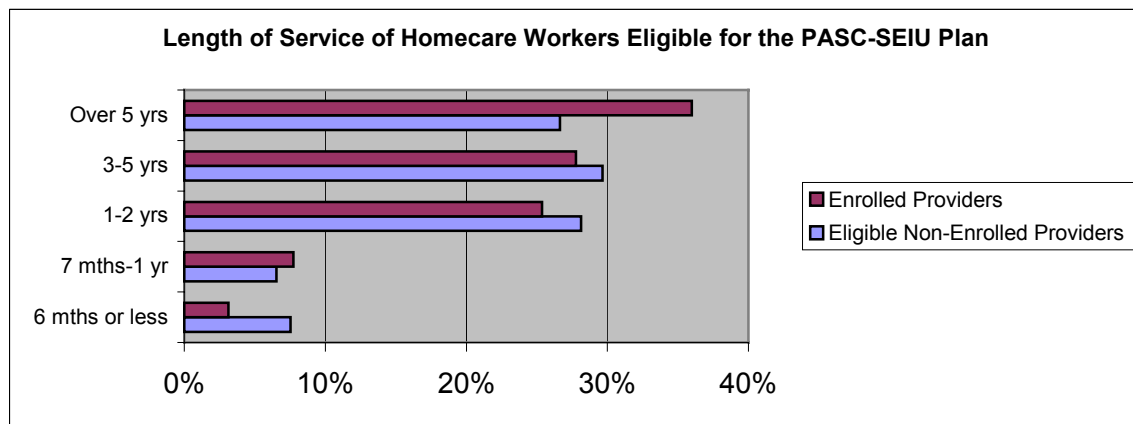
#### **STRATEGY TO INCREASE ENROLLMENT RATES**

Survey responses indicate that interest in benefits coverage exists among those not enrolled: 34% say they would enroll if they received another packet, 14% want the forms translated to their preferred language; 7% want help with completing the forms. The survey

responses suggest that secondary mail notices and annual notification post cards increase the effectiveness of communications about benefits. Historical data on IHSS enrollment trends also supports the strategy of multiple mailings; IHSS benefits enrollment has been shown to increase over time as workers' exposure to benefits availability increases with repeated mailed notices. In addition, a forthcoming study commissioned by PASC, *Expanding Health Benefit Eligibility: Impacts on the IHSS Workforce*, supports the strategy of multiple mailings.<sup>4</sup> The study measured the enrollment rates of both newly invited workers and workers who were re-invited to join the benefits program. The enrollment rate for re-invitees was 12%, nearly as high as the rate for the newly invited, suggesting that a second and third mailing is a productive method of outreach and will result in increased enrollment.

### RELATIONSHIP BETWEEN PASC-SEIU PLAN ENROLLMENT AND LENGTH OF SERVICE

The survey found that eligible workers who choose to enroll in the Plan have been working longer than eligible non-enrollees. Thirty-six percent of the enrolled homecare workers have more than 5 years in the IHSS workforce compared to 27% of non-enrollees. Workers with less than one year experience account for only 11% of enrolled workers and 15% of non-enrolled eligible workers. A quarter of enrolled workers (25%) have been homecare workers for one to two years; workers with three to five years in the workforce account for 28% of enrollees and almost 30% of non-enrollees.

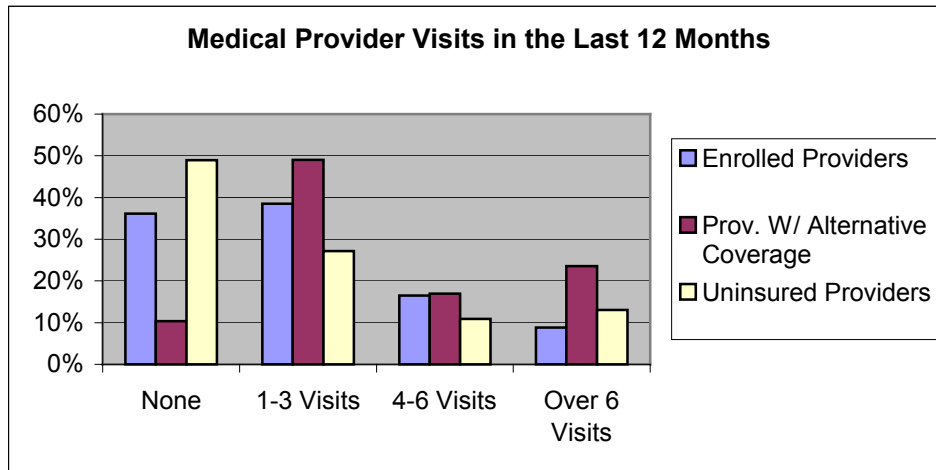


The small percentage (3%) of enrollment for new workers (6 months or less) compared to non-enrollees (8%) may reflect that fact that, during the first six months of employment, unfamiliarity with the IHSS and benefits system adversely affects enrollment rates. Enrollment rates increase from 3% in the 6 months or less category to 8% in the 7 months-1 year category. This shift suggests that the first six months are a transition period for many workers who will complete enrollment during the 7 month-1 yr period.

<sup>4</sup> Zawadski, R. (2005). *Expanding health benefits eligibility: Impacts on the IHSS workforce*. Prepared for the Los Angeles County Personal Assistance Services Council.

## USE OF MEDICAL SERVICES

Another significant area of study is the impact of health benefits on worker use of medical services. In order to accurately gauge medical use, non-enrolled provider responses for this section have been differentiated into two sub-groups: 1) homecare workers who possess alternative (non-Plan) coverage, such as spousal benefits or Medicare/Medi-Cal coverage, and 2) eligible workers who have remained uninsured.



In nearly every frequency range, a higher percentage of covered homecare workers sought medical care than their uninsured counterparts. The majority of workers enrolled in the PASC-SEIU Plan (65%) and nearly all those with alternative coverage (90%) reported receiving medical care at least once in the 12 months prior to responding to the survey. In comparison, only 51% of uninsured homecare workers made at least one visit to a medical provider in the 12 months prior to responding to the survey.

Thirty-nine percent of homecare workers enrolled in the Plan, 49% of those with alternative coverage and 27% of uninsured homecare workers sought medical care one to three times in the past year. Seventeen percent of homecare workers enrolled in the Plan, 17% of those with alternative coverage and 11% of uninsured workers sought medical care four to six times in the past year.

Interestingly, many workers in all groups obtained medical care over six times in the past year: 9% of Plan enrollees, 24% of those with alternative coverage and 13% of uninsured workers. Comparable visit rates (9% and 13%) between Plan enrollees and uninsured workers may reflect the fact that individuals seek medical care for serious conditions regardless of their coverage status. It is also possible that the slightly higher rate of numerous medical visits for the uninsured is due to a lack of preventive care. At first glance, the high percentage of alternatively insured workers reporting over six medical visits is surprising. However, the category of “alternative coverage” includes workers covered by Medicare and Medicaid, two programs with age and level of need eligibility requirements typically necessitating increased medical visits.

Although there were slight differences in percentages of urgent care facility and emergency room use across the three groups, these differences were not found to be statistically significant. This is somewhat surprising, since individuals with access to

preventive care would be expected to exhibit lower use of urgent and emergency care services. The lack of difference may indicate that the benefits of preventive care take longer than the one-year survey period to appear. This may also be related to the fact that younger homecare workers, who are less likely to be enrolled in benefits, are generally healthier and therefore less likely to utilize even emergency services.

## SATISFACTION WITH MEDICAL SERVICES

### Satisfaction Ratings for the PASC-SEIU Plan

Satisfaction with the Plan is high overall. Seventy-five percent of workers enrolled in the Plan report being satisfied with the plan (34% very satisfied and 41% somewhat satisfied). Of the nine health plan features homecare workers were asked to rate in terms of satisfaction, five features drew very satisfied and somewhat satisfied combined ratings of at least 70%.

Health Plan Feature	Very Satisfied	Somewhat Satisfied	Unsatisfied	Very Unsat.	Did not Report
Quality of Medical Care	35%	29%	7%	8%	21%
Number and choice of providers	22%	32%	15%	10%	21%
Time it takes to get an appt	20%	28%	16%	16%	20%
Location of the clinic or office	32%	25%	13%	12%	18%
Availability of translators	33%	21%	6%	5%	34%
Waiting time at the clinic or office	18%	27%	17%	17%	21%
Benefits covered under your plan	34%	30%	9%	7%	19%
Premium costs for the plan	64%	14%	1%	3%	18%
The amount you pay for medical svc.	53%	19%	3%	4%	21%

### Uninsured Workers' Satisfaction Ratings of Medical Care

Not surprisingly, medical care satisfaction ratings from uninsured homecare workers were generally much lower than satisfaction with the Plan or alternative health coverage. Twenty percent of uninsured homecare workers reported being very satisfied with their medical care and 15% reported being somewhat satisfied, for a combined satisfaction rating of 35%. Eight percent reported being very unsatisfied and 57% responded to this question by reporting that they are not covered by a health plan.

Health Plan Feature	Very Satisfied	Somewhat Satisfied	Unsatisfied	Very Unsat.	Did not Report
Quality of Medical Care	15%	19%	3%	10%	53%
Number and choice of providers	9%	17%	6%	10%	57%
Time it takes to get an appt	16%	11%	7%	11%	54%
Location of the clinic or office	18%	13%	7%	8%	54%
Availability of translators	22%	11%	1%	8%	57%
Waiting time at the clinic or office	10%	13%	6%	18%	53%
Benefits covered under your plan	8%	8%	5%	14%	65%
Premium costs for the plan	11%	5%	0%	16%	68%
The amount you pay for medical svc.	6%	10%	2%	16%	66%

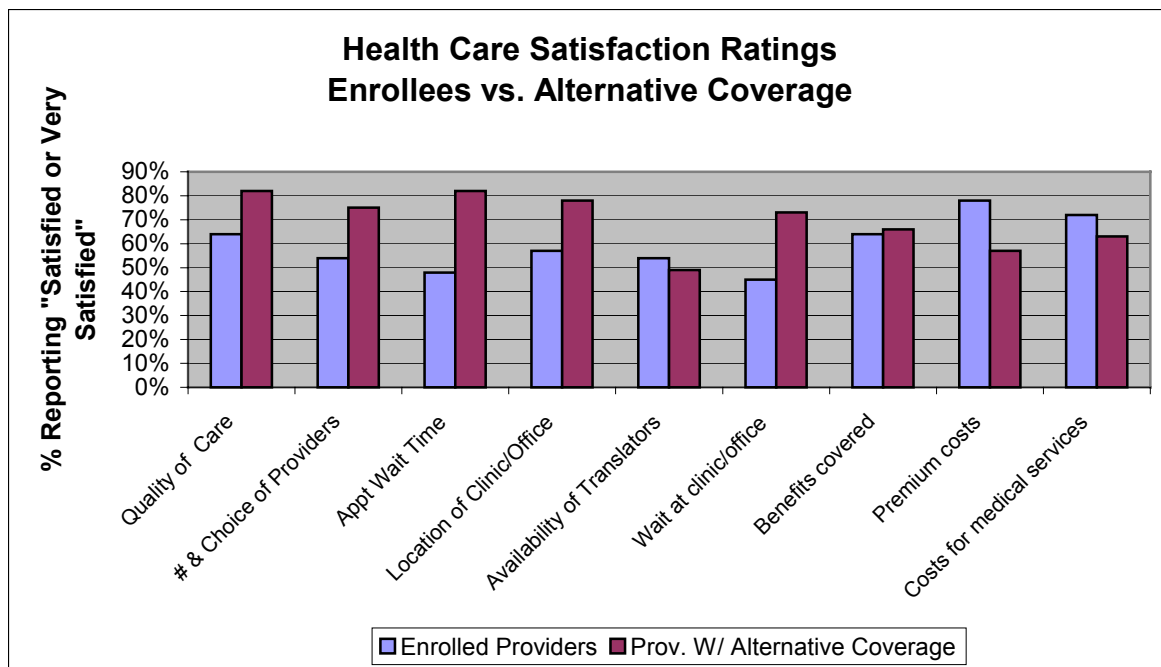
### Satisfaction Ratings for Non-enrollees with Alternative Coverage

Homecare workers' with alternative coverage had very high satisfaction rates with their coverage (50% very satisfied and 41% somewhat satisfied), for a combined satisfaction rating of 91%. Like the PASC-SEIU Plan, five out of nine health plan features drew very satisfied and somewhat satisfied combined ratings of at least 70%.

Health Plan Feature	Very Satisfied	Somewhat Satisfied	Unsatisfied	Very Unsat.	Did not Report
Quality of Medical Care	54%	28%	7%	3%	8%
Number and choice of providers	41%	34%	10%	3%	12%
Time it takes to get an appt	42%	40%	8%	2%	8%
Location of the clinic or office	57%	21%	11%	3%	9%
Availability of translators	34%	15%	6%	2%	42%
Waiting time at the clinic or office	38%	35%	14%	5%	9%
Benefits covered under your plan	33%	33%	17%	6%	10%
Premium costs for the plan	39%	18%	14%	5%	25%
The amount you pay for medical svc.	42%	21%	17%	5%	14%

### COMPARING SATISFACTION LEVELS BETWEEN PASC-SEIU PLAN ENROLLEES AND ELIGIBLE WORKERS WITH ALTERNATIVE COVERAGE

Surveyed on the same nine features of coverage, variations were identified in areas of satisfaction between Plan-covered homecare workers and workers with alternative coverage. The Chart below compares the percent reporting high levels of satisfaction, i.e., ratings of "very satisfied", for Plan enrollees and non-enrollees with alternative coverage. The Plan was rated higher (i.e., more favorably) in areas of cost. Significantly more workers covered by the Plan than those with other coverage reported high satisfaction with premium costs and out-of-pocket expenses.



Conversely, eligible unenrolled workers who possess alternative coverage were more satisfied than Plan enrollees with the quality of care, the number and choice of medical providers, the wait time to get appointments, the location of clinics/offices and the wait time during appointments. In general, workers with alternative coverage reported that their medical providers were located closer to their homes than the Plan's medical providers, that they were able to make appointments by phone in less time than the Plan's enrollees, and that they experienced less of a wait for an appointment. The availability of translators received comparable satisfaction ratings across the PASC-SEIU Plan and alternative coverage plans.

Seventy-one percent of workers with alternative coverage reported their medical providers were located no more than 5 miles from their homes, compared to 49% of enrolled workers. Nearly all of the workers with alternative coverage (98%) reported being able to make an appointment by phone with their medical providers in 20 minutes or less, compared to 71% of Plan enrollees.

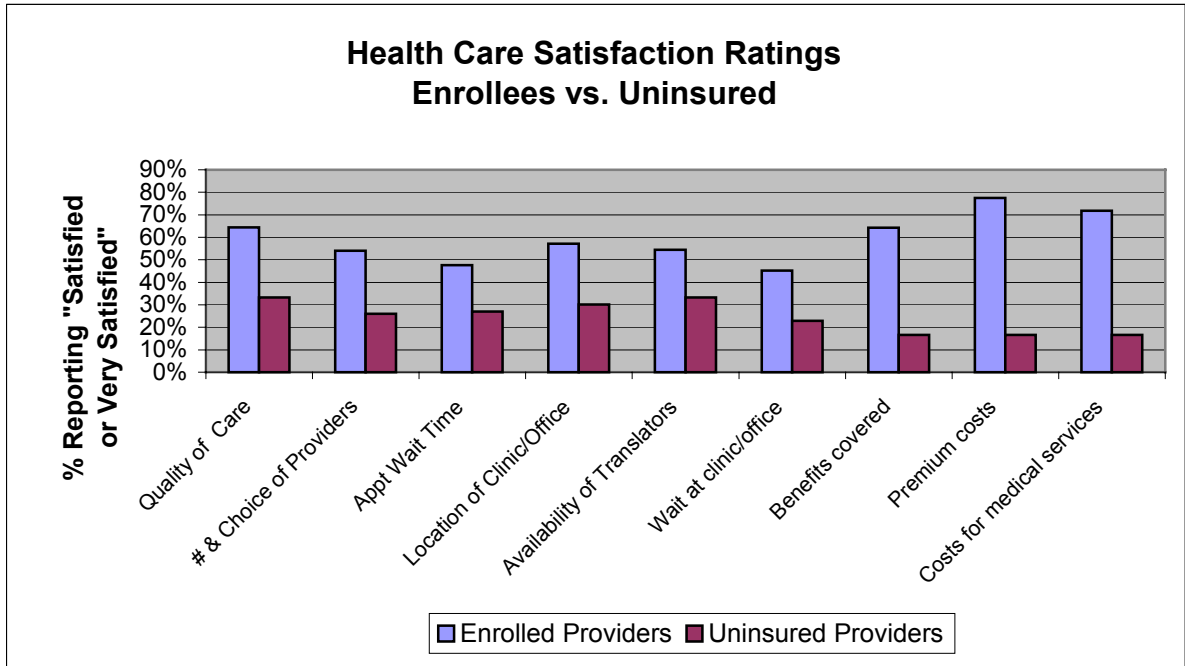
A large difference exists between Plan enrollees and non-enrollees with alternative coverage, in how long workers must wait for an appointment after calling in. Nearly half of the workers with alternative coverage (49%) reported waiting 1-3 days, with another 22% waiting 7 days. In contrast, 32% of Plan enrollees reported waiting 1-3 days, 22% reported waiting 15-30 days and 38% reported having to wait more than 30 days for an appointment.

Workers with alternative coverage fared better once at their medical provider's offices, as well. Seventy-five percent waited 30 minutes or less before seeing their medical provider, while only 33% of Plan-enrolled workers waited 30 minutes or less, with another 22% waiting up to an hour to see their medical providers.

### **COMPARING SATISFACTION LEVELS BETWEEN PASC-SEIU PLAN ENROLLEES AND UNINSURED HOMECARE WORKERS**

In every health plan quality category, more enrollees in the PASC-SEIU Plan reported being satisfied or very satisfied when compared to those eligible non-enrollees who have no insurance coverage. The largest difference in satisfaction between enrollees and the uninsured was reported for quality of care, location of clinics/offices, the availability of translators, costs for medical services, premium costs and benefits covered.

However, even a percentage of the uninsured reported some satisfaction with the quality of health care received. The percentage of satisfied uninsured was highest for quality of care, availability of translators, and location of providers. It is interesting to note that a significant minority of those with no insurance coverage can apparently find and receive what they regard as an acceptable level of health care in Los Angeles County, presumably through hospital emergency rooms or indigent care clinics.



**JOB SATISFACTION**

The overwhelming majority of all homecare workers -- including those enrolled in the Plan (95%), those with alternative coverage (97%) and eligible uninsured (98%) -- report being satisfied overall with their jobs. Although the survey found slight differences between reports of being “very satisfied” and “somewhat satisfied” across the three groups, these differences were not found to be statistically significant.

**SUMMARY & RECOMMENDATIONS**

**DELIVERING MEDICAL COVERAGE**

Survey results show that the PASC-SEIU Plan has successfully delivered medical coverage to otherwise uninsured homecare workers. By the end of the study period, the Plan was providing health care benefits to 19,067 Los Angeles homecare workers, 80% of whom did not have health insurance coverage before enrolling in the Plan. Coverage through the Plan has been steadily increasing since its inception in 2002: The number of enrolled homecare workers has tripled from 6,029 in 2002 to 19,067 in 2005. The percentage of all Los Angeles homecare workers with health care benefits is now estimated to be 61%, up from 55% before the PASC-SEIU Plan was launched.

**ADDRESSING ENROLLMENT AND AWARENESS**

Survey responses clarified eligible workers’ reasons for non-enrollment and indicated promising strategies to increase enrollment. Results show that the majority (53%) of non-enrolled eligible homecare workers are covered under other health plans. The Plan has achieved its objective in focusing the new benefit program on the previously uninsured. The data also suggests that non-enrollment among the remaining eligible

homecare workers is partly due to lack of awareness. Survey responses indicate that there is a strong interest in benefits among the remaining non-enrollees: one-third said they would be interested in receiving another application. PASC is currently mailing another eligibility announcement to all eligible workers. Survey results indicate that multiple mailings and annual reminders such as this are productive methods of outreach and will likely further increase enrollment.

### **HIGH SATISFACTION RATINGS**

Survey results also reveal that enrolled homecare workers are largely satisfied with the Plan's medical coverage. Although satisfaction ratings are not as high as those for alternative coverage, 75% of enrolled respondents reported being somewhat or very satisfied with the program. In general, respondents indicated highest satisfaction with the premium costs and the low of out-of-pocket expenses under the Plan, and lower satisfaction with service issues, such as wait times, provider locations, and number and choice of medical providers. The study findings identify and highlight aspects of service delivery that need improvement. Plan administrators should continue to work with the Community Health Plan to improve the Plan's services in these areas.

### **INCREASED USE OF MEDICAL SERVICES**

The Plan's provision of medical coverage has also had an impact on homecare workers' use of medical services. Enrolled homecare workers report receiving more medical services than their uninsured counterparts. More enrollees are receiving more health care visits. That reflects proactive, preventive medical care and demonstrates that PASC is meeting its goal of improving health care and working conditions for homecare workers in Los Angeles.

### **CONCLUSION**

PASC and SEIU should be commended for establishing the innovative medical benefits program that now offers insurance coverage to an otherwise largely uninsured population. The significant increase in the number of homecare workers under Plan coverage in the last few years has been accompanied by a documented decrease in the numbers of uninsured homecare workers throughout Los Angeles. These organizations should also be commended for their willingness and interest in evaluating this important program. The survey identified both strengths and weaknesses in the Plan. By identifying and addressing areas needing improvement, PASC will improve the plan and, in turn, increase the ability to improve medical care for this essential workforce. This survey provides a guide and an invaluable baseline against which future progress can be measured.