



A Crisis for Caregivers: Health Insurance Out of Reach for Nursing Home Workers

A Special Report from SEIU, North America's Largest Healthcare Union

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Executive Summary

In the growing, profitable long-term care segment of the healthcare industry, it is a sad irony that many workers who provide nearly all the care to the sick and frail residents of nursing homes are often unable to obtain healthcare coverage for themselves and their families. This report highlights this crisis, looking at both long-term care workers as a whole and also at the subgroup of certified nurse aides, the primary caregivers for nursing home residents.

Long-term care workers and their children are more likely to be uninsured.

Nationally, more than 20 percent of long-term care workers have no health insurance, compared to 14 percent of workers overall. Their children are also at risk. Nearly one-quarter go without healthcare coverage, while another 23 percent must rely on Medicaid or other types of public insurance.

Certified nurse aides (CNAs), who comprise the largest single occupational group in skilled nursing facilities and who provide nearly all the direct care, fare worse than workers overall when it comes to access, participation, and family coverage. Close to 20 percent of CNAs surveyed don't even have access to healthcare coverage by their employer, while another 25 percent of those who are offered health plans cannot afford them.

The industry profits while workers go without.

While many long-term care workers are going without healthcare coverage, the companies they work for are growing and profitable. Operating profits for the top six nursing home chain corporations rose 122 percent from 1996 to 1997. Total compensation for the top executives of these companies jumped an average of 300 percent for the same period.

Where's the accountability?

Although more than half of long-term care revenues come from taxpayer-funded Medicaid and Medicare programs, the government does not hold long-term care companies accountable for how they spend the public's money. Most reimbursement systems encourage nursing homes to spend as little as possible on wages and benefits. Yet high turnover rates—100 percent for CNAs—that result from poor wages, benefits and working conditions also have a very adverse impact on the residents in nursing homes.

Unions, however, do hold long-term care employers accountable. More CNAs in union-represented nursing homes are offered healthcare coverage, more participate in their employers' plans, and more have family coverage than their counterparts in non-union facilities. And significantly more union-represented CNAs stay at their jobs longer than those not represented by a union—44 percent compared to 27 percent, respectively.

Recommendations

We recommend the following measures to help reduce the health insurance crisis for long-term care workers:

- Pass legislation to ensure that a percentage of Medicaid and Medicare funding is linked to improved wages and benefits.
- Remove barriers to organizing nursing home workers into unions.
- Take full advantage of new State Children's Health Insurance Programs.

These measures would go a long way toward helping long-term care workers and their families gain access to adequate, affordable healthcare coverage. Better access to healthcare benefits could also help reduce high turnover rates in nursing homes, helping to improve the lives of both workers and the residents they care for.

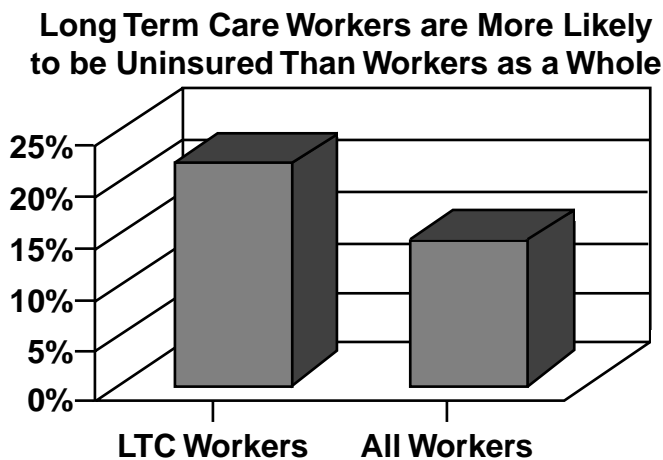
Introduction

Employer-provided health insurance, the financial foundation of our country's healthcare system for working people and their families, is slowly crumbling. Despite six consecutive years of economic growth, with relatively low inflation and low unemployment, more than 41 million Americans, or 18.0 percent of the population, are uninsured, compared to 16.1 percent and 16.3 percent during the recession years of 1990 and 1991. An additional 31 million are underinsured.²

Being uninsured or underinsured has become a serious problem for working people in this country. In fact, of those who are uninsured, more than half (23 million) are employed.³ Although the unemployment rate is at its lowest in decades, merely having a job is no guarantee against severe financial instability. Much of the job growth over the past decade has been in the service sector. Jobs in segments of this industry such as retail and personal or other services are typically low-wage and provide few healthcare benefits.⁴

This report focuses on the lack of health benefits for the workers in one such industry: long-term care. While industry profits are rising, the caregivers who provide healthcare to the sick and frail residents of these homes are often unable to obtain health insurance for themselves and their families. For some their wages and benefits are so low they are eligible for Medicaid. This is particularly ironic because taxpayers already provide more than half the revenues for this industry through the Medicare and Medicaid programs.

CHART 1



A Crisis for Long-Term Care Workers

Many long-term care workers go without healthcare coverage

Of the 1.8 million workers in long-term care, 22 percent, or more than one in five, are uninsured,⁵ compared to 14.5 percent of workers nationwide.⁶

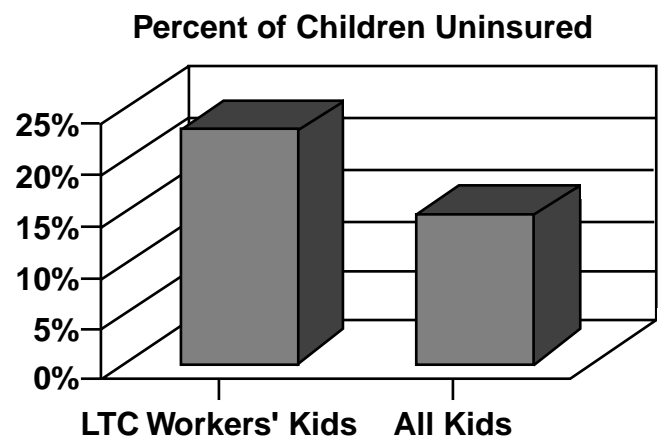
Their children are also at risk

Nearly one in four (23 percent⁷) of long-term care workers' children are uninsured, compared to one in seven (15 percent) of all children nationwide.⁸

Another 23 percent⁹ of long-term care workers' children are on Medicaid or some other form of public insurance.¹⁰

Consequently, almost half the children of long-term care workers are not covered by private insurance, compared to one in three children nationwide.¹¹

CHART 2



Certified Nurse Aides at Special Risk

Employees of skilled nursing facilities make up the bulk of the long-term care workforce. Among these workers, certified nurse aides comprise the largest single occupational group, and also provide 90 percent of the direct care to nursing home residents. To understand this group's healthcare coverage, SEIU surveyed 900 CNAs from four different states on questions related to their access to and actual coverage under their employers' healthcare plans. (For further details on this survey, please refer to Appendix 1, "Methodology.")

The survey found that compared to other workers,

health insurance for CNAs is inferior in terms of their access, participation, and family coverage.

One in five CNAs are denied access to healthcare coverage by their employer

- According to our survey, 14 percent of nursing home certified nurse aides are not even offered healthcare coverage by their employer.
- An additional 5 percent of the CNAs work in a facility where a health plan is offered but they are not eligible for coverage. Nursing homes often cut costs by failing to offer health insurance to part-time employees or new hires. Vencor, for example, is a large, profitable company that requires its employees to work 30 or more hours per week to be eligible for coverage.

I've been working at this Vencor nursing home for 24 years. With the previous owner, we were able to get health insurance if we worked 24 hours a week. Now Vencor is trying to push that up to 30 hours a week. I have arthritis and tendinitis from doing this work for so long, and I just can't work another six hours a week. Even though I am on a 24-hour work-week, because the residents on the floor I work require a lot of care, I often stay after my shift is over to finish my work. So Vencor is actually getting more than 24 hours from me, yet won't provide me with health insurance. And the longer I work, the more I need health insurance.

—Sheila Hicks, SEIU Local 285, Sachus Nursing and Rehabilitation Center, East Bridgewater, Mass.

Coverage provided is often prohibitively expensive

Only 58 percent of CNAs offered a health plan choose to participate, compared to 80 percent¹² nationwide. The differential is even larger if we compare participation rates to total employment. Only 50 percent of all CNAs surveyed participated in their health plan, compared to 74 percent of workers nationwide.¹³

Profile of Certified Nurse Aides

- * CNAs are the primary caregivers in long-term care facilities. They provide not only physical care, but also emotional support.
- * Their work is highly stressful, physically and emotionally. The problem of understaffing in nursing homes is well documented. For a CNA, it often means tending to more residents than is possible in the allotted time.
- * Their jobs are low-wage: In 1997, CNAs earned an average hourly wage of \$6.89.¹⁴
- * Their work is dangerous: Injury and illness rates, particularly back injuries, are higher than those in coal mines and steel mills.

When we asked CNAs why they did not participate, we found that:

- Nearly 25 percent offered coverage don't take it because it is too expensive.
- Fifty percent choose to be covered by their spouse's insurance plan instead of their employer's plan.
- Finally, 6 percent of all long-term care workers¹⁵ (more than 100,000) are paid such low wages that they are eligible for Medicaid or other form of public insurance.

Many who participate in their employers' health plan do not have family coverage:

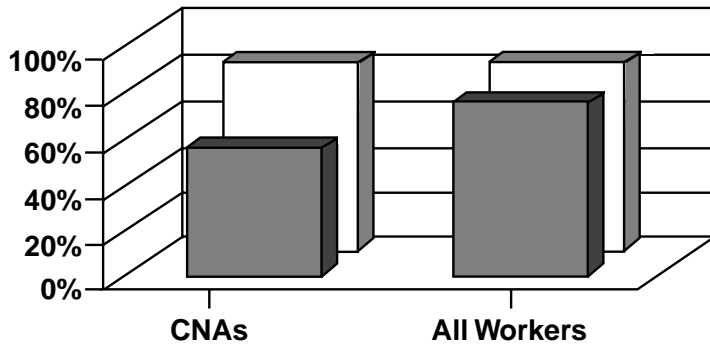
- Only 44 percent of the CNAs have family coverage, compared to 60 percent of workers in all industries.¹⁶

I work as a CNA in a nursing home in Pennsylvania. My two teenage children are going without health insurance because my employer doesn't pay for any family coverage, and I can't afford the \$240 per month in premiums.

—Anonymous, Prospect Park Health and Rehab, Prospect Park, Pa.

Even for those workers who do have family coverage, the cost of the coverage is rising so fast that many of them may not be able to afford it in the future .

CHART 3
CNAs Are Less Likely to Participate
In Their Employers' Health Plan



You want to talk about horrible healthcare—let me tell you about it! I insure two young children and my husband with my employer, Vencor, Inc. My plan is Family Health Plan, an HMO. My employer wants to increase my contribution for the current plan to over \$125 per month, “because it’s competitive.” With that decrease to my wage, my family will be uninsured.

While my co-workers and fellow union members understand that insurance costs have escalated, this increase will leave many of us with the terrifying decision of taking the chance that no one in our family will become sick and require medical care in order to feed and house our family.

As I have gone throughout the state of Wisconsin as a bargaining committee member and steward, I have heard hundreds of stories like mine.

*—Charlene Hardin, SEIU Local 150,
 Wisconsin*

Workers Go Without While the Industry Profits from Taxpayer Dollars

While hundreds of thousands of long-term care workers and their families go without health insurance, their employers are reaping the benefits of this profitable, growing segment of the healthcare industry. Long-term care companies, through the Medicare and Medicaid programs, get more than half their revenues from taxpayers.

Most of this money goes to for-profit nursing home chains, with 15 percent of the \$80 billion in total revenues for the industry going to the top six nursing home corporations. And these companies are making record profits off these taxpayer dollars. In 1997, operating profits for these same corporations increased 122 percent over 1996, to \$792 million. (See Appendix 2, Table 1.) Note that 1996 and 1997 saw extensive merger, acquisition, and disposition activity, and consequently profits from one year to the next are not necessarily same-facility profits.

Brother, Can You Spare a Million?

Genesis CEO Michael Walker’s 1997 compensation package, excluding salary, could pay for the health insurance for more than 14,000 of his employees. This means he could cover nearly one out of every three of his workers—and still have enough left over for a generous family plan for himself. (Refer to Note 2 in Appendix 2, Table 2 for an explanation of the calculation.)

Not only did the companies do well, but their top management also did very well. Although many nursing home workers were being told that they would have to take benefit cuts, the CEOs of the top five companies all got combined pay and benefit increases from 1996 to 1997 of over 300 percent. Michael Walker of Genesis was given a 1,536 percent increase, to \$7.5 million. (See Appendix 2, Table 2.)

These long-term care corporations are in the business of providing healthcare to our nation's seniors, yet do not provide comprehensive, affordable health insurance for many of their employees. For example, according to documents filed with the Securities and Exchange Commission, two of the largest nursing home chains employed nearly 85,000 workers in 1995, yet only 34,000, or 40 percent, were actually participating in these companies' plans.¹⁷ This is well below the 80 percent of workers nationwide who participate in their employers' healthcare plans.

No Government Accountability Means Taxpayers and Consumers Lose

Nursing home corporations can get rich feeding at the public trough, yet not provide basic benefits to many of their workers because the federal and state reimbursement systems don't hold the nursing homes accountable for how they spend the public's money. Most reimbursement

Job turnover is costly in terms of hiring, training and facility productivity losses, but most important, high turnover rates adversely affect residents who do not cope well with frequent changes in staff.

—Institute of Medicine, "Nursing Staff in Hospital and Nursing Homes—Is It Adequate?", 1996.

systems encourage the homes to spend as little as possible on wages and benefits. For example, many states provide specific incentives to those who hold their costs below the state average by allowing facilities to keep all or a part of the money left over; the federal government will pay more for residents who need more care, but doesn't require that the nursing homes actually spend that additional money on decent wages and benefits, or additional staff.

The elderly and other nursing home residents also suffer when poor working conditions lead to average annual turnover rates of 100 percent for CNAs.¹⁸

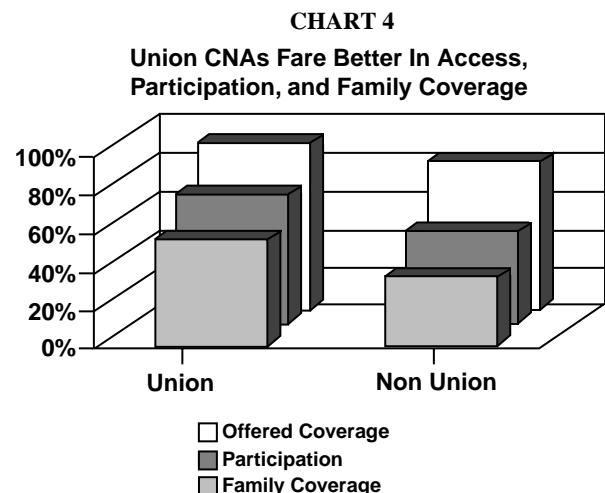
In this system the nursing home companies are the clear winners, but besides workers and residents, there are other losers as well. Under the current reimbursement structure, nursing homes are encouraged to shift the healthcare costs of their employees to other employers and, ironically, back to the government.

- Responsible employers, both private and public, that provide family coverage have higher costs when nursing home workers choose to be covered by their spouse's insurance plan instead of the plan offered by their employer.
- The government ends up with additional costs when the nursing homes pay such low wages and benefits that 6 percent of all long-term care workers, and 23 percent of long-term care workers' children, are eligible for Medicaid or other form of public insurance.

The government also pays because uninsured nursing home workers, like all uninsured workers, are more likely to use the public hospitals and public clinics for their basic care.

Unions Holding the Line

Although states do not hold nursing home employers accountable for how they spend taxpayer dollars, unions do. Workers in unions are substantially more likely to have health insurance than non-union workers. During 1995, 5.9 percent of union members lacked health insurance compared to 16.8 percent of their non-union counterparts.¹⁹ In the nursing home industry, the union contribution to workers' health insurance coverage is equally dramatic.



- Of the CNAs we surveyed, more than 91 percent of those represented by a union were offered healthcare coverage by their employer, compared to 84 percent of CNAs in non-union facilities.
- In union nursing homes, nearly three out of four union CNAs (72 percent) participated in the plans offered by their nursing home employers, while only one out of two (54 percent) of those in non-union homes participated.
- Of those CNAs participating in their employers' healthcare plan, more than 57 percent of those in union facilities had family coverage, while only 38 percent of their non-union counterparts did.

Not surprisingly, the survey also found that union workers stayed at their jobs longer than their counterparts in non-union facilities—benefitting residents as well.

Forty-four percent of CNAs in union facilities have worked at their current jobs nine or more years, compared to only 27 percent in non-union facilities.

Recommendations

How can we ensure that the people who provide healthcare to our loved ones in nursing homes have healthcare coverage for themselves and their families? One way would be to institute national comprehensive healthcare reform that would ensure universal access to healthcare, either by mandating that all employers provide affordable health insurance to their workers or by other means. However, since Congress appears unwilling to pass such legislation, there are other strategies that could improve the healthcare insurance situation for long-term care workers.

1. Pass legislation to ensure that a percentage of Medicaid and Medicare funding is linked to improved wages and benefits.

With more than 50 percent of revenues²⁰ to nursing homes coming from taxpayers through the Medicaid and Medicare programs, taxpayers should insist that a percentage of this money is passed through employers to workers to ensure fair compensation for their front-line caregivers. This can be done, as in Michigan, by earmarking a certain amount of existing funds for wage and benefit increases. Or, it can be done as in Minnesota, by earmarking a portion of any increase in reimbursement to improving the wages and benefits of nursing home workers.

2. Remove barriers to organizing nursing home workers into unions.

Unionized nursing home workers are much more likely to have affordable, comprehensive family healthcare coverage because they have the power to bargain with employers. Yet all too often employers fight workers' attempts to organize, using significant public resources to do so. If nursing home employers are to continue to receive public revenues, then they should not be allowed to fight organizing efforts. Immediate remedies such as fines or injunctions should be imposed if they do so.

3. Take full advantage of new State Children's Health Insurance Programs.

Children, who are at special risk, need special attention. Congress attempted to address this problem with the State Children's Health Insurance Program (SCHIP), which was passed as part of the Balanced Budget Act of 1997.

States should take full advantage of this new opportunity. The funding can be used to provide health coverage to children of nursing home and other low-wage workers who earn too much to qualify for the regular Medicaid program but who still cannot afford their employers' family coverage or other private insurance. (See Appendix 3 for a more detailed discussion of this program.)

Conclusion

Adoption of these strategies would go a long way toward ensuring adequate health insurance coverage for nursing home workers and their children. Improved health benefits could also help to reduce turnover and improve the lives of nursing home residents. And finally, these measures would hold those nursing home companies trying to shirk their responsibility accountable to the public, whose taxes are helping to provide their profits.

Appendix 1: Methodology

To understand the healthcare coverage of nursing home workers, SEIU requested from the Economic Policy Institute the best possible national data from the Census Bureau's Current Population Survey (CPS). We utilized the data results from the Economic Policy Institute's (EPI) pooling and analysis of the March 1995, 1996 and 1997 (CPS) data. The EPI data includes all employees at all long-term care facilities (under the Standard Industrial Classification code 805), including skilled nursing centers.

We also obtained more detailed healthcare coverage data on nursing home workers through a survey of 900 certified nurse aides throughout the states of Wisconsin, Michigan, Pennsylvania, and Florida. CNAs represent the largest part (45 percent)²¹ of the 1.3 million workers in skilled nursing and provide 80 to 90 percent of the direct care.²² No national database exists for nursing home workers, so we utilized the nurse aide registries for these four states, which were the most readily available. These states are not necessarily typical of all states. They receive higher than average Medicaid reimbursement rates and have higher union density. Given the correlation between unionization and health insurance coverage, this data bias may in fact have led to results that understate the lack of health insurance for CNAs.

Included in the survey of CNAs were questions beginning with whether or not their employers offered healthcare coverage; whether they participated and if not, the reasons; what types of coverage and plans they had and what their contributions were; whether they had family or only single coverage; whether or not their facilities were represented by a union; and other questions about work status and demographics.

Phone calls, data tabulation and data summaries were conducted by Fingerhut, Powers, Smith, a Washington, D.C.-based polling firm. The surveys were conducted over a two-week period in February 1998.

Appendix 2

Table 1	Beverly	Genesis	IHS	Paragon	Sun	Vencor	Total
1997 Revenues (\$ billion)	\$3.23	\$1.1	\$1.99	\$1.14	\$2.5	\$3.1	\$13.1
Oper. Profits (\$ million)	108.5	185	146.4	95.1	32	224.5	\$791.5
1996 Revenues (\$ billion)	3.28	0.67	1.43	1.11	1.9	2.6	\$11.0
Oper. Profits (\$ million)	125.5	127	97	89.6	(.82)	83.2	\$356.7

Source: Company 10-K annual reports. Operating profits are income from operations before interest, income taxes, extraordinary and non-recurring items.

Table 2	Salary		Other Compensation		Total		% Increase 1996 -1997
	1996	1997	1996	1997	1996	1997	
David R. Banks <i>Chairman and CEO Beverly Enterprises</i>	\$597,542	\$694,806	\$1,042,703	\$4,258,260	\$1,640,245	\$4,953,066	202%
Michael R. Walker <i>Chairman and CEO Genesis Health Ventures</i>	\$450,329	\$521,621	\$7,844	\$6,974,323	\$ 458,173	\$7,495,944	1,536%
Bruce R. Lunsford <i>Chairman and CEO Vencor, Inc.</i>	\$650,000	\$700,000	\$381,155	\$2,167,795	\$1,031,155	\$2,867,435	178%
Edward L. Kuntz <i>Chairman and CEO Paragon Health Ventures</i>	\$482,990	\$598,181	\$204,641	\$2,740,328	\$687,631	\$3,338,509	386%
Robert N. Elkins <i>Chairman and CEO Integrated Health Services</i>	\$750,000	\$752,277	\$14,759,342	\$55,762,044	\$15,509,342	\$56,514,321	264%
Andrew L. Turner <i>President and CEO Sun Health Care Group</i>	\$500,000	\$537,312	\$374,204	\$5,965,336	\$874,204	\$6,502,648	644%

Source: Company proxy statements, 1997.

NOTE 1: Other Compensation includes all or some of the following: bonus, other compensation, restricted stock awards, value of unexercised in-the-money stock options at FY end, value realized on shares acquired on exercise, potential realized value at an assumed annual rate of 5 percent stock price appreciation, grant date present value of stock options (computed by the companies using the Black-Scholes method), and/or long-term compensation.

NOTE 2: To determine how many Genesis employees could be covered by health insurance by using Michael Walker's non-salary compensation to "pay" for the premiums for one year of coverage, we did the following. First, we took the monthly contribution rate for an individual in a minimum benefit plan of the SEIU Health and Welfare Fund, a jointly managed Taft-Hartley multiemployer health and welfare fund. Since a majority of Genesis facilities are concentrated in the Northeastern and Mid-Atlantic corridors and Florida, we chose a rating area (Area 3) that included Metropolitan Statistical Areas (MSA) and Primary Metropolitan Statistical Areas (PMSA) in those states. Then we multiplied the monthly rate by 12 to get the annual premium for an individual. The result of dividing Walker's non-salary compensation by that annual premium of \$490.08 gave us approximately 14,231 individuals who could have healthcare coverage. This group represents about one-third of the total Genesis workforce.

Appendix 3: State Children's Health Insurance Programs

Congress passed the State Children's Health Insurance Program (SCHIP) as part of the Balanced Budget Act of 1997. This program provides matching funds to states to expand Medicaid or set up separate health insurance programs to cover uninsured children who earn up to 200 percent of the federal poverty level.

To best serve nursing home workers and their families, we recommend that states take full advantage of the SCHIP program by:

- *Allowing SCHIP funds to be used to subsidize employer-based coverage.*

Many nursing home workers are offered family coverage by their employer but cannot afford to accept it. States can use SCHIP funds to help employees pay their share of the premium for family coverage, as long as the employer agrees to pay 60 percent of the cost and the child has not been enrolled in the employer's plan for the last six months. Using SCHIP money to subsidize employer coverage maintains the responsibility of employers for providing health benefits but also ensures that employees can afford to pay their share of premiums.

- *Expanding access to healthcare to working families.*

States can provide health insurance through SCHIP to children in families with incomes up to 200 percent of the federal poverty level (FPL), or \$32,900 for a family of four, and in some cases to higher income levels. Many states are setting income eligibility levels lower than 200 percent of the FPL. The typical nursing home worker earns \$15,000 to \$20,000 per year. If a spouse is also working, total family income may exceed \$32,900 and potentially leave the family ineligible for coverage under the new SCHIP programs. To reach as many uninsured children as possible, states should expand eligibility to at least 200 percent of the federal poverty level, if not higher.

- *Maximizing benefits and minimizing cost sharing.*

States should use the new federal matching funds available under SCHIP to expand their Medicaid programs. Medicaid provides a comprehensive range of benefits and requires no cost sharing. States that set up separate programs should ensure that they offer a generous benefits package and should keep cost sharing to a minimum. Research shows that even modest premiums will greatly reduce participation. Nursing home workers who earn as little as \$6 per hour should not have to make tough decisions between health insurance for their children or other family necessities.

- *Making SCHIP programs easy to access and use.*

States should publicize the new programs, provide a simple application form, and process applications in a timely manner. Nursing home workers will not be able to benefit from these new programs if they do not know that they exist, or if there are barriers to enrolling such as required in-person visits to welfare offices which are open only during working hours.

The SCHIP program is a partial solution to the healthcare crisis for nursing home workers. While many children of nursing home workers may benefit, others will be excluded based on their parents' income or the benefits they are offered by their employer. In addition, SCHIP will help children, yet in all but a few states, will do nothing for nursing home workers themselves. While SCHIP is a step in the right direction, policy makers have much farther to go to address the healthcare crisis for nursing home workers. At the same time that we strengthen the safety net, attention must also be focused on employers. By removing barriers to organizing and earmarking Medicaid funds for workers' wages and benefits, policy makers can put pressure on employers to be accountable and do the right thing.

ENDNOTES

1. Fronstin, Paul, "Sources of Health Insurance and Characteristics of the Uninsured: Analysis of the March 1997 Current Population Survey," Employee Benefits Research Institute, Issue Brief No. 192, December 1997, p. 3.
2. While this group has access to healthcare, they would be in danger of spending more than 10 percent of their income if faced with serious injury or illness. Shearer, Gail, excerpt of the summary of "Hidden From View: The Growing Burden of Health Care Costs," Consumers Union, January 22, 1998.
3. *Ibid.*
4. Thorpe, Kenneth E., "The Rising Number of Uninsured Workers: An Approaching Crisis in Health Care Financing," Tulane University Medical Center, Institute for Health Services Research, October 1997, p. 13.
5. Economic Policy Institute, results of pooled data from the 1995, 1996 and March 1997 supplement of census surveys.
6. Fronstin, Paul, "Sources of Health Insurance and Characteristics of the Uninsured: Analysis of the March 1997 Current Population Survey," Employee Benefits Research Institute, Issue Brief No. 192, December 1997, p. 3. Excluding self-employed and workers in very small firms.
7. EPI data.
8. U.S. Census Bureau, "Health Insurance Coverage: 1996 Highlights."
9. EPI data.
10. U.S. Census Bureau, "Health Insurance Coverage: 1996 Highlights."
11. *Ibid.*
12. "Employment-Based Health Benefits: Analysis of the April 1993 Current Population Survey," Employee Benefit Research Institute, Issue Brief No. 152, August 1994, p. 10.
13. *Ibid.* p. 8.
14. 1997-98 Nursing Home Salary and Benefits Report, Hospital and Healthcare Compensation Service, John R. Zabka and Associates, Inc., p. III-11.
15. EPI data.
16. "Employment-Based Health Benefits: Analysis of the April 1993 Current Population Survey," Employee Benefit Research Institute, Issue Brief No. 152, August 1994, p. 9.
17. U.S. Department of Labor, Form 5500s, 1995, the most recent year available. These numbers include management employees.
18. National Turnover Data collected by the American Health Care Association, 1994, 1995.
19. Thorpe, Kenneth E., "The Rising Number of Uninsured Workers: An Approaching Crisis in Health Care Financing," Tulane University Medical Center, Institute for Health Services Research, October 1997, p. 2.
20. "Nursing Staff in Hospitals and Nursing Homes: Is It Adequate?," Institute of Medicine, National Academy Press, Washington, D.C., 1996, p. 46.
21. Strahan, Genevieve W., "An Overview of Nursing Homes and Their Current Residents: Data from the 1995 National Nursing Home Survey," National Center for Health Statistics, Centers for Disease Control, U.S. Department of Health and Human Services, January 23, 1997, p. 8.
22. McDonald, Carolyn A., "Recruitment, Retention, and Recognition of Frontline Workers in Long-Term Care," *Generations*, Fall 1994, p. 41.



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Our Mission is to improve the lives of working people and their families and lead the way to a more just and humane society.