



Testimony for Senate Finance Subcommittee on Health & Medicaid

Maria Bowe, Nurse Educator

Sub HB 166

Chairman Hackett, Vice Chair Huffman, Ranking Member Thomas, and members of the Senate Finance Subcommittee on Health and Medicaid, thank you for the opportunity to share my thoughts on the budget before you, Sub Bill 166. My name is Maria Bowe, and I am a Nurse Educator at St. Augustine Health Campus, a faith-based not-for profit inner-city home. We serve 234 of the area poor, the chronically ill from ages 28 to 100. The services we provide include skilled nursing, rehabilitation, and specialized care, including individuals who are vent/trach-dependent, individuals with multiple sclerosis, those who have experienced strokes, as well as others in need of long term and end of life care. Seventy-five percent of the residents that we care for are on Medicaid or a Medicaid managed care plan, for which reimbursement fails to cover the costs of care. We make up the difference in charitable contributions from our local community.

Despite the financial challenges of providing care to these high-need populations, we have been able to excel in delivering high-quality care. We were recently rated among Cleveland's best based on resident satisfaction.

I grew up in Cleveland and currently reside in Westlake, a suburb 20 minutes from my facility with my husband and five children. My position includes but is not limited to being a floor nurse, STNA educator, staff educator, interviewer, mentor or and other roles wherever I am needed. I have served in these capacities for the past seven years, and I have learned firsthand the struggles that our professional caregivers endure. It has been eye opening to say the least. Our facility is in the center of the Detroit Shoreway community, where 35% of households are below federal poverty guidelines; approximately 60% of our staff live in these high-poverty areas. Our average starting wages for state-tested nurse aides (STNAs) is \$10.50.

It has always been a challenge to find the right people to fulfill this important job, who have the interpersonal skills, dedication, judgment and grit to deliver excellent care to our residents. In our search for quality caregivers we also have a new challenge. Not only are we competing with other facilities for staff, we are within ten miles of Metro Health hospital and Cleveland Clinic that have both recently announced raising their minimum wage to \$15.00 per hour. While the strong economy is a boost for our neighborhood, it presents unique challenges for hiring and retention. A fast-food restaurant in our neighborhood has a starting wage comparable to ours, and they don't ask their staff to handle bodily fluids—just hot coffee.

Our caregivers face obstacles I sometimes struggle to grasp. They are predominantly female, often mothers with limited partner and family support. Often they have not had great role models either for work, positive relationships or healthy living. They may not feel 100 percent themselves, and yet we ask them to come to work each day and give their 100 percent to our residents. Much of my role is figuring out how to fill gaps and help them succeed, despite the cards stacked against them.

Some of the struggles that I see are:

Transportation. We are on a major public transportation line if they don't have a car, but a daily bus pass is \$5.50. With that starting wage at just \$84 for an eight-hour shift, almost 7 percent is gone before they walk in the door. We have given out daily bus passes to help the staff get through a hump, but we are unable to change brake pads, brake lines or put in a starter. A single badly-timed \$80-\$200 repair can cost us a great worker and our residents a critical caregiver.

Childcare and family caregiving is another obstacle that our caregivers face. The county offers vouchers, but the process to qualify is lengthy, and if you are over their threshold by even \$20, they are then forced to cut back on hours or lose the voucher. This puts our staff in the awkward position where advancing their income can actually hurt them financially. To address this need, we do have a day care within our building which offers an employee discount. Without a voucher it would cost \$158.00 per week for one child—nearly forty percent of income that entry-level caregiver for a single child.

If their child is sick, or running a fever it usually means a missed day of work. Few have a family member or friend to take over care. My students have shared stories of colleagues working the third shift while their children are sleeping at home without adult supervision.

Poverty. Many of our entry-level caregivers are trying desperately to break the cycle of poverty, but it is hard to do when income approaches the “cliff” for health and childcare benefits. We have provided diapers for their little ones, resource numbers to assist with utilities, bus passes, meals, contacts for affordable housing in the area, but poverty is persistent and pervasive. I have had students share that they don't have power or a working stove. One young woman told me her neighbor was nice enough to run an extension cord to her house, but I worry about the trade-off

Job skills. This is an area where I do believe we can affect change, and I have worked tirelessly on this issue. The State of Ohio STNA exam that is structured at a ninth-grade reading level, and I have stayed after to help my students study. Some of my students at best are reading at a fourth-grade level, and I have had to turn prospective students away because they cannot pass a ten-question fourth- grade math test. Let me be clear: they would be amazing caregivers, but do not have the foundation to get through the three-week course and pass a state test. My students tell me that they have never had anyone believe that they were capable of continuing their education, have never heard that someone was proud of them, or believed in them, or told them that they would amount to anything.

Life skills. Most of us grow up in environments where certain behaviors are expected. For example, I was taught that if you weren't 15 minutes early, you were late. I was taught that reading every day was a gateway into the unseen world. I was taught that I could do anything with hard work and dedication. I was taught the value of a good education. I was taught to balance a checkbook, open a savings account, and invest my money. I was taught that your word was your bond. These are not “common sense” but rather things that we learn when we grow up in supportive family environments and healthy communities. Many of these skills are remedial for my students, and another area that I invest time in.

I was also taught these things in a house that had a refrigerator full of food, lights on, with heat and air depending on the weather in Northeast Ohio. I was read to every night, my parents attended my basketball games, award ceremonies, sent me to camp, and helped me with my homework. All of this was made possible because my parents were paid a livable income.

As a member of this committee, you are charged with making big decisions that will have a direct impact on Ohioans caring for older and disabled Ohioans. The House has proposed investing an additional \$153 million into quality payment incentives for nursing facilities over the biennium. The proposal would reward nursing

homes for the outcomes they deliver. While I support aligning reimbursement with the right incentives for the payer to derive the best results for their dollar, I would be remiss if I didn't note that workforce challenges are felt universally in aging services.

Between 70 and 80 percent of nursing facility budgets are spent on workforce, and the workforce pressures I've described would mean that any increase would be channeled to those most-needed frontline positions. To be frank, it is a small boost, but one that is desperately needed. Many caregivers will job hop for a 20 cent per-hour increase because they are living paycheck to paycheck, undermining the ability for employers to provide quality care. This increase will have a stabilizing effect for facilities like ours, which rely heavily on Medicaid reimbursement and charitable giving.

We are all aging. Many of us will need a caregiver's help in some way. We want them to be able to give their best self: compassionate, loving, gentle, kind, knowledgeable, dependable, attentive, versatile. I want them to be able to do this important work unburdened by worries about their next meal, their children being at home alone, or if they will have electricity.

The House's investments represent a step towards that goal, albeit channeled through a quality program vs. workforce initiative. I encourage you to reinforce this investment in Ohio's aging services workforce.

Mr. Chairman, members of the subcommittee, thank you for the opportunity to share my thoughts with you today. I am available to answer any questions you may have.