Opportunities & Issues for the Care Workforce

Mieke Meurs (Moderator), Eileen Boris, Robert Espinoza, Sarah Nolan, Ben Veghte

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Workshop V: Opportunities & Issues for the Care Workforce

- **Strengthening the Direct Care Workforce**  
  Robert Espinoza, PHI

- **What was made can be Changed: Historical Paths, Present Struggles**  
  Eileen Boris, University of Santa Barbara

- **Leveraging Federal Policy to Support the Direct Care Workforce**  
  Sarah Nolan, SEIU

- **Ben Veghte, Care Across Generations**

**Moderator:** Mieke Meurs, American University
Strengthening the Direct Care Workforce

Robert Espinoza, Vice President of Policy, PHI
4.6 million direct care workers in the U.S.

Source: PHI, 2021.
7.4 million

job openings in direct care between 2019 and 2029.

Source: PHI, 2021.
Key Federal Legislative Opportunities

- **The American Rescue Plan Act**: includes a 10% increase in federal matching funds to help states “enhance, expand, or strengthen” HCBS
- **The American Families Plan**: proposes a $1.8 billion investment in policies to support American workers and their families
- **The U.S. Citizenship Act of 2021**: would provide citizenship pathways for ~11 million undocumented immigrants and other categories of immigrants, including “essential workers”
- **The Direct CARE Opportunity Act**: >$1 billion investment in interventions to improve training, recruitment, and retention in the direct care workforce
- **Improving Care for Vulnerable Older Citizens and People with Disabilities through Workforce Advancement Act**: would fund demonstration projects to test advanced roles for direct care workers
FEDERAL POLICY PRIORITIES FOR THE DIRECT CARE WORKFORCE
Reform Long-Term Care Financing
Increase Compensation for Direct Care Workers
DIRECT CARE WAGES ARE NOT COMPETITIVE WITH SIMILAR OCCUPATIONS

In all 50 states and the District of Columbia, the direct care worker median wage is lower than the median wage for other occupations with similar entry-level requirements, such as janitors, retail salespersons, and customer service representatives.

DIFFERENCES BETWEEN MEDIAN WAGES FOR DIRECT CARE WORKERS AND OCCUPATIONS WITH SIMILAR ENTRY-LEVEL REQUIREMENTS BY STATE, 2019

- $1.00 to $1.99
- $2.00 to $2.99
- $3.00 or Less
Fund, Implement, and Evaluate Direct Care Workforce Interventions
State Approaches: MercyCare’s Innovation Fund in Arizona (Workforce Interventions)
State Approaches: Minnesota’s Direct Support Connect® Registry (Workforce Interventions)
Improve Direct Care Workforce Data Collection and Monitoring
State Approaches: Workforce Reporting Requirements in Texas (Data Collection)
Rectify Structural Gender, Racial, and Other Inequities for Direct Care Workers
Women of color in the direct care workforce are likelier to live in or near poverty than men and white women.
In the direct care workforce, Hispanic / Latino workers have the lowest annual earnings of any racial or ethnic group.
Black / African American direct care workers have the lowest family income among all direct care workers.
Center Direct Care Workers in Leadership Roles and Public Policy
Shift the Public Narrative on Direct Care Workers
State Approaches: Wisconsin’s WisCaregivers Career Program (Public Education)
PHInational.org

- Learn about our consulting services, policy research, advocacy, and public education campaigns
- Scroll through our multi-media library of research, analysis, and other resources
- Download state-by-state data on the direct care workforce
- Bookmark our newsroom for the latest news and opinion: PHInational.org/news/
- Subscribe to our monthly newsletter: PHInational.org/sign-up/
- Join our online community on Facebook, Twitter, and LinkedIn (@PHInational)

PHI works to transform eldercare and disability services. We foster dignity, respect, and independence for all who receive care, and all who provide it. As the nation’s leading authority on the direct care workforce, PHI promotes quality direct care jobs as the foundation for quality care.
WHAT WAS MADE CAN BE CHANGED:
HISTORICAL PATHS, PRESENT STRUGGLES

EILEEN BORIS
HULL PROFESSOR OF FEMINIST STUDIES
UNIVERSITY OF CALIFORNIA, SANTA BARBARA

PANEL: “OPPORTUNITIES AND ISSUES FOR THE CARE WORKFORCE”
US CARE INFRASTRUCTURE: FROM PROMISE TO REALITY
The State Organized Home Care

- New Deal Legacy

  Excluded from Labor Laws,
  classified as domestic servants
  Attached to Welfare
  “Poor Caring for the Poor”
  Low-wage work for women of color
  Not nurses, low rung on medical ladder
ORIGINS IN REVERSE FOSTER CARE

- **Gendered:** “Substitute mother” movement connected to Children’s Bureau and private social agencies
CARING FOR THE GREAT SOCIETY

- The War on Poverty Discovers the Service Sector
- Independence for Senior Citizens;
  Workfare for Poor Single Mothers
  Medicaid as basis for long-term care
EMERGENCE OF IHSS

- 1959 established Attendant Care Program under Social Security (Aid to the Permanently and Totally Disabled)
- Significance of Independent Living Movement
- 1972 Supplemental Security Income (SSI)
- In-Home Supportive Services (IHSS): Independent Provider Mode of Delivery
STRUGGLE OVER FUNDING

- Since covered by Medicaid rather than Medicare, program became means tested and thus stigmatized. Many middle income elderly and disabled Californians have no help in obtaining quality home care, which they would prefer instead of the institutional solutions to Long Term Care—which cost much more.

- Despite the fact that the adoption of PCS option in 1992 and waiver in 2005 brought new federal funding into the program, it has been difficult to fund at level which allows for adequate caseload growth as well as needed improvement in wages and benefits for workers;

- The State’s funding has generally acknowledged the need for caseload growth (indeed the enabling legislation mandates increased funding for caseload growth), but in too many proposed budgets over the last 20 years, the Governor has tried to cut funding for current or future wages and benefits for IHSS workers in order to save money without recognizing that an adequate workforce is a condition of providing a high quality service

- Public authorities and unions have sought to improve quality of care through training, registries, and respite care substitutes for ill providers.
Civil Rights of Domestic Workers
Health Care Unions
ETHNIC WORKER ASSOCIATIONS AND CENTERS

- New Immigrant Workforce in Private Homes, Shadow Economy
Laws as Mobilizing Devices
CONVENTION #189

• “OUR DREAM BECAME A REALITY, AND WE ARE FREE—SLAVES NO MORE, BUT WORKERS.” — MYRTLE WITBOOI
ILO STANDARDS STILL ASPIRATIONAL

LIMITED DWBOR

- Occupational Health and Safety limited
- Collective Bargaining limited
- Social Security limited
- Migrant workers limited
- Full Written Contracts and Job Descriptions limited

SOME ADDITIONAL ILO RECOMMENDATIONS

- Confidentiality of personal data
- Elimination of Worst Forms of Child Labor
- Time Protections
- Work-Life Balance
- Codes of Conduct for Diplomatic Personnel
I WANT TO BE A FAIR EMPLOYER.
Being fair begins right here.

- FAIR PAY
- CLEAR EXPECTATIONS
- PAID TIME OFF

Orientation to the CA Domestic Workers Coalition for Caregivers in San Diego
Learn about domestic worker groups in San Diego and our current efforts to expand and enforce domestic workers’ rights across CA

Thursday Nov 18th at 6 pm on Zoom
"Right after the fires in Santa Rosa in 2018, I started working cleaning houses that were in the fire zones and whose owners had evacuated. They were filled with smoke and toxic ash. My employers did not give me any protective equipment. I got terrible headaches, my skin and eyes burned. I started to have breathing problems and eventually had to go to the doctor.

We domestic workers should be included in Cal/OSHA because occupational safety and health is not a luxury, it is a necessity and right of all workers. Imagine if we had made this change to the law ten years ago, how many of us would not have gotten sick or injured at work? Now is the time to make this change."

-Socorro, worker leader at the Graton Day Laborer Center

#MiSaludMiDignidad
#SB1257
Protest, October 1, 2020
LA Federal Building
BREAKING: SB321 IS SIGNED INTO LAW!
TOGETHER, WE WON THE FIRST-EVER
HEALTH & SAFETY GUIDELINES FOR
DOMESTIC WORKERS IN CALIFORNIA!

San Francisco passed the
Access to Paid Sick Leave for
Domestic Workers Ordinance!

¡San Francisco pasó la Ordenanza de Acceso
to Tiempo de Enfermedad Pagado para
Trabajadoras del Hogar!
Leveraging Federal Policy to Support the Direct Care Workforce

SARAH NOLAN, SERVICE EMPLOYEES INTERNATIONAL UNION
THE U.S. CARE INFRASTRUCTURE: FROM PROMISE TO REALITY
MARCH 5, 2022
Context: Growth of HCBS

Growth in LTSS Dollars Going to Home and Community-Based Services

Source: ASPE, CMS
Home Care workers form the core of the Medicaid HCBS workforce.

Two main service delivery—and employment—models:
- Agency
- Consumer-direction, usually with Independent Provider (IP)

But workers have always faced huge challenges
- Generally marginalized; low pay and few benefits.
- Disaggregated nature of work.
- Delivery system a barrier to organizing and collective bargaining.
Solution: Create a Public Authority

► Public Authority (or similar entity):
  ► Acts as employer for purpose of collective bargaining.
  ► May also recruit workers, provide training, and offer health care and other benefits.

  **Example:** The Massachusetts Personal Care Attendant (PCA) Workforce Council is charged with ensuring quality of care by “recruiting, training, and stabilizing the workforce.”

► Approximately 600,000 IP home care workers in seven states have organized and collectively bargain under this model.
Successes and Limits

► **Workers have won:**
  ► Pay increases—$15/hour or more—and benefits.
  ► Training opportunities.
  ► A voice on issues that affect them and the people for whom they care.

► **Limits:**
  ► Depends on state law and politics.
  ► Doesn’t address agency organizing challenges.
  ► Indirect connection between standards and $$. 
2019-20: Designing a New Proposal

- **Dual crisis:**
  - Affordability
  - Workforce

- **Outline of a Solution:**
  - Financing and eligibility expansion.
  - Infrastructure to organize the system and aggregate workers.
  - Tie wage and training standards to new funding.
  - Expand the worker pipeline via immigration reform.
July 2020: The Build Back Better Economic Recovery Plan

- **$450 billion** “to give more people the choice to receive care at home or in supportive community situations.”
- Eliminate wait lists and **expand access** to HCBS.
- Help consumers learn about options and find a caregiver.
- **Maintain and grow the direct care workforce** “by providing increased pay and benefits, and access to collective bargaining, training and education, and career ladders.”
- Dedicate substantial resources to help states test innovative models that expand access to care.
2021 Better Care, Better Jobs Act

► New Medicaid funding tied to conditions re: HCBS infrastructure:
  ► Must expand number of people receiving HCBS.
  ► Public process re: payment levels; ensure new $$ go to workers.
  ► Develop qualification standards and training opportunities.

► Additional increase for states that establish a public or private entity to:
  ► Recruit and register workers; connect them to consumers.
  ► Process payroll and provide other supports for IPs.
American Rescue Plan: A First Step

► Sec 9817:

► Temporary 10 percentage point Medicaid FMAP increase.
► “The State shall implement, or supplement the implementation of, one or more activities to enhance, expand, or strengthen home and community-based services under the State Medicaid program.”

► Nearly every state plan includes workforce proposals:

► Rate increases with pass-through requirements, new training programs, workforce registries.