

# Toward a Stable and Experienced Caregiving Workforce

*By Mary Ann Wilner*

Recently, my mother received an early morning phone call from her friend, Elaine, who suffers from multiple sclerosis. On this particular morning, Elaine was desperate to find someone to help her get out of bed because her regular homecare worker had unexpectedly cancelled. My mother, almost 78, does not walk well, following a hip fracture, and considers herself fortunate to have found someone to help her with household chores one-half day a week. This woman, Jeanette, a 46-year-old widow from western Africa, came to the United States to live with a brother and find work to support her children back home. One of her children has mental retardation. My mother asked Jeanette if she would be willing to fill in for Elaine's homecare worker for the day. Jeanette confided to my mother her fears that she would harm Elaine, since she did not know how to assist her, that she would end up at the police station if she did harm her, and further, that she might injure herself. Still, she agreed, but she did injure herself trying to help Elaine get out of bed. As a result, Jeanette lost several days of work.

This is not an unusual scenario, and it illustrates many of the complex, interrelated dynamics that make up the business and personal relationships between consumers and paid independent providers who are hired either through the private marketplace or government-subsidized programs.

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*Mediating the interests of workers and consumers.*

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Vulnerable consumers struggle to find reliable caregivers, while compassionate and caring workers lack the support and training they need to provide the quality care consumers deserve.

This article addresses the reasons that it is increasingly difficult for consumers to find available and competent workers and the conditions under which many workers are employed in today's homecare market and provides an explanation of several mechanisms that are being used to mediate the needs and desires of workers and consumers.

## WHAT DO CONSUMERS WANT?

All across the country consumers are now desperate to find homecare workers. Consumers who hire independent providers as well as those who are served through agency providers are suffering from the effects of an increasing shortage of available and qualified homecare workers.

Consumers who hire independent providers desire timely access to a large pool of candidates from which they can select workers who can best meet their individual needs and preferences. Only with a large enough pool can they have the luxury of dismissing a worker who may not be right for them. Living with the fear that they will never find another worker, consumers may employ and retain workers who do not meet their needs or are not prepared for the job. Con-

sumer preferences may range from a common language and culture, specific sex or age, to trustworthiness and the ability and interest to learn how to assist the consumer. Finding a match can be difficult and frustrating at best—and dangerous and frightening for those who depend on independent providers to maintain their ventilators or feed them.

Yet, the possibility of achieving a stable and experienced caregiving workforce—which is essential to ensuring quality long-term care—is becoming more remote. Rates of vacancies and turnover in caregiving jobs are now so high that, in some sections of the country, state associations representing homecare providers report their member agencies are unable to deliver care to clients because of a lack of direct-care staff. Informal conversations with staff of Centers for Independent Living and fiscal intermediaries such as Concepts for Independence in New York City suggest that consumers who hire workers independently are experiencing the same difficulties.

#### STRUCTURAL EXPLANATION OF WORKER SHORTAGES

Several structural reasons explain the current shortage of workers.

1. *The poor quality of direct-care jobs.* Wages are low—typically \$6.50 to \$8.50 per hour. Independent provider wages tend to be even lower, with minimum wage offered as the standard pay. What is more, a sample of workers in the Wisconsin Department of Aging Community Options Program indicated that independent providers who work in government-subsidized programs tend to have lower wages than those who contract independently on the open market. For both sets of workers, these wages are not enough for workers to move their families out of poverty.

In addition to low wages, most direct-care staff do not receive employer-paid health insurance (Himmelstein, Lewontin, and Woolhandler, 1996). In Los Angeles County, 45 percent of the homecare workers in the In-Home Supportive Services (IHSS) program lack health insurance (Cousineau, Regan, and Kokkinis, 2000). In a sample of independent providers from the Wisconsin program, which purchases

personal care from independent workers selected by consumers, only 46 percent of workers had private health insurance, and 22 percent had no regular source of health care. Yet, most of the workers, average age of 50, had health problems.

Homecare work typically offers only part-time hours and thus part-time pay. Weekly wages for homecare workers generally range far below that of nursing home workers. Many must work second jobs. In the California IHSS program, four out of five workers are part time, and nearly half report that they are not able to find enough clients so they can work as many hours as they want. Nonetheless, three-quarters of these independent providers depend solely on IHSS as their only job (RTZ Associates, 1996).

2. *The full-employment economy offers better job alternatives.* With the lowest U.S. unemployment rate in 30 years, vacancies are rampant in the service industry. Clerical and food-counter positions offer jobs that are safer and less demanding than direct-care health positions and yet pay as well or better. Offered the alternative of stable and safe service-sector employment, compared to the increasingly stressful demands of long-term care, even those who love to assist others are choosing to leave the health field.

3. *Post-baby boom demographics in America have created a care gap that will constantly worsen over the next thirty years.* Were vacancies and turnover the result only of our full-employment economy, the healthcare system could simply wait, “hoping” for the next economic downturn. However, the number of those requiring paraprofessional care is growing, while those who traditionally provide that care—primarily women between the ages of 25 and 54—cannot keep pace.

As one dramatization of this growing mismatch between the supply and the demand for direct-care services, the U.S. elderly population is projected to double over the next thirty years, while the traditional female caregiving population is projected to grow by only 7 percent (see Figure 1).

Therefore, the demographic mismatch between the demand for and supply of direct-care workers is a long-term structural problem that will likely remain, even should higher unemployment rates return. (With very low popula-

tion and labor force growth projected over the next several decades, a “normal” business cycle recession will be likely to yield only a modest increase in the number of unemployed. Richard Judy [2000], director of the Hudson Center for Workforce Development, suggests that the United States over the next 20 years can expect unemployment rates to vary only within the narrow range of a low of 3.5 percent to a high of 6.5 percent.)

in the United States will increasingly become a double bind: Families who cannot care for their older members by themselves will find relatively fewer paid staff available when they turn to the formal system for assistance.

The long-term-care industry long ago structured itself on the presumption of a seemingly endless supply of low-income individuals (usually women, and disproportionately women of color). The industry presumed these women

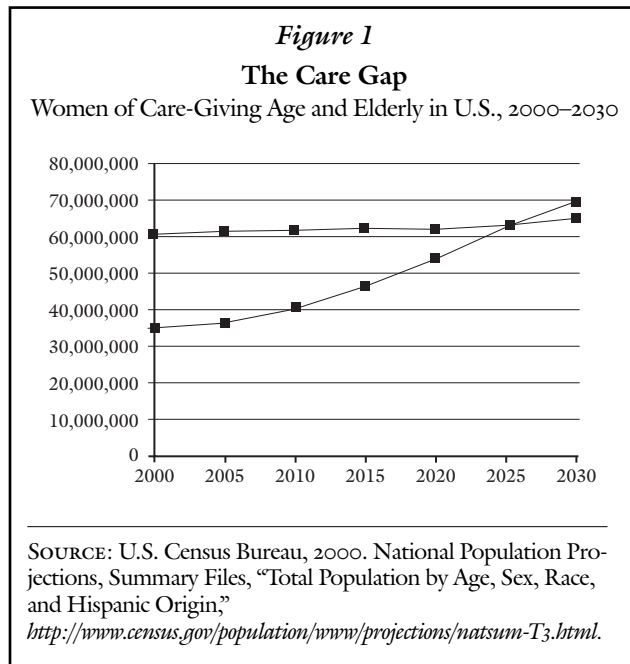
would always be willing to provide care and companionship for older people even though these jobs kept them working, but poor. Now, however, worker shortages throughout the country dramatize that this decades-old presumption is no longer valid.

**CONDITIONS FOR WORKERS  
IN CONSUMER-DIRECTED CARE**

Consumer-directed care is an outgrowth of the civil rights movement for individuals with disabilities, sometimes referred to as the independent living movement. Consumer direction is built on the premise that consumers want the autonomy and authority to hire, train, pay, and dismiss their personal assistants. In practice, many consumers say that they want the choice to be consumer-

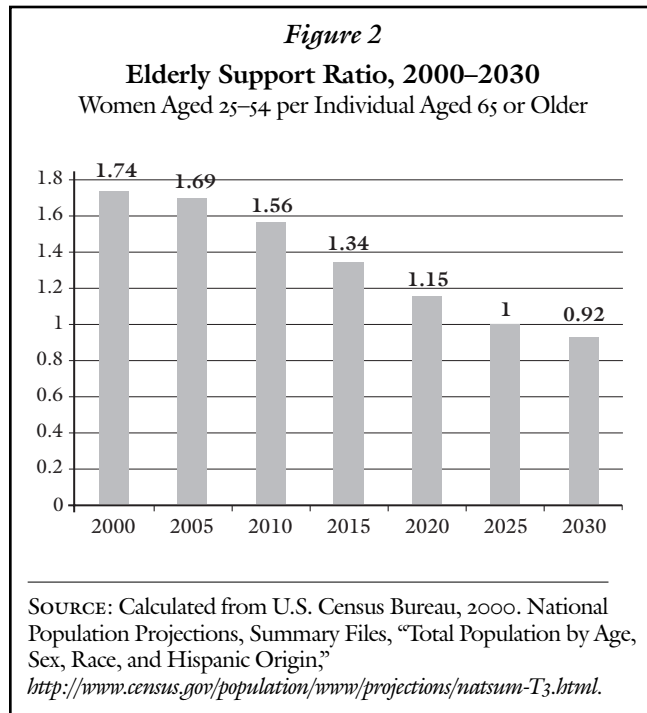
directed at some times and to rely on agency providers at other times. In either case, consumers want reliable, competent, and compassionate caregivers. As employees, caregivers seek jobs that provide a living wage and a safe working environment. Both consumers and caregivers often look for ways to establish long-term, meaningful relationships with each other whereby human connection transforms the isolation and pain of adversity.

Unfortunately, the needs and rights of workers and consumers have been needlessly counterposed against one another, as if benefits to one party must diminish rights of the other. In reality, the contractual arrangements between consumer and worker should respond to the needs and rights of both parties. A consumer, for example, should not have to choose between



Viewed from a slightly different perspective, these same data produce an elderly support ratio—the ratio of caregivers to elders—comparing the relative availability of caregivers over time. As Figure 2 shows, the U.S. population currently includes 1.74 females aged 25–54 per elderly person—when we are already experiencing significant direct-care shortages—yet this ratio will decline steadily over the next thirty years to a point where there will be fewer than one woman of caregiving age per elderly individual in the year 2030.

Unfortunately, this shrinking ratio of support will place pressure not only on the “formal,” paid healthcare delivery system, but on family caregivers as well. Since women in this age group provide the vast majority of both paid direct-care services and family care, this care gap



more assistant hours at a lower rate or fewer hours at a higher rate, as demanded by a state-subsidized program. Sometimes, however, differences are real, and trust develops slowly. Whose rights should be respected and whose forsaken in the situation where a consumer wants to have her bed placed low to the ground to promote easy access, while that arrangement places strain on her attendant's back?

The presumption that a dichotomy naturally exists between consumer and worker needs masks the failure of the long-term-care system to address the poor conditions under which workers are asked to provide care. If these conditions—including high rates of injury (NCHS, 1994; SEIU, 1995) and the failure to provide fringe benefits, retirement, disability, unemployment and worker's compensation—are not addressed, workers will continue to seek other jobs, and consumers will suffer from the growing shortage of qualified caregivers. As Keigher (1999) notes, there is a dramatic need for "collective attention to issues that affect *all* stakeholders such as conditions of work and training."

Since workers who are independent providers cannot rely on an agency to find them their next case, each worker must find one or more

clients to employ them. However, all consumers do not pay the same. Those workers who are fortunate enough to be hired in a private arrangement by a consumer who pays privately may earn more than a worker whose client is subsidized through a state program. Yet, gaining access to the private-pay consumers who are mostly suburban is difficult for workers who mostly live in the urban centers. Low income, lack of access to transportation, and home and childcare responsibilities make access to clients in suburbs difficult (Keigher, 1999).

At its best, consumer-directed care can offer independent providers secure long-term employment with an employer who is dependable, pays on time, and offers consistent hours as well as flexibility in schedules. Under these circumstances,

many consumers and workers build deep bonds of affection for one another and report that they feel like family to one another. They view the assistance as reciprocal. One consumer from New York, for example, helped her independent provider obtain her high school diploma and prepare for a more advanced career as an occupational therapy assistant.

At its worst, in the consumer-directed model, workers have access to fewer checks and balances, with no external mediator available to either party should difficulties arise. Paychecks can be withheld, or workers can be asked to do maid or chore work in addition to personal care. In certain situations "workers may come to feel obliged to do extraordinary things. Such workers sometimes need as much respite, assistance, training, and other support as do families" (Keigher, 1999).

Agencies, when operating at their best, have protocols to manage allegations of theft or abuse made by consumers about workers or vice versa. As independent providers, workers lack these protections. Though consumers as employers relish the freedom from bureaucratic strictures, the parameters set by an agency care plan can protect workers from performing tasks for which

## GENERATIONS

they may not be paid or prepared to do. On the other hand, an agency may shift a worker among different clients, while an independent provider working for one employer is able to build upon the specific knowledge she has gained working with that one person.

### IMPROVING CONDITIONS FOR WORKERS

Clearly, working as an independent provider of long-term-care services presents advantages and disadvantages to workers, whether their employer is an individual or an agency—and these of course vary by characteristics of individual employers and agencies. However, what is needed to counteract the variability in job conditions among employers of all types is an agreed upon code of working conditions for homecare workers. Such a code would protect workers and consumers by providing a more stable environment in which it would be easier for consumers to attract and retain workers and more feasible for workers to remain in caregiving occupations. Working conditions for home care workers should include the following:

- Adequate wages to enable workers to support their families.
- Access to health benefits for themselves and their children.
- Access to full-time work, if desired.
- Training in areas that preserve safety and health of both workers and consumers, for example, safe techniques to move clients and control infection, as well as in skills such as communication, conflict management, and dealing with cultural differences.
- Access to proper and maintained equipment.
- Access to supervisors or mediators for both consumers and workers to manage communication or conflict.
- Advancement possibilities as mentors or trainers.
- Access to needed supports such as transportation, childcare.

### MECHANISMS TO ASSIST WORKERS

Several vehicles currently exist, and others are on the horizon, to assist consumers in assuring that their independent providers have access to the opportunities delineated above.

*Fiscal intermediaries.* A fiscal intermediary is an agency that assumes the consumer's responsibility to pay workers and assure that they receive their statutory benefits. Consumers retain the responsibilities of hiring, management, training, and dismissing workers, but then transfer the detailed fiscal responsibilities of being an employer to the fiscal agent.

*Registries.* These exist in various forms in different parts of the country. They can be as small as a matching service for workers and consumers directed by a local independent living center, or they can be independent agencies that provide a range of services to assist both consumers and workers. By matching consumers with workers, registries can enhance workers' chances of achieving full-time work and a decent income or, through training, improve their opportunities to maintain or upgrade their caregiving skills. Registries can also offer supportive supervision that may be lacking in the open market and thereby contributing to workforce turnover. By offering initial training and orientation, registries can also introduce workers to the philosophy of consumer-directed care and the proper role and boundaries for independent providers. Registries could also offer training in such skills as communication, problem solving, and conflict resolution. If desired by consumers, more comprehensive registries could also train workers in specific clinical skills.

*Public authorities.* California has created public authorities, which are established on a county-by-county basis as part of its In-Home Supportive Services program. Their purpose is to do the following:

- Be an employer of record, which acts as a fiscal intermediary and can provide a basis for unionization.
- Be a registry sponsor.
- Provide an opportunity for a public arena in which the concerns of consumers and workers can be addressed.

*Unions.* Trade unions have also gained a footing in representing workers who are independent providers. In several counties in California, the Service Employees International Union has successfully unionized homecare workers. In San Francisco, consumers and workers together

working with the the San Francisco In-Home Supportive Services public authority lobbied the county government to achieve wages of \$9.00 per hour and health and dental benefits to which they contribute \$3.00 monthly. These figures pose a stunning contrast to the minimum wage rates paid in neighboring Alameda County. Not surprisingly, consumers in Alameda County are experiencing a worker shortage, since independent providers are now traveling the extra twenty minutes to San Francisco County for dramatically higher wages and benefits.

As the result of a landmark election in Los Angeles County, 74,000 homecare workers are now represented by the union. The union plans to work with the public authority of Southern California to increase wages and benefits for workers and to establish a registry that promotes quality jobs and quality care.

#### WHAT CAN WE EXPECT IN THE FUTURE?

Looking to the future, it is likely that more consumers will select consumer-directed care as their preferred mode for assistance most of the time. Unless we act now to find ways to pay for homecare jobs that are attractive to potential independent providers, we will be unable to respond to this growing demand.

The United States is not the only country struggling with these issues. Other governments are realizing that subsidized attendant programs require a substantial infusion of funds to support the hours of assistance that consumers require and the rates of pay and benefits that workers need. Several provinces in Canada, for example, have adopted policies to ensure that wages are equitable between those workers who are independent providers and those employed by formal agencies (Keigher, 1999).

Demand for a greater supply of competent, reliable workers will only increase in the next decade. Along with the growing cohort of aging baby boomers, the implementation of the Olmstead decision (Olmstead: 527 U.S. 581 [1999])—which determined that the Americans with Disabilities Act (ADA) may require states to provide community-based services rather than insti-

tutional placements for individuals with disabilities—may encourage citizens to put more pressure on states to move individuals with disabilities out of nursing homes into the community. Many of these individuals will rely on independent providers for personal care. Additionally, some individuals with disabilities may gain political leverage by their claim that lack of access to a capable and reliable workforce because of low wages set by the state Medicaid programs is a violation of their rights under the ADA (Griffin, 1999). Together, these consumers can place considerable pressure on governments to pay decent wages and benefits. As seen in California, when consumers join with workers to achieve better working conditions, consumers gain access to a larger pool of available and competent workers, and workers can afford to do the kind of work to which they feel drawn. ❧

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