

OUR Care COUNTS

Caregivers are Key to Transforming Care

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California's Long Term Caregivers

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If we don't fix the gaps in our in-home caregiving system, starting with valuing caregivers, California faces a full-blown catastrophe as the size of our elderly population nearly doubles in a few short years.¹ Already, tens of thousands of people with disabilities and older Californians are going without the care they need and deserve, at risk of injury or unnecessary and costly nursing home care.

“I give skilled, compassionate care to an invaluable person. Unfortunately, my county doesn't see it that way, and caregivers like me aren't deemed worthy of a living wage.”

– Sydney O'Connor, IHSS provider from Tehachapi, CA

HOME CARE IS A HUMAN RIGHT

- Getting care in the setting of your choice is a human right, a basic freedom that we must protect.
- In-Home Supportive Services (IHSS), provided by dedicated caregivers across California, provides a lifeline for 700,000² elders and people with disabilities with low incomes.
- IHSS caregivers deliver dignity and allow us to live and age the way we want: in our own homes, in our own communities.
 - » Three out of four adults age 50 or older say they want to stay in their homes and communities as they age.³
 - » For the disability rights community, home-based care is the preferred option.⁴
- Caregiving is also **critical infrastructure**: Quality services at home mean fewer stays in nursing homes and hospitals⁵, saving taxpayers money. Between \$22,000 and \$153,000 is saved each year for every recipient⁶ who would otherwise be cared for in a long-term facility provided through Medi-Cal.
- The state is better positioned than counties to think carefully and strategically about our Medi-Cal system—analyze the efficiencies needed to address the growing demand.



CAREGIVING IS IN CRISIS

- Tens of thousands of Californians are going without the care they need and for which they are qualified under state law, according to the [State Auditor](#).⁷ This number will grow without action to fix the gaps in long-term care.
- In 2019—before COVID-19—nearly 32 million hours of IHSS care went unused.
- Roughly 40,000 recipients did not receive needed in-home care each month in 2019, and that number is likely to grow.
- Low-wages, poor benefits, and a lack of training and growth opportunities have created a crisis in caregiving. Caregivers earn near or at the minimum wage; even working full-time, many qualify for public assistance.
- In some counties in California, caregivers have never had a contract ratified to lift them above the minimum wage, and in most counties training opportunities are scarce or nonexistent.

CAREGIVING IS AN ESSENTIAL, POVERTY JOB IN CALIFORNIA

- 5 counties still pay caregivers the minimum wage
- Another 23 counties pay less than \$1 above the minimum wage
- 24 more counties pay less than \$2 above the minimum wage
- Only 6 counties pay \$2 or more above the minimum wage
- opportunities have created a crisis in caregiving. Caregivers earn near or at the minimum wage; even working full-time, many qualify for public assistance.
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Source: California Department of Social Services data.

- Low wages and few opportunities result in a system that perpetuates inequality for caregivers, predominantly women and people of color, whose labor continues to be exploited, undervalued and underpaid.
 - » In California, in-home care workers are 80% women, 74% people of color, and 47% immigrants.⁸
- Those needing care hit too many obstacles trying to find caregivers in a fragmented 56-county In-Home Supportive Services care system⁹ that is under-resourced and unprepared for the growing need.
- Caregivers leave the workforce at alarming rates. Roughly one in four IHSS workers leaves the profession each year.
- When caregivers can't unite statewide and instead must fight dozens of local battles with counties for marginal improvements in wages, they have little ability to fight for the wholesale transformations needed in the coming years.

“Unless the State and counties address these deficiencies, the number of recipients who lack care will likely increase as the need for IHSS services grows.”

— [California State Auditor](#)

IHSS PROVIDER WAGES

COLOR KEY

- Counties that pay less than \$1 above the minimum wage
- Counties that pay less than \$2 above the minimum wage
- Counties that still pay caregivers the minimum wage
- counties that pay \$2 or more above the minimum wage



Source: California Department of Social Services data

TRANSFORMING CARE FOR AN AGING POPULATION:

Empowering and training IHSS workers will transform care for an aging population, allowing for better disease management and prevention of chronic illness and injuries:

- Fall Prevention
- Mental Health*
- Managing Dementia* & Memory Loss
- Improving Skin and Wound Care
- Improving Diabetes Care*
- First responders in an emergency (fire, flood, earthquake)
- Managing Chronic Heart, Lung and Kidney Diseases Effectively

*Offered in Washington State's Caregiver Program

CAREGIVERS ARE UNITING TO IMPROVE AND EXPAND CARE

- Caring for all of California is a statewide endeavor, requiring a bold vision and leadership to match the size of the challenge. Caregivers with frontline experience must lead our effort to transform our caregiving infrastructure.
- AB 1672 empowers IHSS caregivers to transform care statewide by giving frontline caregivers the opportunity to negotiate with the Governor to improve the IHSS system, shifting the responsibility to bargain from the counties to the state.
- With a unified voice at the state level, caregivers can advocate for those they care for and demand the respect to transform their profession, no matter where they live in the state. Only when caregivers are empowered statewide can California improve care for clients statewide.
- In other states¹⁰ with statewide bargaining for in-home supportive services, caregivers have negotiated improvements that stabilize the workforce, from statewide training programs to contributions to retirement security.
- Similarly, California must provide the recognition, living wages, good benefits, training and skill-building opportunities that make caregiving a rewarding career, not a pathway to poverty.

REFERENCES

- 1 <https://www.ppic.org/publication/planning-for-californias-growing-senior-population/>
- 2 <https://www.cdss.ca.gov/inforesources/ihss>
- 3 <https://www.aarp.org/research/topics/community/info-2018/2018-home-community-preference.html>
- 4 <https://www.disabilityrightsca.org/legislation/principles-universal-integrated-long-term-services-and-supports>
- 5 <https://www.ioaging.org/home-care/how-a-home-health-aide-can-help-save-you-money/>
- 6 <https://www.auditor.ca.gov/pdfs/reports/2020-109.pdf>
- 7 <https://www.auditor.ca.gov/pdfs/reports/2020-109.pdf>
- 8 <https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-3/>
- 9 <https://www.chhs.ca.gov/wp-content/uploads/2020/01/California-Association-of-Public-Authorities-for-IHSS.pdf>
- 10 <https://www.dshs.wa.gov/altsa/home-and-community-services/training-requirements-and-classes>

APPENDIX A: RECOMMENDATIONS FROM THE LTSS SUBCOMMITTEE REPORT TO GOV. NEWSOM'S MASTER PLAN ON AGING (P. 32)

4B - Strengthen IHSS Workforce Through Statewide Collective Bargaining Issue:

More than 520,000 IHSS providers currently serve over 600,000 IHSS recipients. The average pay is just above the state minimum wage of \$13/hour. IHSS providers do not receive vacation or paid holiday time off. They have limited access to employer-sponsored health benefits and no retirement security. A majority of IHSS providers are enrolled in Medi-Cal and other public assistance programs. Annual turnover in IHSS is 33%.

IHSS wages and benefits are significantly less than entry level wages in other industries. This has resulted in a severe shortage of IHSS providers around the state, often leading to recipients going without the services they need to remain safely in their homes. Wages and benefits for IHSS providers are negotiated at the county level through collective bargaining with unions. This has led to uneven wages and benefits across the state for the same work.

Recommendations:

- **4B i:** Consolidate employer responsibility for collective bargaining to one entity at the state level that can negotiate with IHSS employee representative organizations over wages, health benefits, retirement, training and other terms and conditions. This will allow the state to implement and have funding responsibility for policies that will increase recruitment and retention of the IHSS workforce as well as improve quality of services, for example, by offering a higher wage to providers who serve clients with complex needs.
- **4B ii:** Expand eligibility for Unemployment Insurance Benefits (UIB) to IHSS providers who are the spouse or parent of their client. Parent and spouse providers are the only IHSS providers currently carved out of this protection.
- **4B iii:** Implement a voluntary certified, standardized, and paid training curriculum for IHSS providers that offers career pathways and opportunities for increased pay for workers, increases their capacities to deliver care for the growing population of clients with complex care needs, addresses retention of the current workforce and attracts the workforce needed to meet future demands.
- **4B iv:** Require workforce training to be linguistically and culturally responsive and include topics such as implicit bias, declining cognitive and physical abilities, Alzheimer's and dementia related conditions and social isolation. It should also include a special focus on training people with intellectual/developmental disability (I/DD) to do all or some IHSS tasks.
- **4B v:** Ensure that individuals who agree to work as IHSS providers are enrolled into the system and paid in a standardized and timely manner.
- **4B vi:** Repeal statutes that require IHSS providers to pay for their criminal background check.
- **4B vii:** Establish statewide policies on sexual harassment prevention and workplace violence prevention in the IHSS program