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**Direct Care Worker Associations
and Public Authorities**

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Direct Care Worker Associations and Public Authorities

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Introduction

States and long-term care consumers, workers and employers are seeking ways to address the growing demand for a high quality and stable long-term care workforce. Difficulty in finding workers, low wages, and a lack of benefits and training opportunities for many workers are among the barriers to achieving this goal. Direct care worker associations and public authorities have emerged to address these issues through outreach, advocacy, support, and training.

This issue brief provides a snapshot of associations and public authorities. The intent of this document is to identify and describe existing approaches to addressing long-term care workforce issues, not to endorse or evaluate the different models. Website links are provided for those interested in obtaining more information about the efforts described below.

There are three broad models for organizing direct care workers: worker-based associations, employer-sponsored associations, and public authorities. The models vary as to the breadth of settings (nursing facilities, home health agencies, or independently employed) and workers (Certified Nursing Assistants, Personal Care Attendants, home health aides, etc.) represented. The models represent consumer directed workers, workers in community-based settings, and workers in institutional settings.

Worker-based models operate independent of the long-term care employers (nursing facilities, home care agencies, and consumers) and include workers in institutional, community-based, or both settings. The Connecticut Association of Personal Assistants is an example of a worker-based model that specifically represents personal care attendants. The Iowa CareGivers Association is also a worker-based model that includes all types of workers, but focuses on facility and agency settings.

The Direct Caregiver Association in Arizona is an example of an employer-sponsored model that encompasses all settings and workers. This association, like the worker-based models in Connecticut and Iowa, produces newsletters, maintains a website, and holds statewide annual meetings for members in addition to the efforts described below.

The public authority model was created in California for consumer directed workers. A California law established county level public authorities to represent and support independent (self-employed) providers of personal care services. Recently Oregon and Washington have also established statewide public authorities.

Associations

Connecticut Association of Personal Assistants

The Connecticut Association of Personal Assistants is an example of a worker-based model of consumer directed workers. The Connecticut Association of Personal Assistants was created exclusively for personal assistants employed by a person with a disability. The Association recognizes the unique work environment of personal assistants providing consumer directed care who, unlike workers in other settings, have no co-workers with whom to share their joys and frustrations. Consumer directed personal assistants also share a unique relationship with their employers (the consumer), one that may not be understood by family members or friends. The group recommends that other associations representing more types of workers create a subgroup for consumer directed personal assistants.

The Association's emphasis is on:

- *Support* provided through meetings and newsletters to allow personal assistants to exchange ideas and provide a safe place to deal with difficult issues, and quarterly meetings with employers (the consumers) and personal assistants to provide a forum for both groups to work together on mutual issues;
- *Outreach* to recruit personal assistants for specific employers and raise awareness about the job; and
- *Advocacy* to improve compensation and to find ways of providing benefits such as health insurance.

Iowa CareGivers Association

The Iowa CareGivers Association is also a worker-based model that includes workers in all settings, but focuses on facility and agency settings. The Iowa CareGivers Association (ICA) is a statewide professional association for Certified Nurse Assistants, Home Care Aides, Patient Care Technicians, and other direct care/support workers who deliver care in nursing facilities, home care agencies, and in many other health care settings. ICA provides education, information, support, and advocacy for those who perform direct care.

ICA represents the voices of direct care workers by tracking legislation and by serving on committees and task forces which affect direct care workers. It advocates for a comprehensive approach to supporting long-term care workers, focusing on wages, benefits, opportunities for

advancement, awareness and status, and working conditions. ICA is primarily publicly funded through grants from the state. The organization also receives financial support from private foundations and membership, event sponsorship, and conference fees.

ICA developed a Certified Nursing Assistant Mentor Training Program that provides a joint certification from the Iowa CareGivers Association and a participating community college. ICA also recently completed a two-year project to assess and address the needs of direct care workers in order to reduce staff turnover in nursing facilities. Nursing facilities that participated in the program had a retention rate nearly double that of non-participating facilities. A comprehensive report on this initiative is available on the ICA website (www.iowacaregivers.org).

Arizona Direct Caregiver Association

The Direct Caregiver Association in Arizona is an example of an employer-sponsored model that encompasses all settings and workers. Nursing facility and small group home administrators formed the Direct Caregiver Association in Arizona. Initially, six facilities created a nonprofit organization to address workforce issues collectively and contributed \$500 per month to support their activities. In addition to facility administrators, direct care workers are also members of the association. Other long-term care facilities (assisted living, hospice, nursing facility, and adult day care) have since joined the association. Individual direct care workers may also join.

The primary focus of the Association is to address recruitment and retention barriers, enhance public perceptions of direct care workers, and develop a comprehensive training program for direct care workers. Some of the benefits of membership include:

- Continuing education for direct care workers in the workplace;
- Job placement (providers pay a fee if staff are hired from the training program); and
- Workshops for management and direct care workers.

The Association's training program for direct care workers began in March 2002. Potential trainees attend an orientation session that explains the job of direct care workers and the training curriculum. The training curriculum includes 203 hours of classroom lecture time and a clinical lab at a nursing facility. Time management, stress management, and communication skills are covered. Twelve hours of training in food preparation were added to the curriculum because of the Association's belief that, over time, more care is going to be provided in client's homes. In addition to the training, if a trainee needs financial assistance, the association pays for things like tuberculosis screening, state licensing, back support belts, and watches with second hands.

By October 2002, three classes of approximately 18 students had entered the program. The average age of students was 41. There is a \$50 registration fee, and full tuition is \$2,800 per student, but is determined on a sliding fee scale. The State Department of Education approved the program and paid tuition for some of the students. The Association sought funds from the Community Development Block Grant program with limited success because those funds were earmarked for training for new rather than existing jobs. The Association is also seeking job training/workforce investment funding that has not historically gone to the long-term care industry.

Public Authorities

California

California has a long history of consumer directed services, and about 96 percent of consumers in its In-Home Supportive Services (IHSS) program receive services from independent (self-employed) providers of personal care. As independent contractors, IHSS workers did not have the right to organize a union to represent them in negotiations for wages and benefits, such as health insurance, workers compensation, and paid vacation and holidays.

A 1992 California Law authorized the creation of county level “Home Care Public Authorities.” The goal of the authorities was to provide a vehicle to address independent workers’ concerns about wages and benefits and to maintain consumers’ direction of their care. Under the California law, a public authority must establish a consumer board to oversee the authority, establish an employer of record, create a registry of workers, and provide training for direct care workers. By establishing the public authority as the employer of record, the workers are no longer self-employed, and the employer responsibilities are split between the public authority and the consumer. The public authority serves as the employer in collective bargaining (for wages and benefits) with the Union that represents the workers. The consumer serves as the employer for the purposes of selecting, hiring, supervising, and, if necessary, firing the individual worker.

Initially, eight counties established public authorities and successfully increased wages and decreased turnover for direct care workers in those counties. Direct care workers in some counties are also receiving health insurance coverage. Several other counties have recently voted to establish public authorities. Members of the county authorities are represented by local chapters of the Service Employees International Union (SEIU). To address the wage gap that emerged between counties with public authorities and those without, effective in January 2003, all California counties must act as or establish an employer of record for IHSS direct care workers and establish a consumer board. A comprehensive report on stakeholder perspectives on implementing public authorities in California is available from the Paraprofessional Healthcare Institute (www.paraprofessional.org).

In fiscal year 2000, approximately \$775,000 was included in the IHSS administrative budget (less than 1% its budget) for the operation of the San Francisco Public Authority. About half of these funds were used to operate a central worker registry to help consumers find willing workers. The additional funding was budgeted for on-call and consumer support services, administration of health benefits, planning, and advocacy. Medical and dental benefits for IHSS workers cost an additional \$7 million.

Oregon

An initiative similar to California’s 1992 law was passed in Oregon in November 2000. Approximately 90 percent of Oregon’s home and community-based services are consumer directed and provided by 13,000 independent (self-employed) direct care workers. The initiative, Ballot Measure 99, created a statewide Homecare Commission to serve as the workers’ employer of record, provide training and maintain a registry of workers. The ballot measure gave workers

the right to seek union representation but contained a no-strike provision. SEIU Local 503, the Oregon Public Employees Union, represents Oregon direct care workers and thousands of other public employees across the state. Subsequent legislation allocated \$300,000 for funding of the Homecare Commission.

Washington

In Washington, approximately two-thirds of home and community-based direct care workers are independent providers. In November 2001, voters in the State of Washington passed ballot initiative I-775 creating a Home Care Quality Authority. This created an employer of record for independent direct care workers throughout the state. The Home Care Quality Authority establishes a consumer board, a registry of direct care workers, and respite and emergency referral services. The initiative also contained a no-strike provision. SEIU represents the 25,000 Home Care Quality Authority workers. A contract was signed on January 13, 2003, that includes an increase in hourly wages and provides health insurance benefits for qualified employees, but funding for the contract requires Legislative approval.

Website Links

Links to the associations and authorities described in this issue brief are listed below. The National Clearinghouse on the Direct Care Workforce website contains contact information for other state associations.

Connecticut Association of Personal Assistants

www.ctapa.org

Direct Caregiver Association - Arizona

www.directcaregiver.org

Iowa CareGivers Association

www.iowacaregivers.org

National Clearinghouse on the Direct Care Workforce

www.directcareclearinghouse.org

Paraprofessional Healthcare Institute

www.paraprofessional.org

San Francisco In-Home Supportive Services Public Authority

www.sfhsspa.org/sfpa.html

Service Employees International Union (SEIU)

www.seiu.org/health/home_care/

Washington Home Care Quality Authority

www.hcqa.wa.gov