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Authors

Barnard, Cheylynda

Buenavides, Marisela

De La Torre, Elvira

et al.

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THE STATE OF WORK: HOME CARE PROVIDERS IN THE INLAND EMPIRE

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EXECUTIVE SUMMARY

California and the Inland Empire are on the precipice of a home care crisis. As California's population ages, the demand for home care services, including those provided through the In-Home Supportive Services (IHSS) program, is anticipated to grow significantly. The state's senior population increased from 4.5 million in 2012 to 6.1 million in 2022 and is projected to increase to nearly 8.5 million by 2035. The number of seniors with disabilities is expected to rise from 1.2 million in 2022 to 1.7 million by 2035. Between 2012 and 2035 the number of seniors comprising the Inland Empire's population is expected to nearly double, changing from 470 thousand to 910 thousand. There is substantial demand for home health care workers to take care of these aging populations, yet these workers face persistent challenges that affect their financial well-being, job satisfaction, and ability to deliver quality care.

Combining findings from original analyses of American Community Survey (ACS) data, interviews with workers and union representatives, and prior research, we examine the state of work among home care workers in the Inland Empire, most of whom are women of color. **Our findings highlight five major challenges that home care workers face: low pay, bureaucratic barriers, long work hours and unpaid labor, family responsibilities, and limited**

access to education and training. To address these challenges, the report recommends policy actions at the state and federal levels that aim to bolster support for California's home care workforce and improve outcomes for their clients.

Home care workers in the Inland Empire, as elsewhere in California, earn very low incomes. Our analysis of 2022 ACS 5-year data estimates reveal that median personal annual income of home care workers are $21,402 in California, $21,000 in Riverside County, and $19,488 in San Bernardino County. IHSS workers' base wages in both counties are less than $20 per hour. This level of compensation is inadequate to meet rising living costs and fails to recognize the critical services these workers provide. Additionally, bureaucratic obstacles—such as inconsistent authorization processes, inadequate reimbursement structures, and the "share of cost" policy—place financial strain on workers and complicate service delivery. Many home care workers, particularly those caring for family members, exceed their authorized work hours without compensation. This dynamic of long work hours and unpaid labor is often driven by a sense of familial duty, as well as gaps in the authorized hours that fail to account for the full extent of caregiving needs.

Family responsibilities further complicate the work of many IHSS providers, who frequently care for their relatives and feel obligated to work beyond their allotted hours. Blending personal and professional lives can lead to emotional stress, burnout, and financial strain. Many caregivers also face barriers in career advancement due to limited access to education and training. In the Inland Empire, for instance, only 11% of home care workers hold a bachelor's degree or higher, compared to 17% state-wide. Workers report a desire for training in specific caregiving skills and pathways to higher education, yet access to this training remains limited, especially after the state government was forced to terminate the IHSS Career Pathways Program due to insufficient funds to support the growing demand for it. Although unions have initiated training and educational resources for members, home care workers still have many unmet needs for skill development and career mobility.

Several policy initiatives are recommended to address these issues:

- Declaring the state rather than county governments as the employer of record would enable IHSS workers to engage in standardized, state-wide contract negotiations, which would in turn help to achieve greater pay equity and improve workers' benefits, including their access to paid sick leave, vacation hours, and retirement plans.
- At the federal level, expanding Medicare to cover home care

services for all seniors, rather than limiting support to low-income individuals through Medicaid, could help to reduce bureaucratic hurdles and improve access to care.

- Policies to expand paid service hours, structured training in family caregiving, and mental health resources would support home care workers facing long hours, unpaid care work, and emotional strain.
- Increasing IHSS wages through public investment at the county, state, and federal levels would benefit workers and stimulate local economies. Research indicates that higher wages for home care providers increase tax revenues and support a range of industries in regional economies.

Enhanced public investment in the IHSS program and a focus on improving working conditions, training, and wages are essential to meet California's growing demand for home care. As home care workers gain better support and resources, both caregivers and their clients will benefit from higher-quality, more reliable care that promotes the health and well-being of California's most vulnerable populations.

INTRODUCTION

"In 2021, folks who were 60 years old, or more, it was about 388,000 [who needed care], and we project by 2060 that number is going to go to 530,000…So if we don't have home care providers who are making decent wages and benefits, we're going to be in a care crisis."

Miguel Benitez, SEIU 2015 Region 2 Director

California's population is aging rapidly. Throughout history, the United States has benefited from a youthful population and workforce. However, like much of the nation, California is experiencing a demographic transformation as its population ages at an unprecedented rate (Colby & Ortman, 2014). Recent population estimates, combined with projections from the California Department of Aging (2024), illustrate the scale of demographic shift. Table 1 highlights that California's senior population has been steadily increasing and is expected to nearly double between 2012 and 2035, from 4.5 million to 8.4 million.[1] In the Inland Empire, the senior population is following a similar trend, projected to grow from 469,000 to almost 913,000.

We also constructed pyramids showing the structure of age, sex, and disability in California and the Inland Empire. Figure 1 shows that the largest two population groups in California are the 26-30- and 31–35-year-old groups, while in the Inland Empire they are the 11-15 and the 16-20-year-old groups. The concerning feature for both populations is how narrow they are for the 1-5-year-old groups; this reflects a very low birth rate in both California and the Inland Empire (down to 10.7 births per 1,000 in 2022 from 15.6 in 2007) (Johnson, 2023). The low birth rate and relatively smaller population of children

TABLE 1. POPULATION GROWTH IN CALIFORNIA AND THE INLAND EMPIRE

	2012	2022	2035	2060
California				
All	37,940,000	39,040,000	40,351,593	41,638,357
65+	4,552,800	6,168,320	8,487,429	11,768,948
% 65+	12%	16%	21%	28%
Inland Empire				
All	4,334,000	4,669,000	4,891,535	5,234,834
65+	469,195	566,307	912,694	1,299,466
% 65+	11%	12%	19%	25%

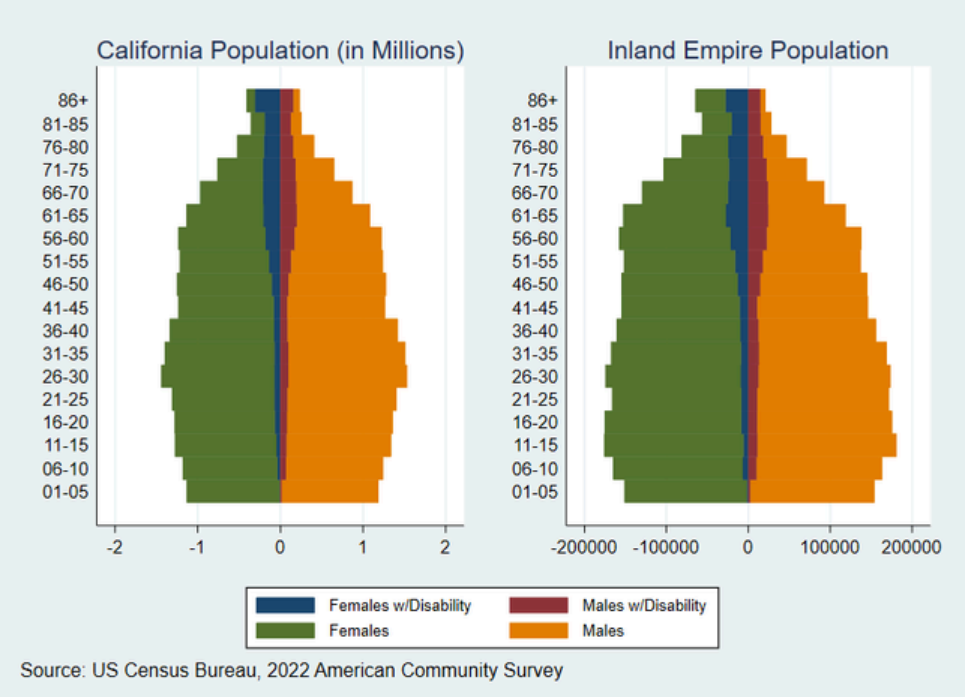
Sources: The 2012 and 2022 esitmates use the American Community Survey and the calculations are the authors' own. The 2035 and 2060 projections come from the California Department of Finance which used the 2020 Census, vital statistics from the California Department of Public Health, and the American Community Survey.

(compared to adults) is largely responsible for the increasingly large projected share of the population aged 65 or older.[2] This figure also shows adults in California with a disability.[3] 27% of adults in California are now categorized as having a disability (Centers for Disease Control and Prevention, 2024). As the number of both older residents and residents with disabilities in California rises, so too rises the demand for home care workers and personal aides who provide care and personal assistance to older and disabled residents in their own homes.

By 2030, scholars predict a 29% increase in the need for home health care workers and personal care aides in California (McConville, Payares-Montoya, and Bohn 2024). The home care industry, including the publicly funded In-Home Support Services (IHSS) program, faces a shortage of workers. Currently, there are 56.2 direct care workers per 1,000 older adults in California and about 66.0 in the Inland Empire (California Department of Aging, 2024). This workforce shortage is exacerbated by high employee turnover rates, burnout, low wages, and unfair labor practices within these occupations (McConville et al., 2024; Shore et al., 2022). To properly provide appropriate levels of care to all elderly, chronically ill, and individuals with disabilities who qualify, California must support and strengthen the home care workforce.

Home health care workers or personal care aides (hereafter referred to as

FIGURE 1. CALIFORNIA AND INLAND EMPIRE POPULATION AND DISABILITY PYRAMIDS



Source: US Census Bureau, 2022 American Community Survey

home care providers)[4] provide care for their clients in clients' homes. They monitor their health and provide clients with individual assistance for daily tasks, such as bathing, cooking, cleaning, and shopping. Many home care providers are hired through private agencies or within public or private residential care facilities. Others are hired directly by their clients - commonly their relatives or friends - or through the IHSS program (McConville et al., 2024; Shore et al., 2022).

The IHSS program in California provides publicly subsidized in-home assistance for eligible low-income clients over 65 years of age, or that are blind and/or disabled. The California Department of Social Services administers the IHSS program through county agencies. The IHSS program is currently funded through Medicaid, known as Medi-Cal in California, which excludes seniors just above its strict income limits (Potter, 2024).[5] Social workers approve eligible clients for services and authorize the number of hours they are eligible to receive care. Clients and their family members are responsible for recruiting, training, supervising, and terminating home care providers if necessary (McConville et al., 2024; Shore et al., 2022).

This report examines the state of the home health care industry in Riverside and San Bernardino Counties from the perspective of workers. We report findings from information gathered from the American Community Survey and put them into context by reviewing previous research on California's home care workers. To further understand the specific issues facing IHSS workers in the Inland Empire, we also conducted semi-structured interviews with these workers and staff from unions representing them. To protect their anonymity, we use pseudonyms to refer to the IHSS workers that we interviewed.

Our findings reveal that most home care workers in Riverside and San Bernardino Counties, like the rest of California, are women of color. Workers over 54 and immigrants are also disproportionately employed in these occupations. These findings are consistent with previous research on the social composition of home care workers in California (McConville et al., 2024; Shore et al., 2022). Our analysis highlights five major themes related to the hardships faced by home care workers: 1) low pay, 2) the challenges associated with navigating bureaucratic institutions, 3) long work hours, 4) the centrality of the family and unpaid work, and 5) obstacles to attaining more education.

We begin this report by reviewing the history and role of IHSS workers' unions in California and the Inland Empire. We then present our key research findings regarding the home care workforce in the Inland Empire

and compare them to their counterparts in the rest of the state and to all other workers. Next, we examine critical concerns among IHSS and home care workers that are more generally related to their employment and working conditions. We conclude the report by offering policy recommendations.

IHSS WORKERS' UNIONS IN CALIFORNIA AND THE INLAND EMPIRE

IHSS workers in California are employed either by the state government or by companies that contract with the state. Although many home care workers in California, especially those employed in the private sector, lack union representation, California's IHSS workers have been covered by union contracts since 2000.[6] Their unionization resulted from a historic campaign to win state legislation authorizing collective bargaining rights for IHSS workers and requiring county governments, and in some cases the state, to act as the employer of record. After gaining their rights to engage in collective bargaining, the Service Employees International Union (SEIU) and the American Federation of State, County, and Municipal Employees (AFSCME) carried out successful unionization drives across California counties. They then negotiated contracts that raised home care workers' pay and improved their access to employment benefits. These historic unionization campaigns, led by women of color, united IHSS workers, their clients, disability rights advocates, organizations representing seniors, and other community allies, who viewed unionization and increased pay and better working conditions for IHSS workers as vital for improving workers' rights and the quality and accessibility of home care for those in need of it (Boris & Klein, 2015).

Within the Inland Empire, SEIU 2015 and United Domestic Workers-AFSCME Local 3930 (UDW 3930) represent IHSS workers in collective bargaining. SEIU 2015 represents IHSS workers in San Bernardino County, which currently has about 37,400 providers. Similarly, UDW 3930 represents over 40,000 workers in Riverside County. Both unions have won a series of improvements in IHSS workers' pay, benefits, workplace training and education,[7] and employee rights through contract negotiations, most recently in 2023, with their respective county governments. While each union currently negotiates IHSS contracts at the county level, proposed legislation, supported by SEIU 2015, UDW 3930, and their allies, could change this by declaring the state as the employer of record. If enacted, this policy would allow IHSS unions across California counties to engage in state-wide contract negotiations.[8]

Already, SEIU 2015 and UDW 3930 work in coalition with other IHSS

unions across the nation and state to advocate for the passage of federal and state policies to protect the IHSS program from cutbacks, increase its accessibility to those who need home care, and provide IHSS workers with increased wages, employee benefits, and greater access to both job-related and career pathways training.

In 2023, SEIU Local 2015 made significant gains for IHSS workers in their contract negotiations with the San Bernardino County Board of Supervisors as it enhanced wages and included comprehensive benefits. The union contract secured a “floating wage,” which is an additional $2.10 on top of California’s current $16 minimum wage. The floating wage allows IHSS providers to earn additional supplemental pay regardless of minimum wage changes. In addition to securing a floating wage, SEIU 2015 negotiated a one-time payment of $250 to active providers who completed a minimum of 120 hours between July 1st, 2022, and December 31st, 2022, and increased budgets for health care, training, and personal protective equipment (PPE). The agreement included a Healthcare Employees/ Employers Dental and Medical Trust to provide IHSS workers with health, dental, and vision plans (IHSS Public Authority and SEIU Local 2015 2015). In addition, the contract allocated $10,000 in new funding for PPE, resulting in a total of $25,000 in PPE funding and $50,000 in new funding for essential training (Bates et al., 2023; SEIU 2015 Staff, 2023).

Also, in 2023, UDW 3930 negotiated their contract agreement regarding wages and benefits with the Riverside County In-Home Supportive Services Public Authority from May 1st, 2023, to December 31, 2025.[9] The agreement established a base wage of $15.50 an hour with a $0.50 wage supplement, resulting in a total base rate of $16.00 an hour. However, from January 1st, 2024, IHSS workers were provided an additional $0.75 supplement wage, creating a total base wage of $17.00 an hour (IHSS Public AUthority et al., 2024). The agreement also outlines a wage increase to $18.50 an hour on January 1st, 2025.

In addition to health benefits and increased wages, the county has allocated $10,000 per fiscal year to provide additional training and support to IHSS providers. This contract also includes a $0.57 financial contribution per hour to workers’ health benefits. The health insurance policy provides IHSS workers with medical, dental, and vision insurance for $30 a month through Kaiser Permanente. Workers and their household dependents also qualify for a $20,000 life insurance policy, resulting in the Public Authority contributing $0.03 per paid hour to workers’ life insurance trusts (IHSS Public Authority et al., 2024). For many providers, winning a life insurance policy was crucial after witnessing their relatives pass away during the pandemic and being unable to afford

TABLE 2. COMPARISON OF INLAND EMPIRE IHSS CONTRACTS

San Bernardino County Union Contract	Riverside County Union Contract

• $15.50 base wage per hour (in 2023), than a $.50 minimum wage increase to $16.00 (on 01/2024)
• $2.10 wage supplement:
  ○ $.50 wage supplement effective immediately (increase from previous contract)
  ○ Additional $1 wage supplement (upon approval of the contract) and a $.60 increase (on 02/2024)
• Healthcare Employees/Employers Dental and Medical Trust
• $25,000 PPE funding
• $50,000 for essential training
	• $15.50 base wage per hour
	• $1.25 wage supplement
	  ○ $.50 wage supplement effectively immediately
	  ○ Additional $.75 supplement effective 01/2024
	• Vision, dental, and health benefits
	• $.03 per hour contribution to Life Insurance Policy
	• $10,000 per fiscal year for training

their burial expenses.

In 2024, the IHSS program faced a potential $95 million budget cut as Governor Gavin Newson proposed denying undocumented immigrants access to IHSS. In response, organizations and advocates for immigrants and people with disabilities protested these potential cuts through a public gathering in Sacramento. At that time, about 1,500 undocumented immigrants used these services, although estimates suggest that more than 3,000 were eligible to receive them (Reyes, 2024). Since workers are often caring for family members and have other dependents, the potential budget cut would have resulted in a loss of income affecting the entire family. The proposed budget cut would have forced family members to place undocumented individuals in institutional care or face extreme financial instability, contributing to the risk of losing the ability to gain legal status as they could be labeled as public charges for depending on medical benefits (Reyes, 2024).

In response to advocates' concerns, Governor Gavin Newson and Democratic lawmakers established a $297.7 billion state budget for the 2024-2025 fiscal year that maintained the program at its current funding level. As a result, more than 2,600 undocumented immigrants will continue to obtain support in fulfilling their daily tasks while remaining in their homes (Plevin, 2024). While no financial cuts were made to the IHSS program, representatives of UDW 3930 expressed concerns about the lack of extended funding and urged IHSS workers and other advocates to pressure Congress to pass legislation to further expand access to affordable and high-quality long-term care for those who need it (Plevin, 2024).

WHO ARE OUR HOME CARE WORKERS IN THE INLAND EMPIRE?

How do the social and demographic characteristics of home care workers and other workers in Riverside County, San Bernardino County, and the rest of California compare? We analyzed the American Community Survey's five-year data from 2022 to address this question. Across the state, we have a sample of 2,109 people identifying as home health aides and 18,746 identifying as personal health aides. Due to the small sample sizes that were made even smaller when we look at San Bernardino or Riverside counties specifically, we combined data on two occupations that commonly provide home care assistance to elderly people and people with disabilities: personal assistants and home health care workers.[10] These statistics include information on home care workers employed in both the private and public sectors (see Table 3). Most, or about 45 to 50% of home care workers are public sector employees that are employed by the federal, state, or local government (44.6% in Riverside and 50.0% in San Bernardino). Another 36-38% of workers are employed by private employers. Between 8% and 10% of workers are self-employed, with the greatest shares in Riverside (10.93%, including incorporated and unincorporated categories).[11] Between five to eight percent of workers work for non-profits.

In 2022, about 778,000 workers in California were employed as home health or personal care aides (McConville et al., 2024). As of August 2023, the California Department of Social Services reported about 635,000 IHSS providers. However, government statistics on home care and IHSS providers do not capture all care providers since many are self-employed or directly and informally employed by their family members. About 70% of

TABLE 3. PUBLIC AND PRIVATE HOME CARE WORKERS

	Home Care Workers		
	Rest of California	Riverside	San Bernardino
Employment			
Self-Employed (Not Incorporated)	7.96%	8.60%	6.85%
Self-Employed (Incorporated)	1.21%	2.33%	1.22%
Wage/Salary (Private)	39.40%	37.94%	36.40%
Wage/Salary (non-Profit)	7.95%	5.95%	5.07%
Federal Employee	1.93%	2.49%	2.35%
State Employee	18.86%	20.18%	26.83%
Local Employee	22.02%	21.95%	20.83%
Unpaid Family Worker	0.66%	0.56%	0.47%

Source: 2022 American Community Survey 5-Year Estimates. Calculations are the authors' own.

IHSS providers are the parents and family members of their clients and might have another primary source of employment, so they might not be fully captured in many labor force statistics, such as those collected by the American Community Survey (McConville et al., 2024).

As Table 4 reveals, compared to workers in other occupations ("other workers"), a greater percentage of home care workers are women aged 55-65, non-white (with higher numbers of Hispanics, Blacks, and Asians), and immigrant workers. Curiously, while there are proportionately more home care workers in the 55-65 age group than other workers, far fewer home care workers are of retirement age (66+). These findings are consistent with other research finding that home care workers are predominantly women of color, immigrants, middle age, and low educational attainment (Chun & Cranford, 2018; McConville et al., 2024). Among California's direct care workers who are 18 and over, McConville, Payares-Montoya, and Bohn (2024) found that language barriers, commonly found among immigrant workers (most of whom were Latino or Asian), prevent them from obtaining jobs that pay more sustainable wages for their families.

While home care workers across the Inland Empire largely mirror the demographics of California's IHSS workforce, both San Bernardino (49%) and Riverside (47%) Counties have a higher proportion of Latinos compared to the rest of the state (35%).

TABLE 4. HOME CARE WORKERS AND OTHER WORKERS IN CA AND THE INLAND EMPIRE

	Home Care Workers			Other Workers		
	Rest of California	Riverside	San Bernardino	Rest of California	Riverside	San Bernardino
Age						
14-17 (Very Young Workers)	0.09%	0.00%	0.00%	5.85%	6.21%	6.99%
18-24 (College Age)	6.68%	7.15%	6.39%	10.47%	10.38%	11.79%
25-54 (Prime Working Age)	47.29%	51.13%	48.97%	45.89%	42.02%	46.40%
55-65 (Older Workers)	30.06%	26.93%	31.71%	17.14%	18.13%	17.04%
66+ (Retirement Age)	15.89%	14.79%	12.38%	20.65%	23.25%	17.78%
Sex						
Male	20.00%	16.48%	16.32%	49.50%	50.15%	49.85%
Female	80.00%	83.52%	83.68%	50.50%	49.85%	50.15%
Race						
Hispanic	34.62%	47.83%	49.06%	31.68%	40.86%	48.47%
White non-Hispanic	25.55%	28.94%	23.36%	41.47%	42.33%	32.03%
Black non-Hispanic	8.79%	9.89%	10.98%	4.49%	5.26%	6.49%
American Indian Alaska …	0.64%	0.56%	0.56%	0.48%	0.57%	0.46%
Asian non-Hispanic	27.15%	10.37%	12.57%	18.05%	7.89%	9.53%
Other non-Hispanic	0.30%	0.24%	0.56%	0.31%	0.32%	0.39%
Multiracial non-Hispanic	2.94%	2.17%	2.91%	3.45%	2.79%	2.70%
Citizenship						
Citizen-Born in U.S.	49.76%	64.73%	64.73%	68.08%	73.96%	72.60%
Citizen-Born Abroad	4.23%	1.13%	1.13%	1.29%	1.18%	1.01%
Citizen-Naturalized	31.00%	20.64%	20.64%	18.06%	14.65%	14.92%
Non-Citizen	18.00%	13.51%	13.51%	12.58%	10.20%	11.46%

Source: 2022 American Community Survey 5-Year Estimates. Calculations are the authors' own.

OBSTACLES ENCOUNTERED BY HOME CARE WORKERS

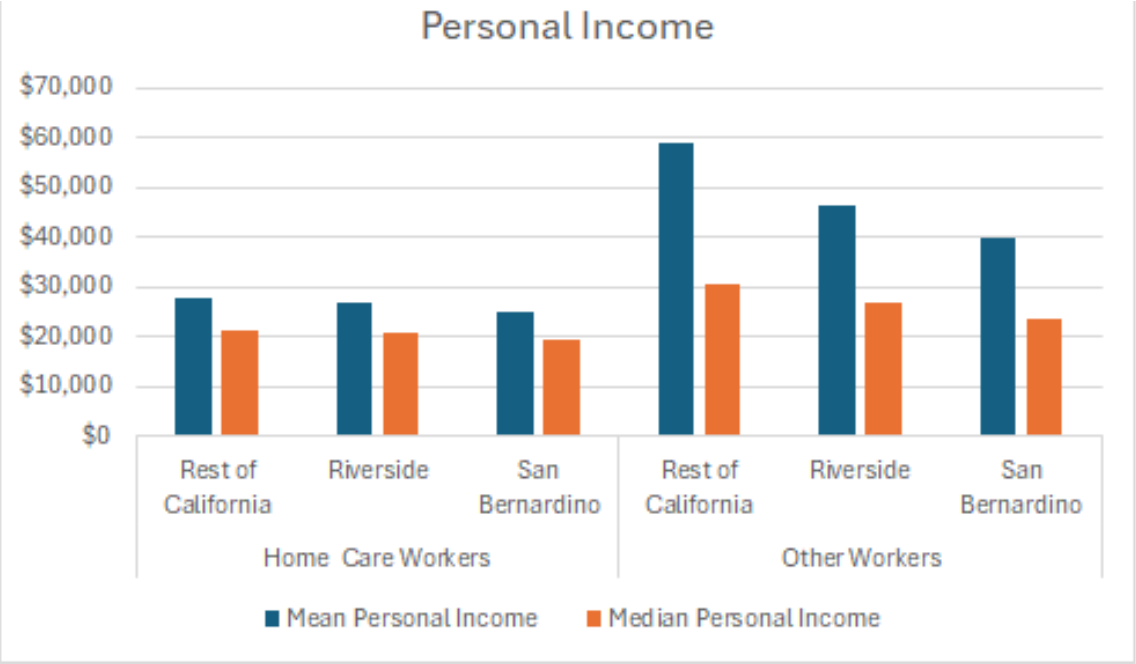
1. Low Pay

One of the significant challenges that IHSS workers and other home care workers face is the low levels of overall pay. Low pay among IHSS workers results from low hourly wages and constraints on their authorized work hours, which often underestimate the work hours required by their clients (Chun & Cranford, 2018; McConville et al., 2024; Shore et al., 2022). As seen in Figure 2, the average and median personal annual income for home care workers in 2022-dollars, including IHSS and other home care workers, is drastically lower than the average and median income of workers in other occupations. The median personal annual income for home care workers is $21,000 for Riverside and $19,488 for San Bernardino, compared to $21,402 for the rest of the state. The pay for home care workers is not only far lower relative to other workers but also far lower in comparison to the high cost of living. For example, researchers estimated that workers in the Riverside-Ontario-San Bernardino metropolitan statistical area must earn at least $60,360 annually in 2022 to afford a two-bedroom apartment at fair market rent (National Low Income Housing Coalition, 2021).

Dee, an IHSS worker in San Bernardino, personally experiences the negative impacts of low wages for IHSS workers. Dee works as an IHSS worker for five hours a day, five days a week. Dee works an additional hour daily for another home care client who is off the books, and she receives Supplemental Security Income (SSI) for a disability. Altogether, Dee only makes a gross income of $28,000 per year, with an entire household income of $90,000, which is insufficient for her to make ends meet. On at least one occasion, she could not pay her electrical bill and required additional assistance. Dee also faced additional hardships of not being paid for three months of work when IHSS denied a patient's claim for services due to a clerical error. Dee attempted to assist the patient in an appeal to no avail. Later, when the patient passed away, there was no further opportunity to seek her three months of backpay, which added to her economic hardship.

Another IHSS worker in Riverside, Carolina, was only compensated $17,385 for caring for her mother and had to learn to apply acrylic nails in her home to subsidize her income to help pay for her necessities. Local unions that represent IHSS workers have taken steps to mitigate the problem of low pay through contract negotiations and are already planning to demand a new round of wage supplements in upcoming contract negotiations with county governments. Increased unionization rates for private sector home care workers could help to raise the pay among home care workers not yet represented by a union.

FIGURE 2. LOWER MEDIAN AND MEAN PERSONAL INCOME THAN OTHER WORKERS



Source: 2022 American Community Survey 5-Year Estimates. Calculations are the authors' own.

Miguel Benitez, who was SEUI 2015's chief negotiator and currently serves as the Region 2 Director for the union, highlighted the importance of successful union contract negotiations to transform IHSS wages from insufficient to livable wages and benefits. As he points out, "If we don't have home care providers who are making decent wages and benefits, we're going to be in a care crisis." Research supports this claim, indicating that transforming IHSS into a good-paying career is likely to help reduce the high employee turnover rate; low pay forces many providers to enter different industries and occupations with higher pay and fewer responsibilities (McConville et al., 2024; Shore et al., 2022).

Manuel Reyes, the Lead Union Representative for UDW 3930, highlighted the importance of winning union contracts that provide family-sustaining wages and prevent providers from looking for a second job when he said: "When you're able to be a caregiver in this program and not be worried about taking on a second job to pay the bills, when you have a job that's taking care of a life, you're extending that life for everyone." As other IHSS union leaders have also pointed out, higher wages among home care workers benefit workers' entire families and allow more of them to live closer to where they work (Bates et al., 2023; SEIU 2015 Staff, 2023).

2. Navigating Bureaucratic Institutions

Within California, long-term care is accessible through three avenues: the public sector (such as the IHSS program), the private sector, and the informal sector. In the public sector, government funding covers many of the costs associated with home care. The informal sector involves individuals and family members that informally hire workers outside of formal employment and payroll processes, such as paying them through cash, personal check, or an app such as PayPal or Venom. Other care workers are formally employed in the private sector by individuals and families through private sector agencies and/or directly by families[12] (Shore et al,. 2022). Care providers encounter bureaucratic barriers within both public and private sectors.

Public sector home care workers face considerable bureaucratic challenges, even as they seek to gain initial employment within IHSS. To become an IHSS provider, workers must complete enrollment documentation, get fingerprinted and undergo a background check, provide a valid identification and social security card, and complete an orientation (California Department of Social Services, 2024b). However, completing the enrollment documentation is the first barrier workers must overcome, as errors can delay gaining approval to work as a home care provider (Chun & Cranford, 2018).

Carolina, for instance, is a 19-year-old Mexican American home care worker in Riverside County who provides care for her mother with multiple health conditions, including renal failure, an enlarged heart, high blood pressure, seizures, and vasculitis. Before becoming an IHSS provider in 2022, she worked at an Amazon warehouse and a Walmart Superstore. After noticing her mother was becoming more reliant on her family to address her basic needs, such as getting out of bed and showering, Carolina quit her jobs to assist her mother. Although unemployed, Carolina appreciated having the time to drive her mother to her medical and treatment appointments. After a few months, Carolina became aware of the IHSS program through her sister, a psychologist, who urged her to apply to gain a source of financial security while continuing to support her mother. Similarly, other research finds that workers often become aware of the IHSS program through their friends, family members, doctors, or social workers (Chun & Cranford, 2018).

Carolina attributes her sister's encouragement as fundamental to becoming an IHSS provider, as she provided extensive support in filing documentation and calling the regional office when problems arose. After submitting her documentation, Carolina shared, "[I had to wait] three months or four months because there were also errors in my mom's paperwork with her doctor, something was filled out incorrectly, so we had to keep going

back and forth until it was finally, like everything was good." Carolina relied on her sister to accurately complete the documentation and communicate with the regional office. She states, "honestly, if I didn't have my sister's help, I would have been very confused." After months of waiting, Carolina was approved for 124 hours of IHSS work per month (about 4 hours per day, 7 days per week). Although this additional income is helpful, these work hours only account for a small portion of Carolina's time aiding her mother, and she must supplement her income with a second job to pay her bills.

Similarly, Eduvilia became aware of the IHSS program after her mother began receiving treatment at a dialysis center due to being diagnosed with chronic type 2 diabetes. When asked about her experience applying to become an IHSS worker, she stated it was "frustrante [frustrating]," since she would call IHSS and was required to wait long hours over the phone to receive assistance. When she got hold of an IHSS representative, she provided her information to be sent an enrollment package by mail. After multiple phone call attempts, Eduvilia connected with an IHSS worker who helped her fill out the enrollment package and receive approval for 40 hours a month.

However, Eduvilia's mother's advanced age and declining health condition led her once again to wait long periods on the phone to connect with an IHSS representative. Although Eduvilia worked entire shifts on certain days, those shifts were insufficient to address her mother's medical needs, leading to her unpaid overtime hours. To obtain an increase in her mother's approved IHSS hours, Eduvilia called the regional office multiple times. She states she was only approved for more hours because "*yo les llamaba y les decía que no iba mejorando. Y miraba que ella necesitaba más tiempo de las horas que me estaban dando*. [I called them and told them that she wasn't getting better. And I noticed she needed more time than the hours they gave me]."

In addition to having to advocate and wait long periods for an increase in approved IHSS hours to address their recipients' medical needs, providers have also experienced payment issues due to strict income limits for IHSS recipients. Within IHSS, a "share of cost" for services is initiated when recipients have more than $2,000 in their savings or earn too much money from their social security or other income sources. When recipients are identified as having a high income, the state requires them to cover part of the costs associated with their designated IHSS hours rather than receiving care for free. However, as Manuel Reyes describes, the share of cost policy has a detrimental impact on the provider and the client.

"The provider sometimes feels bad because they can't take money from

someone that needs this care and so they don't get paid…so what happens is they end up leaving because they aren't getting paid that share of cost and so the recipient loses all the care entirely and because they don't have any care… They could pass, something bad can happen."

Also, the share of costs does not consider that many recipients are on fixed incomes and can face additional financial hardships that may prevent them from paying for their care, such as experiencing an unexpected rent increase. For providers to obtain their earnings, they must inform the state of incidences of non-payment and request the funds through a small claims court (California Department of Health Care Services, 2022), a requirement that typically prolongs the time period that workers experience non-payment.

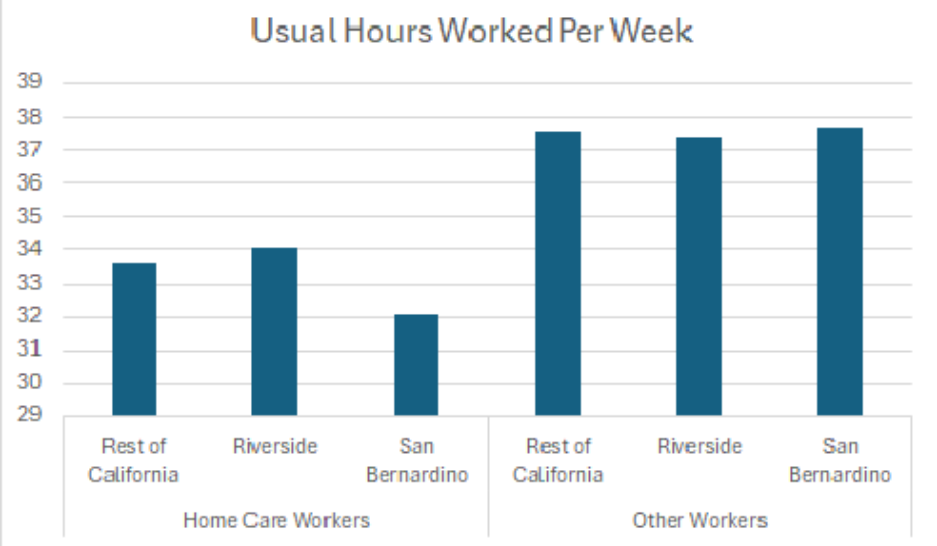
Workers within the private sector also face bureaucratic obstacles. Shore et al. (2022) conducted a study to examine home care in private-hire home care, agency consumers, and care in six-bed residential care facilities. As part of their investigation, they found that many of these workers were not informed about their rights as workers. California requires all employers to notify workers of their sick leave, vacation, personal leave, holidays, and other legal rights as workers. Yet, 32% of home care providers employed in either residential care facilities and 55% of home care providers hired through private agencies were not provided with any notices about their pay policies, time off policies, and other legal rights (Shore et al., 2022). Of the residential care facilities audited, only 61% provided workers with 24 hours of paid sick leave as required by the state. Only 43% of home care workers in residential care facilities had employer-sponsored health insurance (Shore et al., 2022).

3. Long Work Hours

As mentioned in previous sections, many home care workers, including IHSS workers, are only authorized to work for a particular client for a limited number of hours per week, month, and day. For example, Dee, is authorized only to work five hours per day, five days per week. Carolina is authorized to work about 124 hours per month, which equates to about four hours per day. As Figure 3 below indicates, we see these "low" hours as a feature of the industry that contributes to their low pay. However, these reported hours do not give us the whole story. Home care workers, especially IHSS workers who are friends or family members of their clients, often work far more than their allotted hours without compensation (Chun & Cranford, 2018; Glenn, 2010; McConville et al., 2024).

Carolina may only be authorized to work four hours daily but often works more than her approved hours to ensure her mother's well-being. This is a plight that many IHSS workers know all too well.

FIGURE 3. USUAL HOURS WORKED PER WEEK



Source: 2022 American Community Survey 5-Year Estimates. Calculations are the authors' own.

Eduvilia, another IHSS worker in Riverside, began to take care of her mother after she was diagnosed with diabetes and required dialysis regularly. Her workday was between four and eight hours when she cared for her mother. Eduvilia would check her mother's fistula to ensure it was properly functioning, take her blood pressure, provide medication, make breakfast, drive her mother to a dialysis or doctor appointment, pick up medicines from the pharmacy, clean her mother's home and clothing, and assist in basic tasks such as bathing. Given all that Eduvilia had to do, she often worked far beyond the allotted hours. When she applied for overtime, she was initially denied and instructed that she had enough allotted hours to complete the work. Eventually, her mother got sicker, and she was authorized to work 170 hours per month for her mom and her brother was authorized to work an additional 20 hours a month.

Carolina's and Eduvilia's experiences are not isolated incidents and beg the question of why workers would engage in unpaid labor. The simple answer is that IHSS workers are often related to the people they care for.

4. The Centrality of Family and Unpaid Work

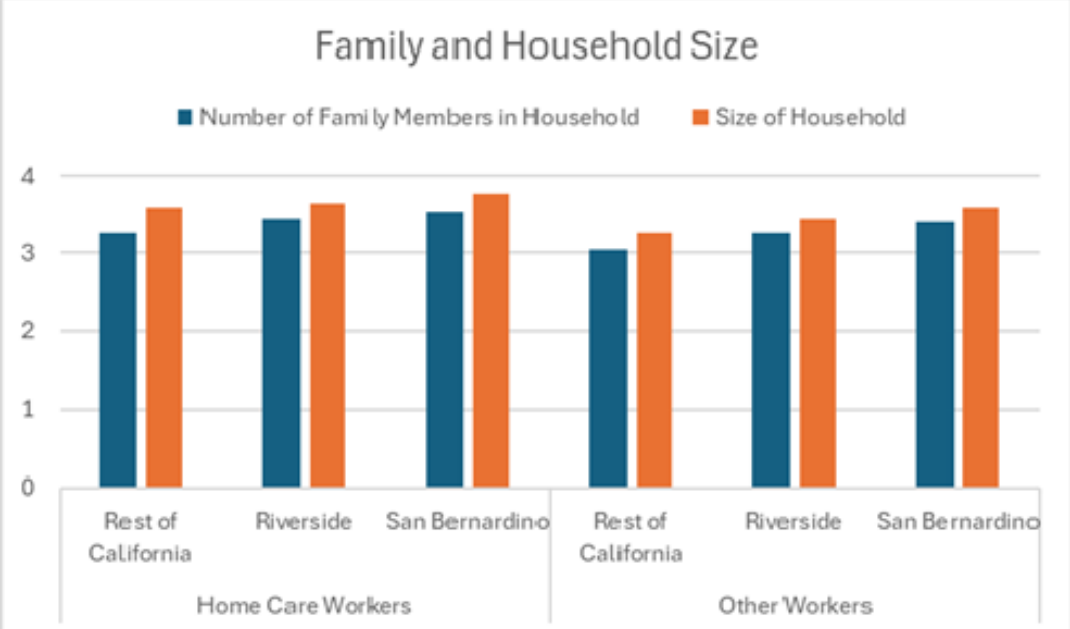
The IHSS program places responsibility on clients to recruit and hire care providers. Clients often hire family members and friends who feel obliged and are sometimes legally obligated to care for them, and who need new sources of income (Chun & Cranford,

2018; Glenn, 2010). Previous research based on a survey of 103 privately funded home care clients across California finds that clients often seek to hire home care workers who can address their family needs, are reliable, and demonstrate love and care for their clients (Shore et al., 2022).

Since care providers are frequently family members or friends, IHSS workers often find it difficult to restrict their work to only the hours approved for payment. Gendered and familial norms of caregiving, along with legal obligations to care for kin, often mean that much of the care work related to the long-term care of seniors and people with disabilities, disproportionately carried out by women of color, is devalued and often unpaid. This contributes to problems of low pay, unpaid work (including unpaid overtime), emotional stress, and poor working conditions, resulting in experiences of burnout (Boris & Klein, 2015; Chun & Cranford, 2018; McConville et al., 2024).[13] Our interviews revealed similar trends.

Figure 4 illustrates the relationship between household size and the number of family members within those households among home care workers compared to other workers across different regions in California. Notably, the data reveals that home care workers often belong to larger households, partly because they live with the family members for which they provide care. This trend highlights the intertwining of caregiving roles and familial obligations, which often

FIGURE 4. FAMILY AND HOUSEHOLD SIZE



Source: 2022 American Community Survey 5-Year Estimates. Calculations are the authors' own.

contributes to experiences of emotional stress and burnout.

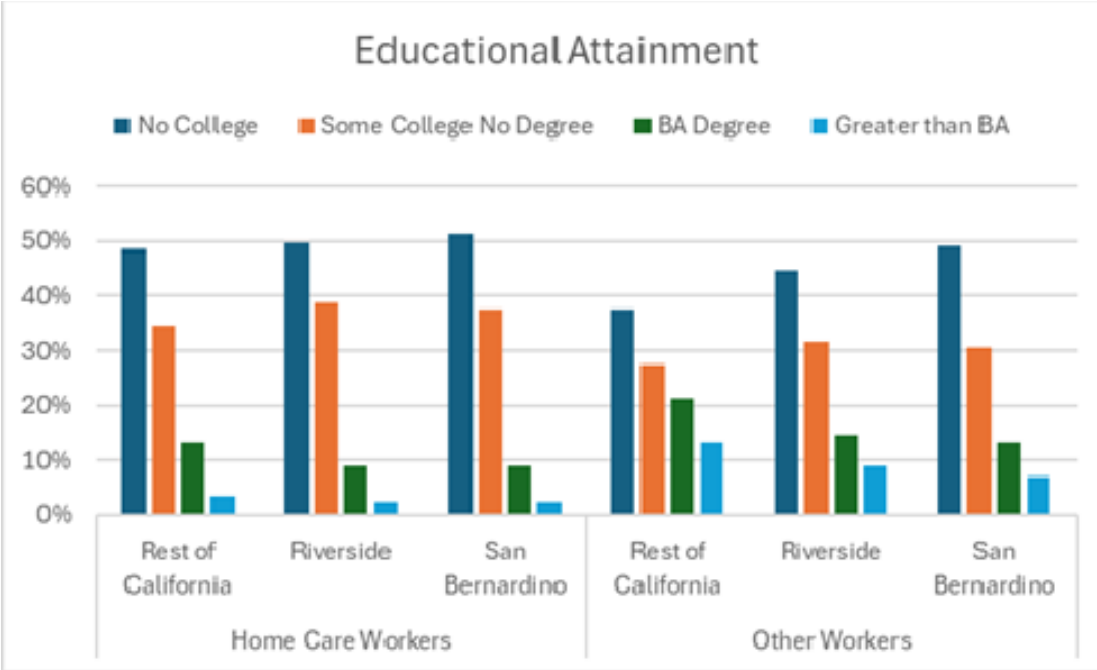
5. Attaining More Education and Training

Many home care workers could benefit from additional education and training to improve the quality of their services and help create career pathways for their long-term financial well-being. In California, most home care workers have no college or only some college but no degree and their levels of educational attainment are lower than other workers that are employed in other occupations. The lack of a college degree among home care providers is even more common in the Inland Empire than California. As Figure 5 shows, only about 11% of home care workers in Riverside and San Bernardino Counties report a BA degree or more educational attainment. In contrast, nearly 17% of home care workers in the rest of California report an educational attainment of at least a BA degree. Consistent with other research, our interviews reveal that home care workers' employment options are often constrained partly due to a lack of educational credentials (Chun & Cranford, 2018; McConville et al., 2024). Research finds that some home care workers in California, especially part-time workers, are currently enrolled in school (McConville et al., 2024). Initiatives to support access to higher education and training among home care workers and increase funding for the state's career pathway training program can help expand career opportunities and upward mobility among these workers.

More immediately, home care workers desire better job training to improve the quality of their work, and some are pursuing this through their unions or promising training partnerships between community organizations and unions (Homebridge, 2024). Most workers we interviewed felt under-trained in certain aspects of their job. For example, Carolina mentioned in her interview that she had to learn to manage her mother's multiple care concerns only after asking for specific guidance from her mother's doctor. She feels that receiving specific work-related training, such as learning how to properly lift her mother from her bed, could have come from IHSS training. Eduvilia, who also cares for her mother, struggles with the fact that the IHSS program does not provide training and has had to learn the job over time through her direct experience. She feels stressed out and incompetent and states, "You do it the best way you can." Eduvilia is hopeful that her IHSS workers' union will be able to help home care workers receive the training to take care of their clients' needs better.

Dee mentioned that, even in her 60s, she has considered taking some of the free courses offered by her union to become a certified nursing assistant. According to the Bureau of Labor Statistics, the hourly mean wage for a certified nursing assistant in California in 2023 was $22.63. That is five dollars

FIGURE 5. EDUCATIONAL ATTAINMENT



Source: 2022 American Community Survey 5-Year Estimates. Calculations are the authors' own.

per hour more than the $17.60 per hour IHSS workers in San Bernardino County currently receive through their union contract negotiated in 2023. Although higher pay is also needed for nursing assistants (Goldblum & Shaddox, 2021), research finds that nursing assistants often have more full-time employment and higher incomes than home health aides and personal care aides (Shore et al., 2022).

California's IHSS Career Pathways Program temporarily provided training for providers to increase their skills to effectively support their clients but was insufficiently funded to meet the growing training demands of home care providers. By September 16, 2024, state funds for the program ran out and it could no longer offer any more classes (California Department of Social Services, 2024a).

IHSS unions, such as UDW 3930 and SEIU 2015, support additional state and federal funds for home care providers' training, and are also taking action locally to provide training and career guidance for their members. For example, UDW 3930 in Riverside is actively connecting members to local resources through the union's training center. In 2024, UDW 3930 initiated a resource center to provide members and their families with access to training and a pathway to higher education. According to Manuel Reyes, the training center provides courses such as cardiopulmonary resuscitation (CPR), first aid, bloodborne pathogens, infectious diseases, hazardous waste and materials, and cleaning materials.

Similarly, the union's resource center provides guidance to members that seek to complete associates degrees and other certifications.

Policy Recommendations

The aging population in both California and the Inland Empire is expected to increase dramatically over the next several decades. Furthermore, the number of seniors with disabilities is expected to grow from 1 million in 2015 to 2.7 million in 2060. Given the rising demand for home-based care for seniors and disabled people, and the five major challenges facing home care workers that we identified (low pay, bureaucratic obstacles, long and often unpaid work, and lack of access to education and training), it is crucial to increase public investments in the home care industry. New policy initiatives are even more pressing given that two state initiatives are about to sunset: 1) California GROWs - the California Department of Aging's direct care workforce initiatives and 2) IHHS's Career Pathways programs.

Various state and federal policy initiatives seek to expand and improve the funding for long-term and home-based care. For example, California's ten-year Master Plan for Aging emphasizes the need to expand and improve community health workers to assist older adults and people with disabilities within their home and community-based settings. It also promotes the development of evidence and competency-based certification training programs and career pathways for workers to become culturally and linguistically competent to work with diverse clients (California for ALL & California Department of Aging, 2023). Similarly, the Blueprint for Change, produced by the Maternal and Child Health Bureau of the Health Resources and Services Administration, recommends increased and better integrated public investments for services, including family-centered and home-based care, for children with special health care needs (McLellan et al., 2022).[14]

At the state level, policy proposals to declare the state, rather than county governments, to be the employer of record for IHSS workers could go a long way to improve the compensation of IHSS workers. One such proposal was introduced by Assemblymember Matt Haney in 2023 and supported by SEIU 2015, UDW 3930, and their allies: the IHSS Employee Relations Act (AB 1672). This bill sought to strengthen IHSS unions' bargaining leverage by authorizing them to negotiate multi-county contracts. As IHSS union representatives, Miguel Benitez and Manuel Reyes described, because IHSS contracts are negotiated at the county[14] rather than the state level, IHSS unions have been unable to negotiate over various policies, such as sick hours, vacation hours, and pensions. By moving contract negotiations from the county to the state, IHSS unions across California could work together to have

greater bargaining leverage, negotiate over more employment issues, and reduce inequities in IHSS workers' compensation and benefits across counties.

At the federal level, a particularly promising policy proposal is to expand and improve the funding and delivery of home care to include all seniors aged 65 and above who need it by funding home health care for elders through Medicare, a better funded, more universal, and national program in comparison to Medicaid. The latter is a state and federal program that is chronically under-funded, limits eligibility based on incomes and assets, and provides a patchwork of policies that produce highly uneven accessibility and quality of home care services across U.S. states and counties (Potter, 2024).[16] This policy could also reduce or eliminate various bureaucratic challenges home care providers continue to face, including the share of cost policy that contributes to the non-payment of workers.

State and federal policies, such as those mentioned above, promise to provide additional funds for education, training, and increased pay for home care workers. Yet, the aforementioned policies fail to address the lengthy and often unpaid work hours many IHSS workers provide when caring for a family member. Tailored training, along with better outreach regarding the mental health services available to IHSS workers, could address the psychological difficulties experienced by home care workers taking care of their loved ones. State policies to address the long, irregular, and often unpaid hours worked by home care workers would help to address this problem and prevent poor health behaviors associated with long work hours, such as short sleep duration, smoking, obesity, low physical activity, and higher alcohol use (Golden, 2015). The recent effort in New York to ban twenty-four-hour shifts provides one possible model to follow (No More 24!, 2024). Improving policies for authorizing work hours among home care providers would also help raise their incomes and the level of care provided to clients.

Of all the issues home care workers encounter, low wages and lack of benefits rise to the forefront. Increased public investment in the IHSS program at all levels of government is needed to improve home care providers' wages, which are currently too low. Increasing their wages would not only reduce their poverty levels but help to stimulate the state and local economy through increased spending and tax revenues. Research completed by SEIU Local 2015 staff found that, within San Bernardino County, IHSS wages are spent primarily in 10 industries, including owner and tenant-occupied housing, nursing and community care facilities, hospitals, restaurants, local government enterprises, and retail. Higher IHSS wages would help to boost spending in these industries and

other local businesses. Already, IHSS wages contribute to state tax revenue to California, as well as $7,143,457 in tax revenue to the county of San Bernardino, and $7,066,581 to the county of Riverside. Increasing IHSS wages would help to further boost state and local tax revenues through increased payroll, sales, and property taxes (SEIU Local 2015, 2023).

Perhaps most importantly, substantial public investment in the home care workforce by county governments, California legislature, and federal policies is vital to improving the quality and accessibility of the health care safety net for hundreds of thousands of elderly residents and residents with disabilities. As ample research demonstrates, raising pay and improving non-wage aspects of job quality tends to increase employee morale, engagement, retention, and productivity, all of which promise to provide higher-quality home care to those who need it (Cotton & Tuttle, 1986; Fieveson, 2023; Lopezlira & Jacobs, 2023).

ENDNOTES

1 We define this population as age 65 or greater.

2 These projections come with some caveats. In order to construct the projections their authors had to make assumptions about the mortality rate, migration rate, and most importantly the birth rate.

3 We categorized people with disabilities if they had hearing, vision, cognitive, ambulatory, self-care, or an independent living difficulty.

4 Home care providers are part of the long-term care industry, which also includes workers employed by publicly and privately funded nursing homes and other 24-hour care facilities.

5 In 2024, the limit in California for single applicants was $20,783 per year, and $28,207 for married applicants.

6 Many IHSS workers are considered to be partial-public, and the state and union automatically withdraw union dues. However, they also have the ability to opt-out of their union contracts. The Harris v Quinn Supreme Court Case (2014) ruled that mandatory union dues violated employee's First Amendment rights for freedom of speech and association.

7 California Senate Bill of 2021 established the IHSS Career Pathways Program (CPP). The 2021-22 State Budget contained $200,000,000 to fund the CPP. However, the program ran out of funds after September of 2024.

8 In 2023, this proposed policy was introduced through AB 1672. Although it gained support of the state assembly, it was not passed by the state senate. For more information, see: AB 1672: In-Home Supportive Services Employer-Employee Relations Act, AB 1672 (2023-2024).

9 Here, we are referring to the Memorandum of Understanding Between Riverside County In-Home Supportive Services (IHSS) Public Authority and United Domestic Workers Union, UDW, AFSCME Local 3930, AFL-CIO.

10 The four digit Standard Occupational Classification (SOC) codes were used to define home care workers. We combined the codes 3601 for health care support occupations and 3602 for personal care aides into one group to represent all home care workers.

ENDNOTES

11 Those listed as incorporated are those who selected “Yes” on a question that read "Was this business incorporated?

12 For example, when a family does not qualify for IHSS they might hire home care workers in the private sector by hiring the worker directly or by hiring them from another firm that does not receive funds from IHSS.

13 On the devaluation of care work more generally see England, P., Budig, M., & Folbre, N. (2002).

14 This Blueprint for Change was based on input from convenings with diverse stakeholders, including families of children with special health care needs, policy makers, and advocates.

15 For more information, see: AB 1672: In-Home Supportive Services Employer-Employee Relations Act, AB 1672 (2023-2024).

16 Kamala Harris has recently claimed that most of the costs for this would be paid for by expanding Medicare drug price negotiations, negotiating drug discounts from pharmaceutical companies, and requiring transparency from pharmacy benefits managers. See Potter, W. (2024)

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