



Health, Work & Policy

California's Consumer-Directed Model of Home Care

APHA 2007

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Acknowledgements

- Survey and 2002 focus group data:
 - generously provided by Carles Muntaner, PI and Jeanne Geiger-Brown at the University of Maryland. Data collection made possible with funding from the National Institute for Occupational Safety and Health.
- 2004 focus group data collected as part of:
 - the Better Jobs, Better Care Initiative funded by a Robert Wood Johnson Foundation and Atlantic Philanthropies grant to Candace Howes, PI
 - a project of the California Home Care Research Working Group with funding from the UC Institute for Labor & Employment, Emily Abel, PI
- Dissertation Committee Members (UCLA School Of Public Health):
 - Steven Wallace, Chair, Emily Abel, Carol Aneshensel, Judith Siegel
- California Home Care Research Working Group Members



Focus on...

- How home care services are structured (meso/organizational level)
- Job stressors & health outcomes (workplace)
 - Dyadic care relationship
 - Structure & Policies
- Policy Implications (macro level)
 - CA – policy change within existing structure
 - Nationally – structure of home care services



Why the Home Care Workforce?

Growth in elderly population (>65)

- CA: triple to 10.8 million between 2000-2050

Shrinking pool of traditional providers

- Demographic shifts
- Women in workforce
- Greater geographic distance between family members

Interest in community-based (vs institutional) long term care

Large CA Workforce: IHSS (In-Home Supportive Services):

>300,000 workers care for >320,000 income-eligible consumers

Historically, high turnover



IHSS Consumer-directed Structure

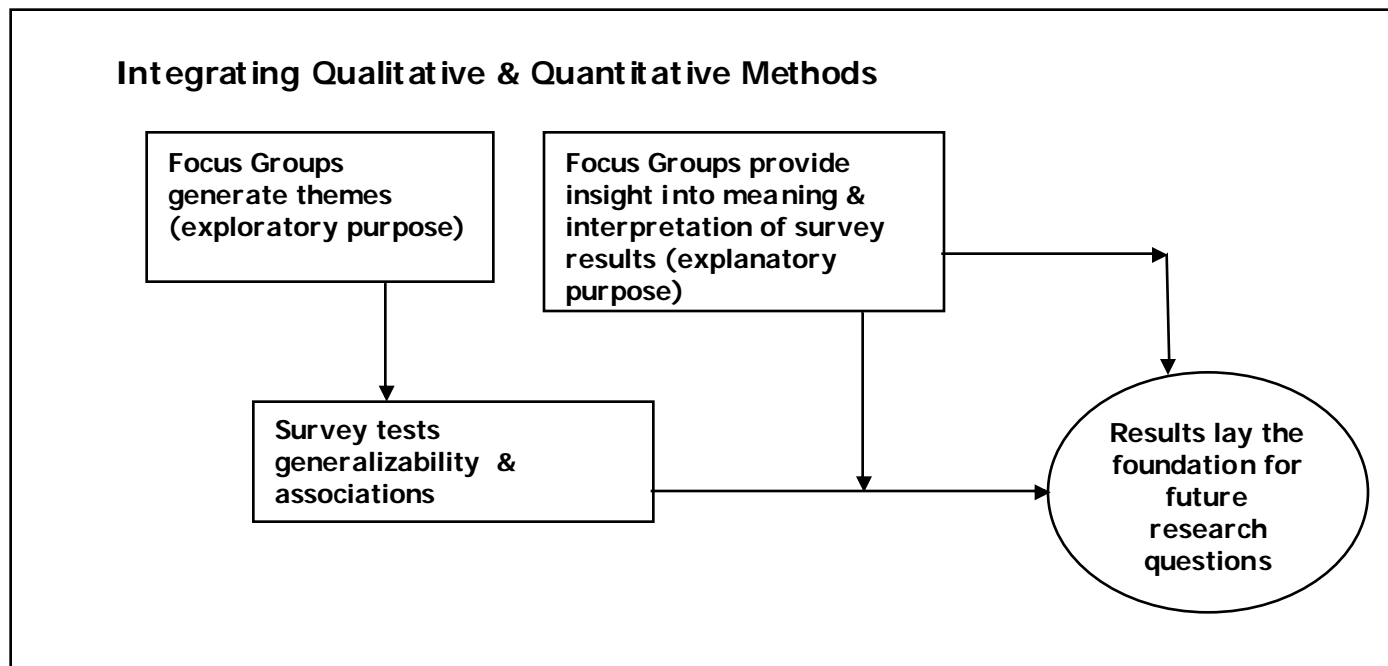
- **Origins – Created by worker/consumer coalition**
- **Government funding for income-eligible consumers**
- **Unique Employment Relations - mechanism for worker & consumer voice**
 - Consumer chooses provider
 - County-level consumer-majority advisory committees
 - Workers represented by union
 - Worker can be a family member
- **Blurs boundaries between formal & informal care, between work and home**
- **Social versus Medical model: Personal assistance services not health care services; Paid hours of care authorized by social worker**



Research Goals

- Describe workforce
- Investigate associations between job stressors and:
 - Self-reported health status
 - Ability to Recover from fatigue
 - Job satisfaction
- Examine role of support and control
- Identify policy changes to improve conditions

Mixed Methods Approach





Data Collection & Analysis

- 1,614 Questionnaires (English, Spanish)
 - CATI conducted by trained home care workers
 - Multivariate regression analysis
- 6 Focus Groups – Purposive sampling of 71 workers (3 groups in 2002; 3 in 2004)
 - English (3), Spanish (2), Mandarin Chinese (1)
 - Taped, transcribed, translated
 - Content analysis – ID recurring themes

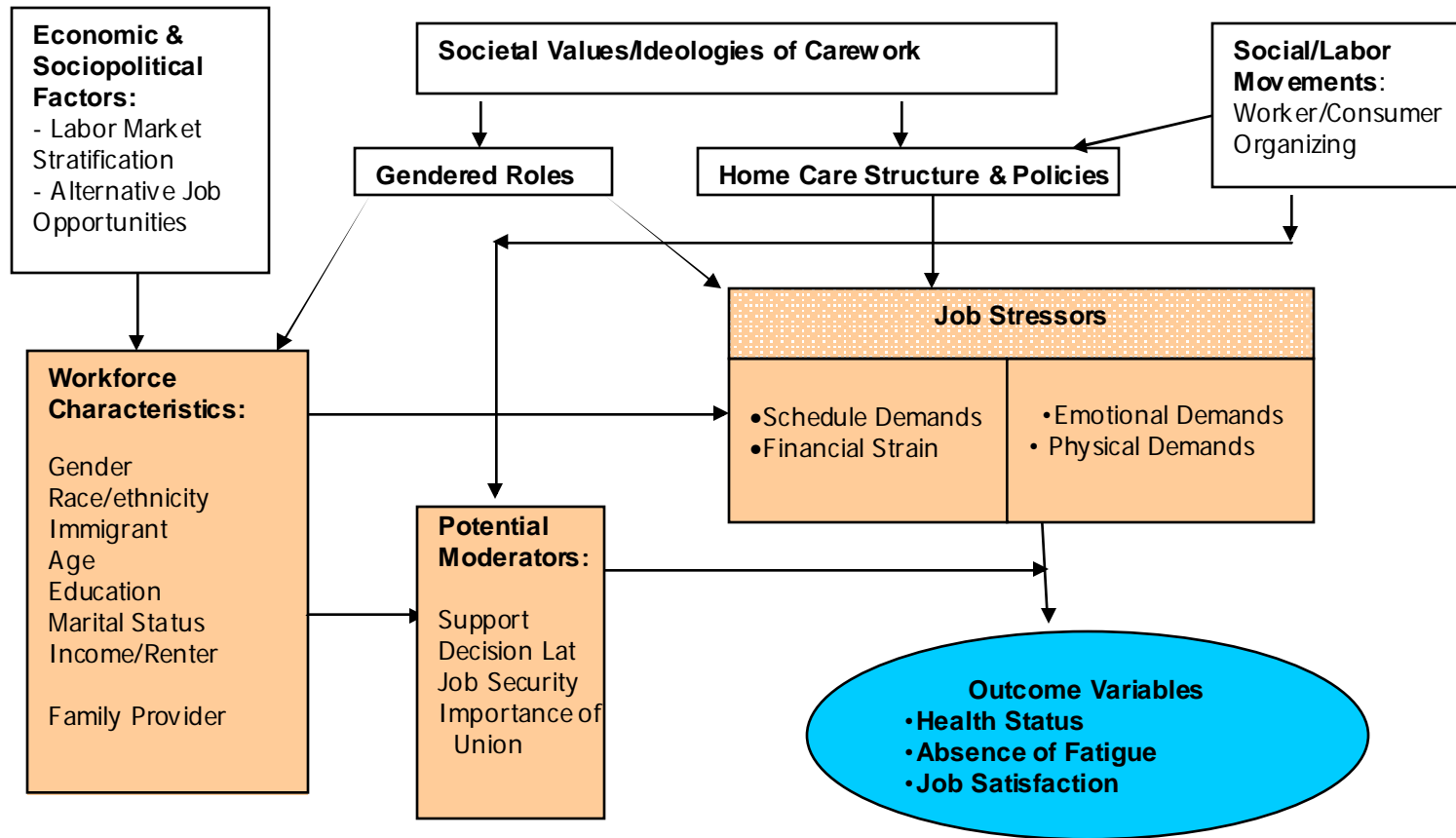


Conceptual Framework

Key premises:

- Home care workforce and job conditions are shaped by larger contextual factors
- Job strain theory (underlying framework) presumes:
 - Demands (job stressors) are negatively associated with health & wellbeing
 - Support and Control (decision latitude) may buffer the effects of stressors

Context: Social, Cultural, Economic and Political Factors that Shape Home Care



Key Findings



LA IHSS Workforce

- 86% women
- Mean age: 52
- 51% married/living together
- 67% HS grad (49-83)
- 45% Hisp, 32% Af-Am, 23% White
- 53% immigrant (2-94)
- 59% renters
- Mean income: \$10,700 (6,500-18,500)
 - Average hours worked: 34 hrs/week
- Relative: 71% relative (52% same home)





Health & Job Satisfaction

Self-reported health status (poor-excellent)

- 37% fair-poor health

Ability to Recover from fatigue

- 24% difficulty recovering

Job satisfaction

- 41% are not very satisfied



Significant sociodemographic results

- Gender: Women report worse health status and are less able to recover from fatigue than men
- Race/Ethnicity: Hispanics report worse health status and less job satisfaction than African-Americans and Whites



Significant Job Stressors

Schedule demands & Financial Strain associated with worse outcomes for at least 2 measures as expected

- # of Overtime hours & Days worked while sick
- Difficulty paying bills and Difficulty seeing MD for financial reasons



Job Stressors (cont)

Physical and Emotional Demands – expected & unexpected results

- Abusive consumers: more fatigued & less satisfied
- Physical demands & emotional labor (conceal feelings) – more fatigued BUT.... also more satisfied
 - How to explain these results??

Rewards of Physical & Emotional Care & Job Satisfaction

Satisfaction from Physical Labor:

- I am taking care of an 80 yr old woman...she likes Shanghai cuisine. I tried hard to find the ready made dishes but failed, so I made the dish by myself. She enjoyed it a lot.
- I have a *señora* who is fascinated with the way I cook, she likes how I keep her house clean

Satisfaction from Emotional Labor:

- I like to give them a lot of love, attention and not show them that we're bored, nor say to them, 'ay, you've already told me that many times,' but instead to say, 'is that so?' as though you've never heard them talk about it so they're comfortable
- ...they are old and sick with all kinds of physical discomfort. Their sons and daughters are too busy to take care of them...They really need someone to take care of them
- (caring for mother who was dying) It was very stressful, but at the same time it made me love her more....It helped me be a better person with a bit more compassion toward the elderly, the sick. And it made me be a stronger person.



Support & Control

- Job insecurity: negative assn (all)
- Support: positive assn (all)
 - Buffers relationship between physical demands and fatigue
- Unexpected:
 - Decision latitude magnifies relationship between overtime and fatigue
 - Role of union: 2 x more likely to be very satisfied

Role of Union: Support & Control

Instrumental and Emotional Support

- The classes they provide...we can do a better job with our clients
- (Food bank) If I have a problem I can call...like if my grandma don't have no food
- (Registry) They've helped me get clients
- Here I've found another family...the union means a lot to me....because here we don't find just other people but companionship

A Voice (Invisible no More)

- I've been to Sacto twice, attended the demonstration (to protest IHSS budget cuts). At first, I was afraid of speaking up, but now I've learned a lot and even talked to the legislator in the event at the park
- The Union makes me more motivated to be a home care worker and explain who we are... many people don't know what a home care worker is, what role we have.



Limitations & Strengths

- Limitations:
 - Healthy worker effect – may minimize impact of stressors
 - Rewards, commitment excluded
- Strengths:
 - Triangulate results from survey & focus groups; Across 3 outcome models

Research Implications – Home Care Arena

Structure Matters when interpreting results – Paid/Unpaid, Family Relationships, Employment/Labor Relationship

Job Stress Models & Measures – need to adapt for non-traditional home care jobs – e.g. Add rewards of care; Meaning of control – positive or responsibility without resources?

Methods:

- Longitudinal research to identify factors that influence...
 - Those who leave – role of job demands
 - Those who stay – coping, support

- Mixed methods to...
 - Interpret results
 - Explore sub-group differences: gender, race/ethnicity, family provider



Policy Implications





Significance for IHSS Home Care Policy in California

- Note: policies vary by county but linked to state funding which is frequently threatened
- Issues – LA County but apply to many others as well
- **Health care access:**
 - **Limited eligibility for health insurance**
When I had 112 hours a month, I had insurance...my patient died and I was left with only 80 hours, so I didn't qualify and they cut my insurance
 - **No paid sick leave (lost wages); No respite care (abandon consumer)**
There is no one you can call...so I have to go if I'm sick... Because they're not going to be able to get up



IHSS Policies (continued)

- **Physical & Emotional Demands**

- **Clarify responsibility for worker protection & fund protective equipt, training**

- **Education & support to cope with emotional stressors of long-term care**

I was caring for my mom [before she died] – it takes everything out of you.. I was so drained mentally

- **Job security (hospitalization, death) – financial bridge, registry services**

- *I went one time from 193 hours down to 16 hours...you're just out in the cold*

- **Schedule Demands/Authorized Hours of Care**

- **Stress of overtime** to meet instrumental needs & emotional needs

- **Hourly Task Guidelines** risk Taylorization of home care – time allocated for discrete components of home care; use of BBP precautions but no emotional care



Policy implications for Consumer-directed Care

- Challenges of non-traditional employment relationships – need to clarify responsibility for worker protection
- Other consumer-directed home care nationally – cash grant experiments
 - Pay family providers (class/gender issue)
 - Will workers have a voice in policy?
 - Do consumers have a voice in policy?
 - Critical questions when budgets/programs under attack
- Overall --- policies to minimize stressors; maximize satisfaction of meeting consumer physical & emotional needs; and structure that gives workers and consumers a voice in those policies



Making Home Care a Better Job

Stress...and Satisfaction too

They are able to stay in their homes...That's the main goal of home care.

You don't get the fulfillment and the satisfaction out of a check...it's what you do. Cause you look around this world and say, ' She used to be my client'...You can see the improvement.

You did this. You made a difference in this person's life...We allow them to live longer, healthier lives and happier lives.