Homecare in Illinois:
A continuing crisis

Poverty wages for workers, institutionalization for consumers and fiscal crisis for the state
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Homecare in Illinois:  
A continuing crisis

Homecare in Illinois currently means poverty-level wages for workers, frequently means anxiety or institutionalization for consumers, and occurs against a backdrop of fiscal crisis for the state.

Produced for Service Employees  
International Union, Local 880  
Written by Jeff Epton, April 2003
EXECUTIVE SUMMARY

Homecare in Illinois: A continuing crisis

The state of Illinois, through the Department of Human Services’ Office of Rehabilitation Services (DORS) and through contractors working with the Department on Aging (DOA) pays 33,000 homecare workers to deliver care and assistance to more than 65,000 seniors and people with disabilities living in their own homes. Unfortunately for homecare consumers, homecare workers and homecare agencies, state payments allow for a median wage of only $6.60 per hour—a wage that assures that homecare workers will live in poverty, regardless of how effectively they work. Homecare workers also have no health benefit, frequently forcing them to go without basic medical care or forcing them to assume significant debt, often unpayable, when they do seek care.

The state’s policy of paying poverty-level wages to homecare workers is a direct and immediate cause of stress in homecare workers lives and results in high turnover rates in the workforce. High turnover also frustrates seniors and people with disabilities who must rely on homecare to keep them living in their homes and communities.

Over and over again, consumers testify that the possibility of no homecare is a serious problem in their lives. Individually, and collectively in consumer organizations, seniors and people with disabilities have repeatedly asked the state legislature and other government officials to raise the pay of the state’s homecare workers. In the absence of a living wage, consumers say, they cannot be confident about obtaining reliable, high-quality homecare.

With equal intensity, homecare workers themselves—many of them members of Service Employees International Union Local 880—have testified to the details of working a difficult job for poverty-level wages and no benefits. They have described the consequences of injuries that they incur lifting and maneuvering people from bed to wheelchair to bath and back. Their testimony underlines the bleak choices that they must make as a consequence of poverty-level wages. Where, or whether, to go for medical treatment in the absence of a health benefit and the impossibility of paying one more new bill. How to get to clients’ homes without access to reliable public or private transportation. Whether to stop working in homecare—no matter how gratifying the act of caregiving might be—to seek better-paying and easier work.

Advocacy groups and homecare agencies echo consumers and homecare workers. The work must pay better to build and retain a more professional workforce. But studies show that the state of Illinois lags behind most other states in compensating homecare workers and in recognizing and responding to the problems that develop as a result of turnover and low retention rates in the workforce.

Working through Local 880, homecare workers are pressing the state to abandon the practice of creating poverty-level jobs to provide an essential service to some of the state’s most vulnerable populations. Homecare workers call on the state to begin paying a living wage and providing a health benefit. The state should also create a task force charged with developing a strategy for providing quality long-term care in the community, provided by workers receiving a living wage and benefits, to the vast majority of seniors and people with disabilities capable of remaining in or returning to their own homes.
INTRODUCTION

Poverty wages for workers, institutionalization for consumers and fiscal crisis for the state

Helen Miller has been a homecare worker in the Chicago area for 23 years. And she’s been lobbying in Springfield since 1985 to get pay raises for homecare workers. “It took until 1995 to get the rate raised to five dollars an hour,” Miller says. “That’s 10 years of effort—sometimes I think they don’t get the message down there that you’re providing this care to people who have been taxpayers all their lives and now you’re working to make their last years comfortable,” she says.

If you do homecare work, Miller adds, you can’t do it for the money. “I took care of some people for 10 or 15 years, trying to give them the same kind of care I would give my own mother. And it affects you. When you lose them it hurts the same as if they were a family member.”

The low wages for homecare make staying in the job difficult for many, Miller observes. “Those wages don’t work for a single parent or for someone who is the only wage earner in their household. The state does not pay people what it takes to survive. We ought to pay anybody who works a living wage,” she concludes.

In Illinois, more than 67,000 senior citizens and people living with disabilities receive care or assistance in their homes from 33,000 homecare workers paid directly or indirectly by the state of Illinois. The goal of this care is to support independent living through the provision of a level of service or assistance that permits long-term care consumers to remain in their homes and communities as long as they are able to do so.

In theory, providing effective, reliable homecare to all who require it would allow the state to save hundreds of millions of dollars annually by keeping individuals in their homes and out of nursing homes until they require the kind of around-the-clock care best provided in such facilities. But in practice, the state fails to support the level of homecare services necessary to achieve that goal.

Instead, the state pays poverty-level wages to homecare workers, resulting in high turnover and stressful working conditions. The high rate of turnover among homecare workers creates problems for agencies trying to maintain workforce stability and meet homecare demands. And, perhaps most troublesome, turnover also frustrates elderly and disabled consumers who depend on reliable care to remain in their homes.

“We ought to pay anybody who works a living wage,” says Helen Miller, president of SEIU Local 880, the homecare workers union.
I. Homecare: Intimate care at home

No service that consumers receive is more personal than homecare. Homecare workers have keys to people’s homes. Homecare workers help people with their finances; they know their client’s bank balances and help them write checks. Homecare workers change diapers, help with baths and other intimate care. For consumers, nothing is likely to undermine quality of life more severely than the loss of a dependable and trusted homecare worker, or the inability to find one, in the first place, teach them what they need to know and build that trust.

“Wages are so low that by the time I get my home care worker settled in, they leave for a decent-paying job,” says Ralph Fletcher, a senior citizen living at home and a member of the Jane Addams Senior Caucus. “For me, living at home is more important than anything else,” Fletcher says. In his own home, with help from homecare workers who know his needs and understand how to operate the equipment that makes life at home possible, Fletcher can have a higher quality of life, he says.

“I get care when I need it, and after I’ve trained them to understand what to do, I get exactly the kind of care I need,” says Fletcher. “But people who are good at this can learn to be good at other things. And they can get paid more doing other things, too,” he adds.

Fighting for care

With turnover a constant factor in securing homecare, everybody needs to be able to advocate for themselves, says Fletcher. If he had not done so every time he needed to, he wouldn’t be in his own home now, he says.

“No matter how old or sick you get, staying at home is the best way to keep control over your life. The state has to pay homecare workers more,” Fletcher concludes.

Fletcher is not alone among homecare consumers. Over and over, both seniors and people with disabilities say that reliable homecare is a fundamental need.

Mary Burns, another Chicago-area senior, says the state has to do a better job of making quality homecare more available. Without a homecare worker, she couldn’t have stayed in her home, she says.
“I’ve had homecare for two years now, but I had a hard time getting authorization,” says Burns. “I had both knees replaced and even while I was lying in rehab, I was told I didn’t qualify. They finally changed that position, but I had to talk to a lot of different people. My son and daughter-in-law helped me at first, but they’re both busy people.

“Without a good homecare worker, I might not have had to go to a nursing home, but life at home would have been very hard,” Burns concludes.

Olga Kipnis, a resident of a senior housing facility in Chicago, also speaks positively about her experience with homecare.

“For many years, I did my own housecleaning, but it became difficult for me to clean the bathtub and do other things. I didn’t want to bring in a homemaker—it meant admitting I was old and helpless—but Maria is a wonderful lady, kind, hardworking, honest and responsible,” Kipnis says. Such care makes life for seniors both easier and brighter, she adds.

But a positive experience with homecare doesn’t keep Kipnis from worrying about the effect of low wages.

“I can’t understand how they could live receiving six dollars an hour—and no health insurance. Homemakers are so important for keeping elderly people out of nursing homes. Their wages must be raised,” says Kipnis.

For some consumers, the need for homecare is a fundamental requirement. Reata Luellen is paralyzed and living with multiple sclerosis. Though she doesn’t need around-the-clock care, she requires assistance with bathing, eating, and housecleaning and must be shifted frequently to reduce pain and avoid sores. But after returning home following a recent infection that hospitalized her, the Department of Human Services’ Office of Rehabilitation Services (DORS) cut her hours of paid assistance.

“I was getting 9½ hours of care a day, but it was cut first to seven and now it’s 5½—and that’s five days a week. What am I supposed to do on weekends?” Luellen asks. “I called my caseworker and he said if I wanted more care, I should go into a nursing home, but that’s completely unworkable”
Right now, Luellen’s teenage son lives with her, as does her boyfriend, Butch, who provides her with a significant amount of unpaid care. If she went into a nursing home, she would be separated from her son, who might even have to go into foster care at additional cost to the state. Butch had been providing Luellen’s paid care, but after her hours of paid care were reduced, he decided he needed to go looking for other work. But the agency that employed Butch, didn’t replace him for eight days after his hours were cut, so he went right on taking care of Reata, a responsibility that he also shoulders on evenings and weekends. “Nobody’s been scheduled on weekends,” Luellen says, “they know Butch is here, so they take advantage of him. If you need more care, move to a nursing home, they told me.”

II. Poverty stalks homecare workers

Underpaid homecare is an embarrassment to state government; the reality of state-funded employment at poverty-level wages challenges the very purpose of a state government formed to provide for the welfare of its residents. Poverty-level jobs created to provide a service aimed at meeting the needs of vulnerable populations are a difficult proposition to defend.

The home care workforce in Illinois, paid between $5.60 and $7.00 per hour, is 79 percent female and 50 percent minority. These workers are also three and half times more likely to be without health insurance than the average Illinois residents. Homecare workers are also far more likely to be the sole wage earner in their household—40 percent live alone and another 28 percent are the sole support of themselves and their dependent(s).

The disproportionately minority and disproportionately female, nature of the state’s homecare workforce raises an important question. Would the state create 33,000 jobs with poverty-level wages and no benefits for a workforce that was predominantly white and male?
**Low wages, aching backs**

But the statistics about an exploited workforce tell only part of the story. The workers themselves tell it better.

“When I got my first pay check, I opened it and just cried,” says Shirley Kellom, who was providing care for her mother and one other consumer when she started in homecare. “They start you at $5.79 for a whole year before they give you another nickel,” Kellom says. “I cried all the way home with that first check.”

Twenty percent of homecare workers report back injuries or other on the job injuries.¹ Ernestine Mull, a Decatur resident who has worked for both nursing homes and homecare agencies for more than 20 years, has lost significant work time as a result of on-the-job injuries. She has strained her back more than once moving people larger than she is. “You’re not supposed to lift loads that are too heavy,” she says, “but these are people and you’re there to help them. You can’t just decide not to do it.”

Mull has accumulated health care bills of her own that she can’t pay. “I have Medicare, but it doesn’t pay for medicines and pays only part of the cost for clinics and stuff. They always ask if I have secondary insurance and I don’t, so they bill me. Then when I can’t pay, the bills end up at collection agencies,” Mull says. “If you’re working, they ought to pay you enough so that you can afford reasonable care,” she adds.

**Homecare workers without health care**

Homecare workers who stay on the job despite low wages, and no health care coverage and other benefits report numerous difficulties. Gloria Douglas, a Rockford-based personal assistant who lives paycheck-to-paycheck, sometimes postpones the purchase of essential medicine when she doesn’t have the cash.

“Sometimes when I don’t have the money, I can’t buy my medication,” she says. “When that happens, I have a seizure and have to go to the hospital. Right now, I have a $2,000 hospital bill I can’t pay.” That leaves Douglas with bad credit and leaves the hospital with an uncollectable bill.

*Sometimes homecare worker Gloria Douglas doesn’t have the cash to buy her own anti-seizure medication, but without it she has to be hospitalized for treatment of her almost inevitable seizures. “Right now, I have a $2,000 hospital bill I can’t pay,” she says. That leaves the hospital with an uncollectable bill and leaves Douglas with bad credit.*
The right thing to do

Ruth Hemingway quit her job as a secretary to care for her mother who is blind and suffering from Alzheimer’s. Hemingway’s decision has enabled her mother to remain in her home. But the cost to Hemingway, who cannot afford to provide free care for her mother is steep. State regulations require that she maintain a separate home, but at $5.79 per hour and paid for only 22 1/2 hours each week, she can barely cover the mortgage on her home.

But the state gets a bargain in Hemingway, getting seven days a week care and paying for five. That, says Hemingway, is what it takes to keep her mother at home. “She can fall so easily, so someone needs to be here most of the time. But keeping her here is important,” adds Hemingway. “She’s familiar and comfortable here and it’s hers.”

“Those are the wages they pay you send a message,” says homecare worker Ruth Hemingway. “They say you’re not important and this work’s not important.”

Hemingway employs a variety of strategies to get by financially. She grocery shops almost exclusively with coupons, doesn’t buy new clothes and, to conserve gas, rarely drives her aging automobile. “I don’t buy anything new,” she says.

Homecare workers sometimes work other jobs to make ends meet, but that strategy isn’t ideal. One Addus employee worked a second job while putting in a 40-hour week doing homecare.

“My day started at 5 a.m.,” says Kim Williams, “and ended at 10:30 p.m. I’d get to sleep about midnight and be up again at 4:00.” Williams’s second job, as a telemarketer, paid a higher hourly rate and provided her with health insurance, but it wore her out. “I couldn’t keep it up,” she says, “I decided to stay with homecare and gave my notice at the other job, even though I would lose my health coverage.”

Williams keeps doing homecare because it is more rewarding, she says. “Sometimes I walk into somebody’s house and their face just lights up—they tell me, I don’t know what I’d do without you—it’s sort of overwhelming to see that,” she says.

“It gets a little rough sometimes, but it makes me feel good. One day, I know I have to get old and be sick, too. When that happens, I want someone to be thinking about me the way I think about my clients,” Williams adds.

Decatur-based Ernestine Mull expresses similar feelings. “I like people in general,” Mull says, “and if I can help a person, I like doing that. I feel like it’s a beneficial thing and you grow to feel like the people you are working with are part of your family.

“I got so attached to some of them, if they died it would hurt me to my heart,” she concludes.

That’s the kind of attitude that keeps people working homecare despite the low wages, says Addus’ Anderson. “Individuals have to have a caring and compassionate attitude to go into homes and provide such intimate service to clients. We should be rewarding people who do this work, not impoverishing them.”
The current state median wage of $6.60 an hour for homecare workers and personal assistants is dramatically lower than the wage level necessary for a basic family budget for a single parent family of three. According to the Economic Policy Institute, such a household in the Chicago area requires $2,546/mo., but full-time work at the median hourly wage grosses out to only $1,161 monthly.

Though living costs are lower elsewhere in the state, the burden should be on the state government to show that all homecare workers—even those living alone—are making enough to meet basic human needs.

But until the state takes the steps necessary to lift homecare workers out of poverty, de facto state policy regarding homecare workers should be understood as the provision of an inadequate level of basic service to the elderly and to people with disabilities—two parts of the state’s most vulnerable population—while exploiting a predominantly female and minority work force.

III. The right care at the right price

The limited availability of reliable, quality homecare forces an unknown number of seniors and people with disabilities, who could otherwise live successfully in their own homes, into nursing homes. That’s a policy that doesn’t make good budget sense. Costs of providing care at home are far lower than the cost of providing similar care in a nursing home. A study by the Heartland Alliance suggests that the state pays as much as $20,000 to $24,000 per year more for nursing home care than for homecare for seniors and people with disabilities.

Homecare is already a cost-effective choice for the state. SEIU Local 880, which represents 15,000 homecare workers, has calculated that the state already saves more than one billion a year by funding homecare for 66,000 Illinois residents. (See box above.)

Though the state has never attempted to systematically document the additional savings that could be obtained by keeping everyone in their homes who could reasonably remain there, a Department on Aging (DOA) report on the “Choices for Care” program for FY98 indicates the possibility of significant savings. By “deflecting” individuals in need of long-term care to “Choices for Care” or other programs, DOA was able to reduce payments to nursing facilities by $12.8 million in FY98.

DORS has also run a pilot program suggesting the possibility of huge savings, if people with disabilities are supported with the services that will help them to avoid institutionalization and remain in or return to community living. “DORS reported that the community integration project, which worked with only a small portion of the 20,000 people with disabilities living in institutions in Illinois, saved the state $2.8 million in FY01,” says John Eckert, the director of the Statewide Independent Living Council.

The point of community living, Eckert says, is to increase and improve the choice, dignity and quality of life for people with disabilities. But in the current fiscal crisis, Eckert adds, the state should recognize the possibility of more than $100 million in annual savings that could accrue from providing the level of personal assistance that would allow most people with disabilities to leave institutional care and move back into the community.

<table>
<thead>
<tr>
<th>Average Annual Costs for Long-Term Care Services in Illinois</th>
<th>Type of long-term care</th>
<th>Annual cost per individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing facilities</td>
<td>$28,430</td>
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<td>Community Care Program</td>
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The preference for living at home instead of in an institution is a quality-of-life issue for most homecare consumers, says Carmella Delgado, a member of the Jane Addams Senior Caucus, an advocacy group for seniors. “Staying in our own homes is a choice we all would make, if we had the money,” she says.

The money is there, says the Illinois Association of Community Care Program Homecare Providers, citing the savings in the Choices for Care results from FY98. An August 2000 letter from Darby Anderson, the association’s Legislative Co-chair, to then-DOA director Margo Schreiber challenged the department to seek additional savings and reinvest the “... money saved into higher [wages] and expansion of homecare services.” Other materials produced by the association suggest that increasing homecare availability and wages would result in savings that far exceed the amount documented in the Choices for Care program in FY98.

Nor would the state have to foot the entire bill for increased wages or a health benefit for homecare workers. Because the majority of homecare consumers are receiving care as a Medicaid benefit, and the federal government matches state Medicaid expenditures, the expense of wage and benefit increases for workers would be significantly offset by increased federal payments to Illinois.

Underpaying homecare workers whose work already allows the state to save hundreds of millions in avoided nursing home costs while the worker herself can’t afford to pay for medication or hospitalization is a breach of the state’s obligation to provide for the welfare of its residents. If the state paid for more hours of homecare, it would cut nursing home payments by far more. If the state paid a higher wage for homecare and paid for a health care benefit, it would still accumulate significant savings from avoided nursing home costs.

The failure to make adequate homecare available to all seniors and people with disabilities who could benefit from such services is a policy decision that forces the state to pay for nursing home care at three to four times the cost of homecare. Given current budget conditions such expenditures are an extravagance that place additional burdens on taxpayers and force cuts in other state services.

Most advocates agree, homecare saves money and could save more

Currently, 66,000 people in Illinois receive homecare at a cost to the state of $412.5 million. If the homecare program didn’t exist and half of those people had to move into nursing homes, the cost to the state would be over $1 billion.

Currently 40,000 people in Illinois live in nursing homes. If half of those people could return to the community and receive an appropriate level of homecare, the state could cut costs by more than $440 million.

Even if all homecare workers were to be raised to $8.20/hr. and receive health benefits worth approximately $1.60/hr., the state could still save more than $200 million.
IV. Homecare staffing problems; bad now, worse later

Citizens for Long Term Care (CLTC), a Washington, D.C.-based coalition of long-term providers, consumers, patient advocates and others is also deeply critical of low wage payments to homemakers, personal assistants and other direct care workers.

"Long-term care jobs are so physically and emotionally challenging, and yet so poorly compensated, that nursing home providers and home care agencies across the country have recently documented unprecedented rates of vacancies and turnover among direct care staff ..." says a 2002 CLTC report.3

Illinois’ failure to adequately address the needs of homecare consumers and workers will also result in a “widening gap between long-term care demand and direct-care worker supply” says CLTC.4 That this is so comes as no surprise, according to the CLTC report.

As serious as the problem is now, the CLTC report expresses even greater concern about the future. Illinois can expect the same demand for new direct care workers during the same period. An estimated 15,000-20,000 new homemakers and personal assistants will be required. But given the fact that less arduous and more remunerative employment will be available in the fast food industry or in offices, staffing turnover and vacancies will continue to be a problem for agencies and consumers.

V. Illinois: Bringing up the rear

Many states have been or are developing plans and strategies to respond to current and future staffing problems. These states have developed a number of workforce initiatives including wage and benefit increases, collaboration with nongovernmental agencies, creation of task forces and commissions, development of uniform methodology for workforce data collection, investment in direct care training, and other programs.5

Unfortunately, the state of Illinois is not among the states reporting any initiatives. In fact, in response to a survey distributed by the Paraprofessional Healthcare Institute, the state reported no long-term direct care crisis, at all.6

The report on state initiatives based on state responses notes only this response from the state of Illinois: “Economy: The downturn has increased the number of persons willing to provide services at low wage ($7 per hour).”7 The statement reinforces the perception that the state of Illinois is willing to maintain wages for homecare workers at poverty level and prefers to rely on economic factors to force people into those jobs.

“Exacerbated by profound demographic changes, a ‘care gap’ is emerging between the number of those requiring assistance and those available to provide that assistance. According to the U.S. Bureau of Labor Statistics, by 2010 more than 780,000 additional aides must be found to fill long-term care direct-staff positions, an increase of 39 percent over the year 2000. However, during the same ten-year period, the ‘traditional’ source of such new long-term care workers—women aged 25 to 44 participating in the civilian workforce—is projected to grow by just 1.25 percent, an increase of only 400,000 workers.”
Though other states have acknowledged current and long-term problems in meeting demands for homecare workers, the state of Illinois has not reported any initiatives similar to those developed by the majority of states. The state’s response to the survey suggests a shortsighted policy that relies on recession-caused economic and employment difficulties to force people to take low wage work in direct care. The policy also enables the state to ignore future staffing problems likely to be exacerbated by the state’s failure to acknowledge, study or address those problems.

Illinois’ relative inactivity in addressing wage and retention issues in the homecare workforce is not typical of the majority of states. The North Carolina survey reports that 36 states have initiatives to improve wages and benefits, 25 states have developed training initiatives, and 35 states have created task forces, work groups or commissions to gather and analyze data and make policy recommendations.8

By contrast, Illinois has done little to address wage/benefit or retention issues. Personal assistants received a one-dollar raise in FY01, and homemakers received a smaller raise. But the state pays less than $7/hr. to most workers. The actual median hourly wage in Illinois in 2000 for personal assistants and homemakers was $6.60. Only Arkansas, Louisiana, Mississippi, Oklahoma and Texas pay a lower median wage than Illinois (see table on page). Neighboring states do much better; the median hourly wage in Indiana and Wisconsin is $8.25 — 25 percent higher. The median hourly wage is $7.73 per hour in Iowa — 17 percent higher.9

Even under economic conditions that seem to assure a labor pool sufficient to meet the current need for homecare workers, turnover is still a problem. “Two and three years ago when there were plenty of employment opportunities and the unemployment rate was low, providers had difficulty filling open positions,” says Darby Anderson, a vice-president of Addus Health Care, one of the state’s largest homecare agencies. “The

Illinois ranks 44th in compensation to homecare workers

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<tr>
<th>Rank</th>
<th>State</th>
<th>Median Hourly Wage</th>
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<td>1</td>
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<td>26</td>
<td>Pennsylvania</td>
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recession has allowed us to fill those positions, but turnover rates are still high.”

If people are just looking for a job, they might try homecare, but they won’t stay at it, Anderson says. “The low wages and benefits that we’re able to provide under the reimbursement structure aren’t enough for most workers.”

<table>
<thead>
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<th>Rank</th>
<th>State</th>
<th>Median Hourly Wage</th>
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<tr>
<td>27</td>
<td>Utah</td>
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“Our organization has lobbied in Springfield over these issues annually for the last three years and other organizations have been at it a lot longer than we have,” says Ken Snyder, the executive director of the Jane Addams Senior Caucus.

“No one can pretend they don’t know about the wage problem,” says Ken Snyder, executive director of the Jane Addams Senior Caucus. “Our organization and others have made numerous trips to Springfield and lobbied at district offices to get the word out to legislators and other public officials.”

“The legislators obviously understand that homecare workers are dramatically underpaid - they’ve heard that repeatedly and it’s been documented for them, too. I think they also understand the impact that has on the quality of care that people receive, but so far they have not taken the steps necessary to change that,” Snyder says.

But homecare workers have been trying to educate legislators and other public officials for longer than anyone else has. They began organizing Local 880 of the Service Employees International Union in 1983.

When the local was formed, pay for homecare workers averaged less than $3.00 an hour. Since that time, organizing efforts by homecare workers have increased the local’s membership to more than 15,000 and won numerous raises.

Keith Kelleher, the local’s lead organizer, says that in 2002 alone 880 turned out 200 members for Get-out-the-vote efforts, held three lobby days in Springfield that featured the participation of more than 800 members, attended 80 meetings (with 160 members) in legislative district offices, and held five town hall meetings attended by 23 legislators and 350 members. But despite the intense and persistent lobbying efforts of homecare workers and consumer and employer allies, the state continues to pay poverty wages to homecare workers.

Worse, a 2% cost of living allowance for all homecare workers already in the budget for April 2002 was cut as part of the state’s response to the growing budget crisis. And then, a dollar an hour raise for DOA homemakers in Gov. Ryan’s proposed budget for FY’03 disappeared from the final budget approved by the legislature. Following the budget session that concluded in the spring of 2002 state officials predicted cuts in the hours of care for consumers, a move that would further reduce the income of homecare workers. And threatened to force more consumers into nursing homes.

If you’re not going to listen . . .

The cuts and threats of cuts forced Local 880 members to consider more extreme ways to emphasize the need for positive action by the state. On June 11, 2002, homecare workers organized a demonstration against the cuts at the Thompson Center in downtown Chicago. More than 100 members of Local 880 participated in the demonstration and seven members were arrested. The arrestees that day were all women, ranging in age from 29 to 81 years old.

The fact that these protesters do not fit the conventional description of those who are willing to face arrest in order to be heard only emphasizes the urgent need for changes in state policies regarding homecare. The need to develop new, more confrontational, strategies for urging immediate action by the state puts an exclamation point on 20 years of organizing and lobbying by Local 880 members.
“We have been relentless in our efforts to educate the governor and members of the state legislature about the awful injustice of paying homecare workers less than they can live on,” says Helen Miller, president of Local 880. “These elected officials are not stupid people. They know that raising wages and providing health care would be both the right thing to do and the fiscally sound thing to do. There are no excuses for their failure to do the right thing, and they should understand that we will never stop reminding them about the need to act,” Miller says.

VII. Raising wages and other fixes for homecare

This paper has outlined some of the immediate problems affecting homecare workers and making homecare available to all who require it in Illinois. In doing so, we have linked those problems to state fiscal policy and hinted at some other long-range issues that the state must address. To begin fixing immediate problems and investigating the issues connected to long-term care in Illinois, we advocate the following steps be taken by the governor and state legislature:

1. Immediately raise the wages of all Illinois homecare (long-term care?) workers to a living wage — $8.20/hr.

2. Provide health care coverage to all (long-term care?) homecare workers working at least 20 hours per week.

3. Provide for regular cost of living increases for all homecare (long-term care?) workers.

4. Commission a study to establish the true cost of long-term care in the community and in institutions and identify choices with state budget impact.

5. Create a state task force to develop a strategy for delivering quality long-term care to individual consumers in an environment appropriate to their needs. The task force should be composed of representatives of state agencies, unions representing homecare and nursing home workers, representatives from advocacy organizations for seniors and people with disabilities, and representatives of for-profit and nonprofit agencies in the homecare and nursing home industries.

Endnotes

1 Source: Homecare survey data, Metropolitan Chicago Information Center

2 The average cost per consumer in Illinois’ Home Service program (serving people with disabilities) is $8,400 per year. The average cost for the Community Care Program (serving seniors, primarily) is $4,131 per year. The range for nursing home costs is $17,524 to $40,606 annually. Source: Crisis in Illinois Long-Term Care: Options for the Future, produced by the Mid-America Institute on Poverty, a division of the Heartland Alliance for Human Needs & Human Rights, 208 S. LaSalle St., Chicago, IL 60604

3 Long-Term Care Financing and the Long-Term Care Workforce Crisis: Causes and Solutions, Citizens for Long Term Care, Washington, D.C., 2002, pg. A

4 Ibid, pg. b.

5 “Results of the 2002 National Survey of State Initiatives on the Long-Term Care Direct Care Workforce, Paraprofessional Healthcare Institute and North Carolina Dept. of Health and Human Services, June 2002, pg. 3-12

6 Ibid, see full report.

7 Ibid, Table 3 following pg. 16.

8 Ibid, pg. 11

9 U.S. Bureau of Labor Statistics
A note on state homecare programs

Department on Aging
Community Care Program (DOA)

The DOA Community Care Program administers the Homemaker Services for Seniors program. About 40,000 low income seniors are expected to receive homemaker services in FY 2004.

To get on the program, a senior applies through DOA. Each senior’s needs are assessed and they are given a Determination of Need (DON) score. They are then allotted a weekly amount of homemaker hours based on the DON score.

There is a 20 hour a week maximum in the amount of homemaker hours a senior can receive in this program. This is a program for low-income seniors. There is also an asset limit of $10,000.

Approximately 50 percent of seniors using this program are enrolled in Medicaid.

A senior picks a licensed vendor from a state list to administer and monitor their homemaker care. For-profit and nonprofit vendors contract with the state to administer the service. There are about 200 licensed vendors in the state and it is estimated that about 18,000 homemakers are employed in this work.

The rate paid to the vendors was increased in January 2003. It is now $11.06 of which 73 percent is required to go for wages and benefits. It is anticipated that wages range from $5.75-6.75 to reflect this increase. Some vendors do provide benefits such as sick days and holiday pay.

Department of Human Services
Office of Rehabilitation (DORS)

The DHS Office of Rehabilitation administers the Home Services Personal Assistants (PA) program. The department expects to service over 30,000 consumers in FY04 and to employ 22,000 personal assistants.

A consumer on this program is under the age of 60 and has a disability that requires assistance in order for them to remain in the community. A person on this program is also given a DON score and assigned a number of service hours. There is no limit on the number of hours a consumer in this program can receive.

This program also has an asset limit of $10,000. Eighty percent of consumers in this program are enrolled in Medicaid. The person with disabilities is the technical employer and has the right to hire and fire their PA.

All PA’s on this program are paid $7.00 regardless of seniority and there are no benefits. Workers are not eligible for workers comp. or overtime payment.