

Left: Providers of in-home health services in California—666,000 at last count—receive compensation that differs by county, mostly at or just above minimum wage.

PHOTOS COURTESY OF ISTOCK

an in-person visit to either of the people in her care. She is authorized to provide 94 hours a month for her partner and 72 for her neighbor; in reality, she often works through the day and far into the evening to care for both, hours well beyond the county's estimates.

Biases at play?

The low pay and stressful job requirements discourage people from considering IHSS, and a growing number of workers, including O'Connor, have joined the labor organizations that bargain for better wages for them. But this is also part of a longstanding trend in the care industry, and researchers suggest that decades-old biases—against women and minorities, who make up most of the workforce—are still at play.

"My goodness, it lies at the heart of the issue," said Marokey Sawo, a state economic analyst at the Economic Policy Institute. "What we see manifested here is part of a larger picture of systemic oppression, and it is tied to three things: who does the care work, what type of work it is and who receives it."

Last year, an EPI report co-authored by Sawo found that care work, including home care, was compensated nationally at a rate

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that's about half the average wages for the workforce as a whole. Women make up 88.6 percent of the home health care workforce, with 54.6 percent of the workers women of color and more than a quarter immigrants. (Though the term "home health care" often refers to professional medical assistance, the EPI's use of the term includes many home care job descriptions, Sawo said.)

"What would those wage levels look like if these factors—racism, sexism, xenophobia—were reduced in terms of the harm they cause? This is specialized labor, and it is tough to attract and maintain the necessary workforce," Sawo said.

Created in 1974, the IHSS system was designed to provide in-home care to blind, elderly and disabled residents in California who meet income eligibility requirements. Essentially, those who qualify for Medi-Cal are also able to request IHSS. More than half of the estimated \$18.5 billion cost to run the program in fiscal year 2022-23 will be borne by the federal government, with the state picking up most of the rest.

Counties are on the hook for only about 10 percent of the total cost, yet it is county supervisors who set the rates for IHSS workers in their areas. This has led to wide disparities in pay—as much as \$3 per hour, depending upon geography. In general, the wages don't reflect the importance of the work, especially considering that in-home care means other county and state health services are less strained.

"People truly need to be compensated and acknowledged for the care they're providing," said Anthony Wafer, who commutes about 60 miles daily from his home in Encino to Lancaster, where his sister deals with debilitating knee and back injuries. After caring for her most of the day, he drives another 65 miles to his night job doing housekeeping at the West Los Angeles Veterans Affairs Medical Center.

His hourly IHSS wage from Los Angeles County is \$16. His sister is authorized to receive 109 hours of care per month. Wafer is logging something closer to 200.

"I was raised to take care of family, but we're not just talking about a family member. We're talking about a patient," Wafer said. "These people need care. These are working jobs, period. It's tough."

For decades, the jobs have come with low pay and no benefits. While the EPI's report



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—Marokey Sawo, Economic Policy Institute

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