Introduction
Not only youth and their life options are at stake. If lower-income residents of the Figueroa Corridor are to improve their standard of living and have quality housing in or near their current neighborhood, diverse career pathways need to be found to accommodate the varied needs and skill levels of all residents of the area (see chapters 1 and 10). California’s Employment Development Department released two reports in May of 2003, which together suggest a model for career development (California Employment Development Department, 2003a, 2003b) that appears useful for residents who are low-wage workers in the Figueroa Corridor.

The model described departs in important ways from the traditional concept of a career ladder (Ebenstein, 1998; Golembiewski & Rountree, 1999; Hazzard, 1999; Hill, 2000) and is called instead a career lattice (California Employment Development Department, 2003a, 2003b). The career lattice model is composed of three main components: 1) multiple entry points, which are key to successfully employing those who lack formal training or recognized skills (including those who are highly skilled but were trained in other countries or have other barriers to employment); 2) diverse career destinations so that residents of the Figueroa Corridor will be able to sustain work they enjoy and that will bring about increased income, resources, and better working conditions; and 3) unions and training institutions as integrated pipelines to connect workers to entry points and eventually to destination jobs (Employment Development Department, 2003a, 2003b; Gibbons & Haas, 2002).
THE IDEAL CAREER LATTICE

Figure 11-1 depicts the ideal career lattice, complete with multiple points of entry to accommodate a diverse base of worker backgrounds as well as a plenitude of job availability at the points of entry, at intermediary steps along the way, and in desirable destination jobs. Additionally, strong support from unions and training education institutions are necessary to support and protect workers and their rights; fill in skills and knowledge gaps preventing advancement; professionalize and increase the prestige of occupations; and assist workers in navigating diverse career pathways.
The Importance of Diverse Pathways

It seems fairly straightforward that viable career paths for workers who currently have very low incomes would need to involve many jobs to fill. But less attention is given to the need for a diversity of jobs within the same field—consider the following quote illustrating the utility of career paths with multiple points of entry leading to diverse options, or career lattices:

Career growth opportunities may not always be gained simply by climbing ‘up the ladder.’ Workers already employed in the health care industry in administrative or operations support positions provide another source of workers who might be interested in lateral movement to direct care positions with appropriate training. They already possess an understanding of the industry culture and have a history of competency in their occupation...


The Importance of Unions

Unionization of workers brings about higher wages; faster wage increases; better health and retirement benefits; more vacation, holiday, and sick leave; and more job stability. According to the American Federation of Labor-Congress of Industrial Organizations (AFL-CIO), full time workers who were union members in 2003 averaged paychecks each week of $738, compared with $733 for non-union member with union representation, and only $587 for their nonunion counterparts. (http://www.aflcio.org/aboutunions/ns08262003.cfm).

Unions also make a difference in the benefits workers receive. The AFL-CIO also reports that union workers are more likely than their nonunion counterparts to receive paid leave. In 2003, union workers were 18 to 28 percent more likely to have
employer-provided health insurance and 23 to 54 percent more likely to be covered by employer-provided pension benefit plans (http://www.aflcio.org/aboutunions/ns08262003.cfm).

The Importance of Training and Education
Without improved skills and the professionalization of occupations available to low-income workers in the Figueroa Corridor, their plight is likely to worsen. Economic changes over the past several decades--a reduction in the manufacturing industry and the shift in the American economy toward low-wage service employment opportunities--have left many workers with few options (Ehrenreich, 2001; Munck, 2000; Rodriguez, 2001).

The generalized challenges of poverty; the prevalence of language barriers, a lack of citizenship status and/or recognized education; and the absence of affordable housing and transportation present barriers to advancement and basic survival (Rodriguez, 2001; Leavitt, 1992). These threaten both the welfare of workers and their ability to work. Other problems related to low-wage work include overpayment of rent and overcrowding in substandard housing (see chapter 5 and 6), plummeting pay scales, and disappearing benefits and job stability (Rodriguez, 2001; Ehrenreich, 2001). The sheer complexity of these problems and barriers create an inescapable cycle of poverty for many workers.

In this new age of service-oriented industry and globalization (Cohen & Shirin, 2000; Munck, 2000), it has been predicted that training and education will be the keys to advancement—those without access to these supports will have trouble locating meaningful work with possibilities for growth (Holt, 2001). The outlook for workers with a low income level therefore looks fairly bleak unless innovative vehicles for education and professionalization are found (Offner, 2003).
The Combined Support of Unions and Training Institutions

The connection between union activities and educational services seems to be important to the welfare of the individual resident and worker in the Figueroa Corridor as well as to the success of the “Better Neighborhood, Same Neighbors” campaign.

Unions are uniquely positioned to offer and advertise training and education resources to their members because a) they are organized along the boundaries of individual professions and occupations and are able to provide specialized training and education that will be relevant to the needs; and b) they have access to a large number of workers to whom training and advancement opportunities would be a benefit.

Likewise, training and educational programs can enhance union efforts 1) by helping to professionalize lower status fields and thereby increase status of work and accompanying pay and benefits, and 2) providing an avenue by which organizing principles, workers’ rights, and other union related activities and values can be transmitted to members.

Both the need for and the scarcity of job training programs that are linked to organizing efforts were noted in a participatory research study conducted by the Figueroa Corridor Coalition for Economic Justice (FCCEJ) (Gibbons & Haas, 2002). The lack of these types of programs may be due in part to the fact that the provision of such integrated union and training services requires a complex partnership of government, non-profit, and employer organizations. Dynamics of such partnerships will be discussed throughout this chapter.

Finally, new strategies and resources that are becoming available (such as worker cooperatives and Workers’ Centers—see chapters 1 and 8; Leavitt, in process) will also be discussed briefly toward the end of this chapter.
CASE EXAMPLE: THE HEALTHCARE LATTICE

The first step in creating viable employment paths for the residents of the area surrounding the Staples Center Arena in Downtown Los Angeles is to identify families of careers that fit the concept of career lattice. This chapter looks closely at one such lattice, the field of long- and short-term healthcare. Its jobs and its supportive system of training, education, and union resources are explored for their potential to improve both the welfare of workers and their ability to work.

Healthcare is an example of a viable field in which low-income workers can seek jobs, so its lessons are used to determine some general criteria for finding other potential career paths for workers in the Figueroa Corridor area. A few suggestions are offered as to other possible lattices to explore.

Why the Field of Long- and Short-Term Healthcare?

The field of health care was chosen as a case example because it seemed to meet criteria that would be necessary to make a career ladder for residents living near the Staples Center viable. These criteria were derived in part from the U.S. Department of Labor reports already mentioned (California Employment Development Department, 2003a, 2003b). Other criteria came from our assessment of needs of the Figueroa Corridor residents as derived from census data (U.S. Census, 2000; California Financial Analyst’s Office, 2002; Employment Development Department, 2004). Attractive features of the healthcare lattice from this perspective include job characteristics as well as needs of workers it addresses.
The healthcare career lattice includes jobs that:
1) are accessible to workers with a wide range of skills, training, and backgrounds;
2) compose a clear progression of career positions that provide avenues for both lateral and upward advancement;
3) careers for which there is a high need and plenty of available positions.

Services for workers in the healthcare career lattice in Los Angeles:
1) are accessible to non-native English speakers and offer assistance with immigration status;
2) include both training and education;
3) offer support services and increased access to training and education;
4) are unionized.

Figure 11-2

Healthcare: A Potential Career Lattice for the Figueroa Corridor

Figure 11-2 shows in more detail the ways in which the healthcare field appears potentially able to meet at least some of the needs of Figueroa Corridor workers and the characteristics of the career lattice
model. This field was also chosen because four of the Community Scholars are union homecare workers who could provide valuable insight, and because 1,375 homecare workers of SEIU (Service Employees International Union) were living in the Figueroa Corridor in 2002 (See Figure 11-7).

A more detailed assessment was then conducted using homecare work as a point of entry in order to determine the extent to which the field of health care actually met the needs of workers in the Figueroa Corridor. Training and union resources available to health care workers in and near the area were examined in detail, and feasibility of participation in the proposed field of work by low-income workers, non-native English speakers, and undocumented immigrants were considered.

Next, overall career mobility and job availability within the field of health care were analyzed in order to ensure that the numbers and types of jobs that result from the effort merit the cost of cultivating a pipeline for workers into it. One important reason this field was chosen is because of the widely noted shortage of nurses and other healthcare workers throughout the nation (California Employment Development Department, 2003a, 2003b). While this fact was in itself enough to make the field appear attractive, it was necessary to look more closely at the potential for available positions in and near the Figueroa Corridor.

Finally, union support as well as training and certification of homecare workers were examined as critical avenues for connecting homecare work and other entry level health care jobs to destination careers. Skills gaps preventing advancement from one career position to another were explored, as well as ways in which available services do and do not address these gaps.

The goals of these activities were two-fold: 1) if the field of healthcare did indeed show itself to be a viable mode of career development for Figueroa...
residents, then one potential solution to the needs of some residents of the Figueroa Corridor would be identified; and 2) lessons from this example could inform the identification and development of other such lattices.

In order to make a significant impact of any scale on the problem of poverty in Figueroa Corridor, several such career ladders will be needed. These will be discussed at the end of the chapter.

**Homecare Work**

Homecare work is one point of entry into the field of healthcare, and it is a unique occupation that has both positive and negative qualities. It is considered a useful point of entry for a wide array of Figueroa Corridor residents because it draws on skills that many people (especially women) may already have from their work as mothers, daughters, and wives (Leavitt and Lingafelter, under review 2004). It also requires no paid experience or formal training or proficiency in English, and young people over the age of 16 are eligible to become IHSS workers if they are caring for a family member.

But unlike other jobs that require so little previous professional experience, this job both uses and builds skills in workers: homecare work is *skilled* work requiring workers to utilize their interpersonal abilities, medical knowledge, and domestic skills, and it involves heavy lifting (Holt, 2001).

Homecare work is funded in the state of California by In-Home Supportive Services (IHSS) funds (see Appendix 11-A for detailed information about IHSS). At the time of writing this chapter, the California budget process is incomplete and several components of the IHSS program are under scrutiny for possible cutbacks.

The Los Angeles County Board of Supervisors also created the Personal Assistance Services Council in 1997, a Public Authority appointed to support IHSS workers and consumers in ways that IHSS cannot.
It provides training to both workers and consumers, assists in referring consumers to workers, and other related tasks (more detail about PASC is given in the Appendix).

Additionally, the Long Term Care Union (Service Employees International Union Local 434B) represents both homecare and nursing home workers and is quite large, active, and is located within a mile of the Figueroa Corridor. The union strives to provide support for workers that is not offered by In-Home Supportive Services and PASC, and has fought for wage increases for homecare workers, (from $6.75 per hour to $7.50 per hour), health care benefits for workers who work the required 80 hours, and provides socialization and organization for workers who would otherwise be isolated because they work in the homes of consumers.

Further, the union has provided funds and other support to establish the Homecare Workers’ Training Center, a separate non-profit organization (permitting it to apply for foundation grants) that provides training, education, case management, and certification for homecare workers and Certified Nursing Assistants (CNA’s) free of charge.

Training and union resources accomplish two important goals that make homecare work in the Figueroa Corridor area plausible as an entry point for a quality career: 1) the field of homecare itself is becoming more professionalized with certification and increased skill levels of workers combined with powerful union organizing efforts that may enable better pay, benefits, and working conditions over time; and 2) the training and education available allow workers from diverse backgrounds to overcome barriers to employment and fill skills gaps so that they can advance through a lattice of healthcare jobs including IHSS work; Certified Nursing Assistant (CNA) work; Medical Assistant (MA) and other technical positions; and/or certification as Licensed
Vocational Nurses (LVN) and Registered Nurses (RN).

Homecare work may therefore be productive both for those who care for a loved one but are not seeking advancement in the field of healthcare as well as those workers needing career pathways. Some major advantages and problems associated with homecare work for both groups of workers will now be explored, and the services offered by the union and the training center will be outlined. Finally, the viability of this type of work in the local area surrounding Figueroa Corridor will be discussed.

**Homecare Work as an End Unto Itself**

The Homecare Workers’ union in Los Angeles reports that most current workers are middle aged women who care for someone they know. The child care services made available by the union are not heavily used as most homecare workers are not also raising children. Some workers learn of the field because of a family member who needed assistance, others via word of mouth, and some create full-time work by taking on multiple clients, holding multiple jobs, or seeking training and advancement into other related fields (Holt, 2001).

Some residents in the Figueroa area may be struggling to hang onto their place in their neighborhood while also carrying the burden of caring for a disabled member of the household and may not realize that there are public funds available to help, so promotion of this occupation in the Figueroa Corridor would help provide needed income for families who are struggling.

Finally, the need for homecare workers is on the rise—SEIU 434B boasts a current membership of over 100,000 workers in LA serving over 130,000 consumers (http://www.seiu434b.org/ourlocal/), and the need is projected to continue to rise at a rapid rate as the baby boomer generations age and levels of chronic illness in the population continues to rise (Holt, 2001; See Figure 11-3)
Many of the elderly and those on disability prefer living at home to being placed in institutions (Holt, 2001), and evidence suggests that it is more cost-effective to support workers in the consumer’s home than to institutionalize a person who cannot work and require assistance that they cannot afford (SEIU Local 434B Flier, 2004).

Union and training support for caregivers, then, provides both the possibility of better compensation for work and opportunities for skill building that may ease working conditions. For these reasons, IHSS monies are a worthwhile source of economic support that should be explored in developing the possibilities for employment of Figueroa residents.

**Challenges and Disadvantages to Homecare Work**

Despite its positive aspects, the work performed by in-home care workers can also be rife with problems.
While its lack of requirement for professional experience and formalized training makes the field of homecare work highly accessible to workers of varying skill levels and types (and is one reason the field was identified as potentially viable), the profession also therefore suffers from a lack of recognition of the challenging and skilled work that homecare workers actually undertake.

Homecare workers are routinely relied upon for everyday tasks and medical support of consumers who cannot do for themselves, and they must exercise interpersonal, medical, lifting, domestic skills on a daily basis (Holt, 2001; Homecare Workers’ Training Center brochure, 2004). However, they still must fight to earn more than minimum wage, obtain health benefits, and protect themselves from unsafe or unfair working conditions. Though union efforts have made improvements in the pay and benefits associated with homecare work and in defending workers’ rights, still the profession remains in the category of low wage work and is underappreciated in the labor market.

In order to understand the complications related to work in the homes of disabled consumers, Community Scholars who are homecare workers and members of SEIU Local 434B were asked to discuss their experiences. The staff at the Homecare Workers’ Training Center were also asked to describe problems that their training programs hope to address. Finally, Care in Organizing: Building Coalitions in Los Angeles: Participatory Democracy & Coalition Building: Lessons from the Homecare Workers Campaign published by the Community Scholars of 2000-2001 provides much insight into issues related to this occupation.

Most problems seem to have largely to do with the fact that the work takes place one-to-one in the home. Sometimes the consumer is a family member or friend, which can present unique problems for worker and consumer alike. Communication problems are cited by workers and the training
A ‘Just’ Redevelopment center as being very common and difficult to overcome. Emotional and physical stress levels are often high, and maintaining a scope of work appropriate to reimbursement and licensing guidelines of homecare work (as opposed to duties meant to be performed by CNA’s and other positions with more training) is said to be extremely difficult in the face of the daily needs of consumers. Job hazards such as injuries are also a danger associated with this line of work, and finally there are issues related to the special population of youth who receive in-home care funds and provide care for family members (Holt, 2001).

In its current form, then, homecare work looks a bit dubious as a career path, as do most forms of low-wage work. In fact, it is documented that current homecare working conditions--and even conditions associated with jobs in higher rungs of the healthcare lattice—have failed to attract as many workers as it needs.

The fact that the field has trouble attracting workers is notable and of great concern considering the lack of other options for low wage workers. This image problem seems ironically to be responsible in part for the staffing shortages that make it such a viable field for workers who need jobs. It therefore seems that strategies must be developed to improve both the image and the actual working conditions associated with healthcare. Doing so would result in the placement of workers into positive careers, as well

“Health care recruiters face a paradoxical marketing and image challenge. The news media bring the public reports of RN shortages, RN strikes, and legislation increasing the ratio of RNs to patients to improve quality of care. Television series dramatize large hospitals and emergency rooms with the focus on physicians, surgeons, and, to a lesser degree, RNs. Where are the television shows about the NAs, the HHAs, and the numerous other allied health professions? These professions make the news when there are abuses, neglect, fines, and longterm care facility shutdowns. There are no television shows covering the day-to-day heroics and caring performed by persons in these occupations. A group of HHAs in New York wrote and starred in a musical called HeartWork in an effort to generate respect for the work they do.”

Source: Employment Development Department, 2003, Help Wanted, 12
as an improved ability for U.S. society to care for its elderly and disabled populations.

**Into the Lattice of Long- and Short-Term Care**

Now that the homecare occupation has been examined in detail, it is possible to explore the lattice for which homecare work serves as a point of entry. It has already been explained that homecare work may be ideal for workers with domestic skills but little formal education, and also discussed were the multiple ways in which workers might discover the occupation of in-home care. Now the possibilities that exist in the field of healthcare regarding advancement must be explored.

In order for a career lattice to be worth the cost of cultivating, its destination jobs would have to offer excellent pay and benefits, reasonable working conditions, and there would need to be enough of these jobs to employ a significant number of workers. Fortunately, jobs related to nursing do offer quality pay and benefits. Table 11-4 shows wage ranges for various positions in the field of health care. Most of these positions offer benefits such as healthcare and pension, and one can see the variety of options available to workers from quite diverse backgrounds who want to enter and advance through the field.

Important to note, however, is that nearly all of these jobs require training and certification as well as experience in the field of healthcare. The highly skilled nature of the field could of course present high obstacles to advancement, and it is for this reason that acquiring experience as a homecare worker can help workers access this field. Also needed, of course, is training and education to allow advancement--the next section of this chapter will explore training and education for the healthcare workforce.
Though the field of healthcare presents obstacles related to the need for training and experience, the growing shortage of nurses and other healthcare professionals in California and the nation on the other hand increases accessibility to these professions. The dynamics of this projected increase in need for professional caretakers in coming years were already discussed, and it seems likely that as the demand for care rises, so will accessibility to training programs and other resources.
As shown in Figure 11-5 below, jobs in the services sector (of which healthcare is a part) are projected to grow in California in coming years while other industries are projected to shrink (California Financial Analysts’ Office, December 2002, http://www.lao.ca.gov/2002/cal%5Ffacts/trends%5Fpart%5F3%5Fsocialservices.html). The need for Medical Assistants and Medical Technicians will grow as well (Employment Development Department, 2003, Help Wanted). Taken together, the variety of jobs available in the field of healthcare make it a diverse and sustainable career lattice in which many types of people could do many types of work.

![Figure 11-5](http://healthcarejobs.org/images/prod012.jpg)

**Union Services and Training Resources: The Missing Links**

When combined with the projected increase in need for quality health care personnel due to the aging of baby boomers and increase in chronic illness, the parallel rise in need for jobs for immigrants and poor workers will dictate that many could benefit from employment in the field of long-term and short-term care. But without union support and training, it is difficult to see how workers could fill the highly skilled jobs that will be available. This current lack of fit between workers and jobs can only lead to a continued cycle of poverty among workers and a
continuing lack of quality care for the elderly and disabled if support services are not effectively implemented.

The Need for Unions in the Field of Healthcare

Unions have showed great success in increasing wages and improving benefits and working conditions of workers across fields, as discussed earlier in this chapter. The good news for the field of healthcare is that the success seems to hold true in the services sector: the U.S. Department of Labor Bureau of Labor Statistics (2003) made the assertion that in 2002, union workers in services industries made $16.22 on average, compared with $8.98 for nonunion workers in similar jobs (http://www.bls.gov/opub/cwc/cm20030623ar01p1.htm).

The union that represents Homecare Workers and Certified Nursing Assistants (who largely work in nursing homes, hospitals, and other care facilities), SEIU Local 434B, has had to fight particularly hard for even the smallest gains due to the uniquely undervalued nature of homecare and nursing work. Still, they present a formidable front with over 100,000 members and a strong presence in Sacramento.

We have already mentioned the importance of the union in providing social support for homecare workers who would otherwise be isolated working in the homes of consumers. Combating isolation not only helps workers build social support, but also ensures that workers are aware of their rights in the workplace. Further, the Homecare Workers’ Union provides assistance with gaining immigration status for undocumented workers as well as representation for workers who do not speak English.

As homecare workers gain certifications and experience toward advancement, they can join SEIU Local 399, the Health Care Union. A partnership exists between SEIU Local 434B and Local 399 to
meet the needs of workers as they move through the healthcare lattice.

**Training and Education for Healthcare Workers**

As has been shown, the goals of improving training and educational resources for homecare workers are to a) professionalize the field in order to build dignity and protect workers rights, as well as support an argument for higher reimbursement of homecare worker duties and increased pay for homecare workers; and b) to funnel interested and capable homecare workers into higher paying nursing and medical positions.

For those workers who do not desire advancement, training is useful in bringing about improved working conditions and communication with clients, as well as an improved ability to advocate for better funding of IHSS and educational programs. Further, homecare workers and professionals who train them stated that most homecare workers are already doing CNA duties and need to be properly trained for safety. Getting them certified as CNA’s so they can begin seeking pay for these duties in another setting also makes sense.

The highly skilled nature of jobs throughout the field of healthcare for which much technical knowledge is needed requires that strong training resources be available at every juncture. Many workers who are or could be proficient at the duties of homecare work lack basic skills such as English literacy or workplace skills such as resume writing. Finally, there are state examinations which must be passed in order to gain employment positions such as CNA or LVN. Language barriers, problems with literacy, and other barriers for which training and education might offer help often prevent workers who otherwise possess the skills for nursing from advancing (California Employment Development Department, 2003a, 2003b; Homecare Workers’ Training Center, 2004).

According to EDD’s *Help Wanted* report (2003), many of the job duties of homecare workers overlap

| Skills Gaps:
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<tr>
<td><strong>Skills:</strong> instructing, coordination, and critical thinking</td>
</tr>
<tr>
<td><strong>Knowledge:</strong> education and training, therapy and counseling, chemistry, and administration and management</td>
</tr>
<tr>
<td><strong>Abilities:</strong> no major differenced found</td>
</tr>
<tr>
<td><strong>Work Activities:</strong> training and teaching others; communicating with supervisors, peers, or subordinates; and updating and using relevant knowledge</td>
</tr>
</tbody>
</table>

Source: Employment Development Department, 2003, *Help Wanted*
A ‘Just’ Redevelopment

with those of CNA’s, LVN’s, and RN’s. Medical Assistants (MA’s) also share many skills with nurses. However, several skills gaps were also found among the various job titles. While the natural abilities of workers across these positions was consistent, several differences were shown to exist in the skills they possess, the knowledge they have access to, and the actual work activities they perform (see Table 11-6). One key finding was that skill levels of Medical Assistants (MA’s) closely matched those of LVN’s and RN’s, so the MA career path may be an important one to explore.

Thus, without training and education to assist workers in overcoming barriers and filling skills gaps, it is difficult to see how many workers could advance through the lattice of healthcare. It is hoped, on the other hand, that the effort to increase the marketability and upward mobility of homecare workers will assist them in building the capital they need to save money, buy a home, gain economic mobility and stability, and/or remain living in their own neighborhood.

HEALTHCARE WORK IN THE FIGUEROA CORRIDOR: IS IT VIABLE?

Now that a thorough exploration has been made into the concept of the career lattice and its application to the field of healthcare, the question remains as to whether workers in the Figueroa Corridor area would be able to make use of this lattice. The most logical place to begin to find an answer to this is to look at the residents who currently live in the Figueroa Corridor in order to determine how many of them might find homecare work attractive and how many of them might need care of some kind.
Figure 11-7

SEIU LOCAL 434B MEMBERS WHO LIVE IN THE FIGUEROA CORRIDOR
BY SELECTED ZIP CODES, 2002

Source: Data Provided by SEIU Local 434b, 2002; Compiled by Eric Schwimmer
Also important will be trends projected for the future of the area and other local factors that would help or hinder the cultivation of the lattice in that area. An examination of accessibility of work and services to the Figueroa Corridor area will also be made, and local union and training resources will be assessed.

**Current Figueroa Demographics**

As of 2002, SEIU Local 434B reported that 1,375 of their members lived in zip codes in or bordering on the Figueroa Corridor (See Figure 11-7). The total population over the age of 16 years in the area is estimated to be 147,240 (U.S. Census, 2000), so homecare workers already make up nearly a percent of the adult population in the area. It is reasonable to think that if more workers needing jobs and advancement were aware of this occupation that the number of homecare workers in the area might grow significantly.

It is also helpful to examine the number of current residents in the Figueroa Corridor who might require care. Analysis of census data revealed that a full 40 percent of the current population in the area are either elderly, disabled, or both. Out of 46,436 estimated households in the Figueroa Corridor, 3,965 (8.5 percent) are reported to receive Supplemental Security Income (SSI)—these households by definition would qualify for IHSS services.

Further, it would be false to assume that jobs for homecare workers would only be available in low-income homes that qualify for IHSS services. Of the 46,436 households estimated, 6,155 (13.3 percent) receive Social Security benefits, and an additional 2,819 (6.1 percent) enjoy retirement income on top of their Social Security that might allow them to pay for in-home care. It is reasonable to suggest that wealthier elderly residents needing assistance might be even more likely to prefer in-home care to institutionalization, and these consumers also might be able to pay more for services than IHSS pays. So
promoting a highly skilled healthcare force in the area via training and certification of IHSS workers, CNA’s, MA’s, LVN’s and RN’s seems as though it could only increase employment options for low-income workers.

**Nursing and Care Facilities in the Figueroa Corridor**

While IHSS workers primarily work in homes, CNA’s and other healthcare workers seek jobs in facilities. Therefore if workers are to advance into these positions, an analysis of job availability in facilities is warranted. Currently, there are roughly 38 hospitals and medical centers within 5 miles of the center of the Figueroa Corridor (www.google.com) and 25 nursing homes (http://www.calnhs.org/) in or adjacent to it. An informal search of the websites for these agencies revealed that many of them currently have job openings, especially for LVN’s and RN’s.

**Can Redevelopment of the Figueroa Corridor Help Workers Get Jobs?**

Many of the greatest challenges facing residents in the Figueroa area have continued to be brought about by large-scale redevelopment aimed at foreign and wealthy investors, USC students, sports fans, and those who would see downtown L.A. take its place as a “world city” (Keil, 1998; More, Paul, et. al, 1999). In the face of these grandiose visions, the needs of low income residents of the area have been hard pressed to find a voice. However, through clever strategy and strong coalition-building, a Community Benefits Package has been promised to those who have lived there since before these changes.

Given the requirements in the Community Benefits Package won by the Figueroa Corridor Coalition for Economic Justice (FCCEJ) for local hiring and a living wage (FCCEJ, 2002; Haas, 2002; Gibbons & Haas, 2002), perhaps the changing demographics of the neighborhoods could be used to the advantage of low-income workers. As we established previously,
higher income disabled and elderly community members might be targeted as consumers of healthcare services. Therefore, as the Figueroa community begins to gentrify while the population simultaneously ages, perhaps more jobs and revenue for healthcare workers will accompany the changes.

Another such idea relates to the plans in the redevelopment designs to install several sports medicine clinics near the Staples Center. Given that Physical Therapist Aides start at $8.74 per hour and Physical Therapist Assistants start at $17.86 per hour (See Figure 11-4), the argument that healthcare related work might be viable holds as we look into the future of the Figueroa Corridor.

**Addressing Physical Barriers to Work: Transportation, Child Care, and Consumer Care**

It is also necessary to explore barriers that might prevent Figueroa workers from taking advantage of the lattice presented here. In a city like Los Angeles, transportation, for example, is always an issue for those engaged in homecare work (Salazar, 2001). Homecare workers often need to transport their consumers to appointments and run errands on their behalf. While none of the local worker resources provide transportation to homecare workers, it has been shown that the Figueroa Corridor is centrally placed near a large population of potential consumers. It also has accessibility to the metro system which is much faster to use than busses. Here again the redevelopment of the area may prove useful instead of harmful-- increased local services and facilities that will come with redevelopment would seem to ease the tasks of homecare work with less need for a car.

The aforementioned variety of nursing homes and hospitals local to the area also reduces the need for CNA’s and other healthcare workers to have cars to get to work, and the Long-Term Care Union and Homecare Workers’ Training Center are themselves located within a mile of the Figueroa Corridor.
As of now, most union members do not use the child care services provided via SEIU Local 434B due to their demographic nature. However, the union does offer these services free of charge (to union and nonunion workers alike), and should the healthcare lattice be cultivated by local employment development collaborations and the FCCEJ, these services could then become quite popular since one in three people in the Figueroa Corridor are ages five to sixteen (see chapter 10).

Another service that Community Scholars who are homecare workers have indicated would be useful to them, but that is not currently available to members of SEIU Local 434B, is respite care for the consumers who depend on IHSS workers in order to allow workers to pursue training and other advancement opportunities.

**SEIU Local 434B—The Long-Term Care Union**

“At SEIU Local 434B, our mission is to improve the lives of working people and their families, and lead the way to a more just and human society” states the SEIU Local 434B website (http://www.seiu434b.org/ourlocal/). Figure 11-8 shows the most significant union services available to homecare workers in Figueroa due to the nearby presence of the Long-Term Care Union.

Their activities are aimed at supplementing support for homecare workers not provided by IHSS (IHSS activities are limited purely to financial support and does not entail any type of outreach to or communication with workers (Holt, 2001)). The extremely large size of SEIU Local 434B (the largest among Long Term Care Union chapters in the state of California) and its variety of services make it a powerful force for the development of workers and the professionalization of the field. As noted, the union has successfully increased minimum wage for homecare workers from $6.75/ hour to $7.50/ hour; they have secured health benefits for those who work 80 hours per month or more; and they provide
A ‘Just’ Redevelopment

a wide array of support services listed in Figure 11-8 above.

**Figure 11-8**

<table>
<thead>
<tr>
<th>SEIU Local 434B Union Support Services⁵:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• works for better pay, benefits, and working conditions</td>
</tr>
<tr>
<td>• gained $7.50 minimum wage for homecare work (up from $6.75)</td>
</tr>
<tr>
<td>• won health benefits for those who work over 80 hours per month.</td>
</tr>
<tr>
<td>• facilitates social support, organizing</td>
</tr>
<tr>
<td>• distributes donated food for free and low cost</td>
</tr>
<tr>
<td>• pilots a homeownership program and mortgage lending programs</td>
</tr>
<tr>
<td>• provides free childcare</td>
</tr>
<tr>
<td>• offers low cost dental care ($5) and pet health services</td>
</tr>
<tr>
<td>• fights to prevent severe government cutbacks to IHSS funding</td>
</tr>
<tr>
<td>• assists with immigration status and other legal services</td>
</tr>
<tr>
<td>• provides funding and partners with the Homecare Workers Training Center</td>
</tr>
</tbody>
</table>

**Sources:** http://www.seiu434b.org/; Homecare Workers Training Center Brochure, 2004; http://www.homecareworkers.org

The continued efforts of the union to improve the working conditions around homecare are a strong selling point for the cultivation of this field of employment and financial support despite its problems. In addition to the improvements gained described above, the union acts as a social center for organizing, educating, distributing resources, and building community among workers.

Finally, the union has contributed funds, office and classroom space, and other support to allow for the establishment of the Homecare Workers’ Training Center. This center will now be explored as a model for training and education as modes of advancement for healthcare workers.
The Homecare Workers’ Training Center

The Training Center was established in 1999 by SEIU Local 434B in order to benefit “the workers, their families, and the community” (Homecare Workers Training Center Brochure, 2004). Its mission is to “provide homecare workers with the tools to achieve their professional potential, while improving quality care to our senior and disabled communities and addressing the critical need for trained nursing staff in long-term care facilities.” The Center reports that as of April, 2004, they had served a total of 1,100 individuals: 50 CNA’s, 1 LVN, 100 job readiness clients, and 1,069 IHSS certified workers. Its brochures state that 78 percent of its students are women, 58 percent are of minority status, 50 percent are foreign born, and 50 percent live below the poverty line.

All training services are provided free of charge to union and nonunion members alike, and the stated goals of the curricula are to improve skills related to homecare, build skills for advancement, improve the quality of care, and “bring dignity and respect” to the workers and consumers in the field (Homecare Workers Training Center Brochure, 2004).

Whenever possible, courses are held onsite at the union and training center; workers may also attend courses at partner locations in outlying areas of L.A. such as Walnut. Child care services are available to students; however one service not available is respite care for consumers while homecare workers attend classes.

Courses and services offered are detailed in Figure 11-9. They include basic skills courses aimed at building English literacy and computer literacy in workers, job readiness courses and case management services that assist workers to adapt to workplace demands, and certifications in IHSS work and CNA work.
Many aspects of the Training Center’s design are aimed at serving students from diverse language and cultural backgrounds. English as a Second Language (ESL) and Vocational ESL are taught, and IHSS courses are given in English, Spanish, Chinese, and Armenian. It is reported by Training Center staff that students for whom English is a second language seem to succeed when they first receive IHSS certification in their own language, and then enroll in Vocational ESL which teaches them the same terminology in English.

**Source:** Author drew from literature produced by the Homecare Workers Training Center and interviews with Training Center Staff. See also chapter 10.
IHSS students receive certification and are able to improve their skills while also preparing (if they wish) for more specialized CNA training. Many of the skills taught in the IHSS course are repeated in the CNA course, so learning is reinforced at both levels. Skills taught in the CNA course that are NOT also taught in the IHSS course are listed in Figure 11-6 above.

The Center is working to add access to LVN and RN training programs; however, they have not yet addressed the possibility of developing resources for those interested in Medical Assistant or technical positions.

Still, services are aimed at the holistic needs of workers, which is in keeping with the overall design of the union. The two related organizations state their “high road” philosophy of organizing and education—this model draws upon the notions of having a clear strategic focus, achieving scale, building public/private partnership systems, and responsiveness to member/student needs (Holt, 2001). Using these four concepts as guiding principles, the Training Center strives to assist workers with “comprehensive supportive services, helping them overcome these barriers and focus instead on their education” (Homecare Workers Training Center Fact Sheet, 2004). To do this, the Center provides individualized case management and job placement services in addition to classes.

**Partnerships Play a Role**

The Homecare Workers Training Center would not be able to address comprehensive needs without the use of partnerships and collaboration with other agencies that provide complementary services—also a part of the “high road” approach. IHSS Certification is therefore provided in tandem with Mount San Antonio Colleges, and the CNA training is implemented by the Los Angeles Unified School District’s Adult Education (DACE) program.
The training center has partnered with various organizations over the years to provide LVN certification, but this service appears to be difficult to sustain and is not currently available. Nor is the Homecare Workers Training Center currently working with community colleges who offer RN certification; however, they hope to do so in the future. The Homecare Workers Training Center also works in cooperation with the Personal Assistance Services Council (PASC) in the provision of training, in resolving disputes between consumers and workers, and other such activities. Finally, there is of course the partnership with the union which provides not only a site for the training center, but its main base of students, and a significant portion of its funding.

In addition to funds provided by SEIU Local 434B, the Homecare Workers Training Center also receives Workforce Investment Act (WIA) funds, which require that the center partner with employers to a) provide jobs for clients who become certified through their CNA training, and b) match WIA funds with other monies (see chapter 1). So the Homecare Workers Training Center receives funds from WIA to conduct training, and then employers contribute funds per employee that is placed in their firm to match the government funds. The Center does not simply train, then but also places students in jobs when they complete their certifications. This approach also means that the partnership model is one that crosses the public, non-profit, and for-profit sectors.

Though it is clear that careful thought about the needs of workers goes into the ongoing design of the Training Center, one program element that they have not attempted is formal evaluation of their services. They have also not asked students to give formal feedback regarding their satisfaction with services provided. Staff members have stated that they would like better information regarding services students would most appreciate being offered.
The Homecare Training Center, then, was established in order to link a highly diverse but underemployed base of able and willing workers to fields of work in which there are shortages and high availability of quality employment positions. Because these are essentially professions that involve skilled work, they carry the possibility of advancement; however, the nature of the work therefore also necessitates the provision of training and support services with which to prepare workers to effectively meet work demands. It is this need that is met by the Homecare Workers’ Training Center and the Homecare Workers’ Union.

LESSONS LEARNED

This report has shown that the field of healthcare with homecare work as a key point of entry could potentially be a lattice by which low-income residents of the Figueroa Corridor may gain advancement and economic stability.

While the healthcare lattice comes with certain challenges and may not work for every Figueroa Corridor resident, still it seems worth exploring in order to understand needs associated with the advancement of healthcare workers and for the lessons that can be gleaned about cultivating such lattices for workers in the Figueroa Corridor.

Lessons for the Healthcare Career Lattice

It has been shown that the field of healthcare is an attractive one to cultivate due to its potential to employ large numbers of workers; its diversity of jobs at all levels; the union and training services that surround it; and the important services it provides to society. But it would still be yet another field offering decent jobs only to those with access to resources were it not for the existence of homecare work as a point of entry. The accessibility of IHSS funds to workers and family members of disabled and elderly people therefore represents a key
avenue by which women with caretaking experience at home but no professional training; workers with experience or training from other countries that is unrecognized in the U.S.; low-income workers; and those with other barriers to work might gain a foothold toward career advancement.

Still, the field of healthcare has not generally made itself available to the large base of workers with unrecognized skills or barriers to employment. The technical and high-risk nature of many of its jobs necessitate the hiring of workers with highly specialized skills, and it does not appear that the industry has done much on its own to make the necessary training and education available to low-income workers. The result has been not only a lack of employment opportunities for workers in need of jobs, but also a lack of qualified nurses and other healthcare professionals that has hurt our nation’s ability to properly care for its own.

Since welfare reform measures were passed in the mid-1990’s, low-wage workers, the unemployed, and welfare-to-work programs have been pressed to find quality career paths that will help lift large numbers of workers out of poverty. In these efforts, the field of healthcare has been identified as one important avenue available to such workers due to its need for workers and its opportunities for advancement.

But as discussed earlier, the negative image that the field of healthcare has earned, even among higher ranks of nurses, has hindered efforts to connect needed workers to jobs they want. Therefore if a) job developers and workers want to capitalize on the benefits of this career lattice, and b) the healthcare industry wants to meet its necessary staff/patient ratios and provide quality care, then it seems that active efforts will be needed to identify and address problematic aspects of healthcare jobs as well as issues with the image associated with this type of work.
Lessons for Employing Figueroa Corridor Residents

Earlier in this chapter, several reasons for pursuing the field of healthcare as a potential lattice were discussed. Aside from meeting the criteria of the career lattice model as shown in Figure 11-2, several other factors were considered. Again, these factors included:

1) accessibility to non-native English speakers, and the union offers assistance with immigration status;
2) existence of programs that offer both training and education free of charge;
3) availability of support services such as child care and case management.

Therefore any attempts to cultivate employment resources for Figueroa Corridor residents must also address these needs.

Additionally, the needs of the general population of the Figueroa Corridor should be considered when developing employment in the area. Services provided by the field of healthcare, for example, were shown to be highly relevant to the needs of the Figueroa community given that roughly 40 percent of the population in the area suffer from a disability or are elderly (U.S. Census, 2000). So another way to identify possible careers for workers in the area is to assess the needs the community has for goods and services.

Finally, it was discussed that there seems to be merit in using the Community Benefits Package as a powerful source of leverage for new resources in the area due to redevelopment efforts.

Lessons for Cultivating Career Lattices

Using the same criteria applied to the healthcare lattice, a few other potentially viable fields for the Figueroa Corridor include security guard positions which can lead to law enforcement and firefighter
positions; construction helper jobs which lead to a plethora of technical and skilled positions; as well as teaching occupations and social services jobs (see appendix A for others).

Some security guards are unionized and report better pay and benefits than those who are not in unions—$809 per week compared with $518 per week (http://www.uaw.org/organize/advantage.cfm), and the police force in Los Angeles continues to need officers (http://www.lapdonline.org/). This lattice may share similarities with the healthcare lattice in that job quality for security guards varies greatly from company to company; however, the presence of a union and the attraction of better jobs higher in the lattice make it worth considering.

Construction work has and is likely to remain plentiful indefinitely as it is the fastest growing industry in California (see Figure 11-5). “Construction helper” jobs are likely to be fairly accessible workers with few recognized professional skills and possibly those with language barriers. These points of entry lead to a wide array of specializations in operating certain types of tools or doing specialized tasks, and there is a licensing procedure and union for contractors at the higher levels. Construction Managers make wages ranging from $27.73 up to nearly $40 per hour, so the construction career lattice certainly holds potential for those seeking advancement (http://www.calmis.ca.gov/file/occup$/oeswages/oestechnotes.htm).

The need for teachers’ aides is also growing (http://www.calmis.cahwnet.gov/file/occguide/TEACHAID.HTM), and this entry-level position also requires little formal training and experience. Once employed, strong supports exist within the school system for the advancement and continuing education of workers. Social service agencies are also often interested in hiring low-income workers, and they
are typically understaffed though high salaries are difficult to find in this field. But it benefits consumers, the state, and workers if occupations that provide needed social services are professionalized and valued, and social service fields can be a rich source of vital work experiences that build skills applicable to any occupation.

Other clues to the identification of viable career lattices can be found in Appendix A at the back of this report.

RECOMMENDATIONS

Based on the lessons learned from this case study of homecare work and the healthcare lattice as applied to the Figueroa Corridor, several recommendations can be made:

• that a coalition be built among organizing and development forces already at work in the Figueroa Corridor (FCCEJ, SAJE, and others) and those working for betterment of healthcare workers (SEIU Local 434B and partners, for example) in order to explore ways of cultivating the healthcare career lattice;
• that a formal partnership be developed among these groups in order to pilot an organized attempt to connect Figueroa Corridor workers to healthcare jobs; and
• that other lattices such as the ones described above be explored for their potential cultivation in the Figueroa Corridor.

Several recommendations are relevant to each of these potential projects:

Building Coalitions

Given that several resources for healthcare workers are located adjacent to the Figueroa Corridor, and that over 1,300 homecare workers already live in its immediate surrounding area, it seems useful for
those involved in organizing and development for Figueroa and for healthcare to unite. Several ties among these groups already exist due to participation in the generalized labor movement, but it did not appear in the course of this inquiry that those involved in job development and unionizing for healthcare were aware of the needs in the Figueroa Corridor. Therefore, greater inclusion of healthcare organizations in the activities of FCCEJ and SAJE seems important.

**Piloting the Healthcare Lattice in the Figueroa Corridor**

It appears from the analysis conducted here that many elements necessary for not only a local coalition, but possibly a formal service-oriented partnership, are currently available. Such a partnership could be formed for the purpose of pilot testing 1) the career lattice model as a conceptual approach to job development, and 2) the healthcare lattice in particular.

In order to do this, a strong partnership with careful planning would be needed, and several improvements to the current support system for healthcare workers would need to be made. Specific recommendations are depicted in Table 11-10.

**Partnership Recommendations:**
Strategies should be developed via an interorganizational committee made up of representatives of FCCEJ, SAJE, SEIU Locals 434B and 399, PASC, LAUSD adult education services (DACE), the Community College District, and any other relevant groups.

It would likewise be useful to reach out to nursing home and hospital administrators in the area—and perhaps land developers who are bound by the Community Benefits Package that was promised—in order to 1) include their input in the strategic development of the pilot program and 2) ensure that jobs will be available to workers who participate in the program. Utilization of funds such as those
allocated by the Workforce Investment Act (WIA) can also stimulate funding for job development because they stipulate matching funds from employers who receive qualified workers from WIA-funded job development programs.

### Table 11-10

<table>
<thead>
<tr>
<th>Partnership</th>
<th>Workers -&gt; Jobs</th>
<th>Training/Union</th>
<th>Support Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Interorganizational committee</td>
<td>• Outreach, recruitment, popular education</td>
<td>• Expand variety of classes for wider lattice</td>
<td>• Childcare and consumer respite care services</td>
</tr>
<tr>
<td>• Employer involvement, job placement, matching funds (WIA)</td>
<td>• Expand points of entry</td>
<td>• Address skills gaps (Table 11-6)</td>
<td>• Case Management</td>
</tr>
<tr>
<td>• Community involvement &amp; needs assessment</td>
<td>• Expand employer partnership</td>
<td>• Assess language needs in Figueroa Corridor</td>
<td>• Transportation</td>
</tr>
<tr>
<td></td>
<td>• Utilize Community Benefits Agreement</td>
<td>• Support union political efforts</td>
<td>• Immigration &amp; Legal services</td>
</tr>
<tr>
<td></td>
<td>• Increase/ expand training &amp; union resources</td>
<td></td>
<td>• Homeownership &amp; Housing</td>
</tr>
</tbody>
</table>

Community members and potential workers should also be involved in the organizing committee, and a participatory assessment should be done (focus groups, community-wide surveys, etc.) to determine whether the healthcare lattice can be successfully promoted as a viable career path among workers in the area.

**Connect the Figueroa Corridor to healthcare jobs:**
If such an initial assessment reveals that indeed healthcare is a field in which Figueroa residents are interested, then outreach throughout the Figueroa Corridor should be undertaken in order to 1) ensure that families caring for disabled members are aware of and therefore receive IHSS funds to which they are entitled and/or to encourage current IHSS workers to unionize and become certified; and 2)
recruit workers in need of jobs (especially those with caretaking experience or interest in healthcare) to become IHSS certified and to consider later certifications in higher rungs of the healthcare lattice.

Points of entry to the field of healthcare other than homecare work should be identified and expanded in order to accommodate a wider variety of workers to the field. Given the finding in Help Wanted that Medical Assistants share many skills and abilities used by LVN’s and RN’s (more so than CNA’s and other workers) it would be useful to develop employer partners with technical positions available in or near the Figueroa Corridor as well as related training and certification services (California Employment Development Department, 2003).

Local hospitals, nursing homes, and other facilities can be recruited in a local hiring campaign to ensure that Figueroa workers have access to local jobs as they move throughout the healthcare lattice.

Training and Unionizing Healthcare Workers: If the career lattice available to Figueroa workers is to be expanded to include more and diverse jobs, then training will also have to be expanded. Such expansion would require increased partnership among organizing and job development organizations and employers, and additional funds would have to be secured. Training resources for Medical Assistants and other technician jobs are needed if Figueroa Corridor workers are to take full advantage of the varied jobs available in the field of healthcare.

Secondly, gaps in skills among entry- and intermediary-level jobs (identified in Table 11-6) as compared to LVN’s and RN’s should guide the development of expanded curriculum in order to better prepare healthcare workers for advancement.

The language needs of Figueroa Corridor residents must be assessed to determine needs for classes in
workers’ native languages. The Homecare Workers Training Center currently offers IHSS certification in English, Spanish, Chinese, and Armenian. CNA certification courses are only taught currently in English, though ESL and Vocational ESL courses are also helpful in serving those with language barriers.

Finally, workers recruited into the healthcare field can be encouraged to join the unions and take advantage of the services offered by SEIU Local 434B and 399.

Since a concerted effort to connect Figueroa Corridor residents with healthcare jobs may bring about a sudden influx of workers, students, and union members, all strategies should be developed in collaboration with the unions and the Homecare Workers Training Center. While new union members represent additional dues monies as well as increased services from fee-per-student resources such as the Los Angeles Unified School District, still these funds may not be sufficient to meet needs.

For example, the staff of the Homecare Workers Training center indicated that one main challenge they face is the tension between the need for smaller class sizes for maximal student learning (especially those with English as a Second Language needs) and the minimum student per instructor funding requirements of public education systems who provide much of the training. Therefore, strategic financial and program planning will be needed to effectively pilot a pipeline for Figueroa workers into the healthcare industry.

Support Services:
Support services already available but that will likely need expansion should a program be piloted include case management services, childcare services, immigration and legal services, and a small pilot homeownership program. Again, partnership and pooled funding resources will be key to the successful implementation of such expanded services.
Services not currently available to healthcare workers in the area are 1) transportation services and 2) respite care for homecare consumers which would allow homecare workers more freedom to pursue training and union activities.

Since housing is at such a premium in the area, housing-oriented coalitions should work in partnership with the unions to expand housing resources (see chapter 9).

Finally, an evaluation component should be built into this pilot effort to ensure that problems and needs are accurately identified and overcome. It would be useful for the pilot project to serve a small enough group of workers to ensure success; however, the goal is to employ large numbers. Therefore, scale should be built into the design and expansion of the project.

**Exploring Other Lattices**

Once the healthcare lattice is used to pilot test the lattice model in the Figueroa Corridor workers and evaluation has been conducted, lessons from the experience may be applied to the cultivation of other lattices. A few possible careers have been suggested in this chapter: security guard → law enforcement jobs; the construction lattice; the teaching and social services fields. Other attractive fields discussed in appendix A of this Report.

One key component that will need to be explored in each of these fields in determining their viability as lattices are the existing and potential partnerships that might be formed among non-profit, government, and business organizations. As shown, holistic support for workers with high challenges cannot be achieved without the cooperation of coalitions.

All of these recommendations add up to the idea that planning must be strategic in the cultivation of career lattices. Additionally, some of the more
innovative and unexplored possibilities for workers such as workers’ cooperatives and Worker Centers, for example (see chapter 1), might be tried.

In this way, industry by industry, it seems possible to widen and open opportunities in and around the Figueroa Corridor that will allow residents of the area to gain housing stability in their own neighborhood, economic advancement, and a positive work environment. Chapter 12 will discuss the concept of treating the basic needs of housing and jobs as human rights to which everyone should have equal access.

ENDNOTES

1 Diagram created by Dustianne North based on concepts from Careers Under Construction: Models for Developing Career Ladders, Employment Development Department of California, May 2003)

2 These are just a few jobs in the lattice that flow directly from homecare work. Others include a variety of positions from physical therapy assistants and aides to assistants who care for animals in veterinarian offices and laboratories. A more full listing of healthcare jobs is found in table 11-4

3 These benefits were approved within the past month and represent an improvement over the previously secured health care for workers who worked over 120 hours

4 These compiled gaps are among IHSS workers, MA's, CNA's, and LVN's as compared to RN's

5 This is according to SEIU 434b website (http://www.seiu434b.org/ourlocal/) and flier, 2004 as well as input from community scholars who are also homecare workers and union members, and finally verified by union staff

6 Holt (2001) reported the adoption of the “high road” approach to union organizing by SEIU Local 434B and the Homecare Workers Training Center. Though no language about this approach was found on a June 8, 2004 search of websites for the two organizations, current staff of the training center confirmed that this approach still serves as a guiding ideology in the provision of union training services.
Bibliography


In-Home Supportive Services and the Personal Assistance Services Council

California’s In-Home Supportive Services (IHSS) program is a division of the California Department of Social Services (CDSS) whose mission is “to serve, aid, and protect needy and vulnerable children and adults in ways that strengthen and preserve families, encourage personal responsibility, and foster independence” (http://www.dss.ca.gov/CDSSWeb/In-HomeSup_173.htm).

The role of IHSS is to provide funding that allows low-income persons who are blind, disabled, or aged to receive care and daily living assistance in their own homes. IHSS pays workers $7.50 per hour for reimbursable tasks, sets guidelines regarding tasks for which workers may be reimbursed and eligibility criteria for consumers, provides procedures for payment, and also has a system by which special situations or needs can be handled via appeal (Protection & Advocacy, Inc. 2001; http://www.dss.ca.gov/CDSSWeb/In-HomeSup_173.htm).

IHSS funds thus represent a critical source of income for individuals caring for family members or who are interested in pursuing a career in the healthcare lattice, as well as crucial assistance for the blind, disabled, and aged who are eligible. However, some important problems and challenges are associated with it as well. One main problems is that many tasks required of IHSS-funded workers are not covered by IHSS funds but must be done nonetheless. Workers often must also buy their own supplies, and mileage is not reimbursed by IHSS.

IHSS support is enhanced in Los Angeles County by the Personal Assistance Services Council (PASC) (http://bos.co.la.ca.us/Rosters/FactSheets/chis-565.htm#P3_10; http://www.pasadena.com/adView.asp?ad_id=158).

“PASC serves as employer of record for nearly 100,000 IHSS Providers for purposes of collective bargaining. PASC also operates a Registry to provide free referrals for IHSS Consumers and Providers. In addition, PASC provides access to training for both IHSS Consumers and Providers, as well as an array of support services to improve the IHSS program in general” (http://www.pasadena.com/adView.asp?ad_id=158).
Although the union effort surrounding homecare work has been successful in 1) raising minimum wage for homecare workers, and 2) securing health insurance for workers being reimbursed for 80 hours per month or more, the future of these benefits is currently uncertain. In order to address the budget crisis in California, Governor Schwartzenegger has proposed to 1) roll back homecare worker wages to their previous level of $6.75 per hour, and 2) to request federal funds in order to continue allowing family members to care for their own. Also on the table is the possibility of cutting the healthcare benefits currently available to workers altogether. Nearly every victory that has been achieved on behalf of homecare workers via union organizing is now facing the possibility of being cut.

The Homecare Workers’ Union reports that lobbyists have been successful in securing pledges from the vast majority of California legislators to fight to keep funding for this important program; however, the budget crisis is severe and therefore cuts are highly possible.