

Improving the Quality of Home Health Aide Jobs: A Collaboration Between Organized Labor and a Worker Cooperative

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It became apparent in the beginning that the union was going to have to change their approach and that we, at the cooperative, were going to have to change ours. . . . They had to understand that they were not the only ones who represent the best interests of the workers and we had to let them in—to accept that they could bring situations to our attention.

Michael Elsas, president of Cooperative Home Care Associates,
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Introduction

In their report on global aging, Kinsella and He (2009) address the significant consequences that an aging population has on a nation's labor supply and the sustainability of its social programs. They point out that soon after 2010, for the first time in recorded human history, the number of people over the age of 65 will outnumber those below the age of 5, with the greatest increases occurring among those over the age of 80. Their report also notes that views of caring for elders are changing to favor home-based and community-based services instead of institutionalization.

In the United States, home care workers (also referred to as home health aides or home attendants) provide services to elders and individuals with physical disabilities to help them to live independently in their homes and communities. These services include ostomy care and monitoring vital signs; assistance in using medical equipment, such as a Hoyer lift in transferring a patient from the bed to a wheelchair; accompaniment to medical appointments; and light

housekeeping and preparation of meals. Without this essential support, many individuals who rely on a home care worker would require services from a nursing home.

According to the Paraprofessional Healthcare Institute (PHI)², between the years 2000 and 2030, the number of elders in the United States will increase by 104%, while the pool of women in the age group from which direct-care workers are usually drawn (ages 25 to 44), will increase by only 7%. Yet fewer women within this age cohort are pursuing jobs as home care workers. In the United States, home health aide jobs are characterized by poverty-level wages, part-time hours, minimal benefits such as health insurance or paid earned leave time, a high rate of occupational injury, limited opportunities for career advancement, and high turnover. Nationally, nearly 52% of all personal and home care aides reside in households with incomes less than 200% of the federal poverty line³, and annual turnover among these positions is estimated nationally at 60%. Dresser's study (2008) of work performed in the home (including home health aide work) examines the harsh working conditions and challenges to initiatives designed to improve the quality of jobs traditionally performed in the home by women for little or no pay. Dresser links the limited financial compensation associated with such work in the past to the poor wages earned by those—disproportionately minority women—who currently fulfill these responsibilities.

In 1985, in response to the poor quality of home health aide jobs, Cooperative Home Care Associates (CHCA) was created as a worker cooperative to model the implementation of innovative workforce and compensation practices in the sector. By improving the quality of home health aide jobs, CHCA developed the capacity to provide its clients (elders and individuals living with disabilities) with enhanced quality of services. In fulfilling this dual mission, CHCA has grown to become the nation's largest worker cooperative, with more than

\$40 million in annual revenues and 1,700 employees. CHCA also allocates 80% of annual revenue to the wages and benefits earned by its home care workers—including dividends to worker-owners and contributions to the 401(k) accounts of all employees in profitable years.

Interestingly, the worker-owners of CHCA are represented by the 1199SEIU, United Healthcare Workers East, an affiliate of the Service Employees International Union (SEIU), and referred to in this chapter as 1199SEIU. The union organizes home care workers to improve the quality of their jobs. This organizing work has catalyzed a significant expansion of 1199SEIU, which now represents 300,000 members and retirees in New York, Maryland, Massachusetts, and the District of Columbia. 1199SEIU's 70,000 home care workers belong to one of its largest and fastest-growing divisions. It advocates for higher wages and improved working conditions, educates and empowers workers to seek social and economic justice, and encourages its members to acquire greater knowledge and skill in the health care sector.

CHCA presents an interesting research case for examining in more depth the relationship between employee ownership and unions. Academics, labor, and business practitioners have documented tensions in these relationships, often related to the implementation of employee ownership without participation, but with reductions in employee compensation by firms experiencing financial challenges. In their study of employee-owned firms and unions, for example, Whyte and Blasi (1984) identified reactions of union leaders to the concept of employee ownership, ranging from indifference to hostility, and interest tempered by skepticism and ambivalence. Most studies exploring relationships between worker-owned enterprises and unions examine cases that involved the transfer of ownership through an employee stock ownership plan (ESOP). In these cases, ownership did not always provide employees with the right to participate in organizational decision making (Kruse and Blasi 1995; Logue and Yates

2001; Whyte and Blasi 1984). Additionally, because many firms created ESOPs after experiencing severe financial difficulties, the decisions that managers and unions leaders made often included significant wage and benefit concessions from workers. Thus, workers often experience the implementation of ESOPs as preceding reductions in the quality of their jobs. However, Whyte and Blasi (1984:137) recognized that a union could “play an indispensable role, with management, in organizing and implementing quality of working life (QWL)⁴ or other participatory programs.” Other studies (Addison and Belfield 2007; Bennett & Kaufman 2007; Freeman 2007) focused on the outcomes achieved by unions, citing enhancements in wages and benefits as well as worker voice (i.e., representation, participation in workplace decision making, and a mechanism for communicating with management and/or collective bargaining power). However, Bell (2006) notes potential similarities in the goals of certain employee-owned firms and unions despite different strategies used to achieve objectives.

In 2003, 1199SEIU organized CHCA’s 1,600 home care workers, which provides an opportunity to study the evolution of the relationship between the two organizations into a successful partnership toward creating better jobs for CHCA’s workers. Building on previous research on unions in worker-owned firms, we explore the role of a union in expanding opportunities for employees to participate in organizational decision making and develop the skills necessary to realize expanded opportunities relating to wealth, power, and personal development. The relationship between CHCA and 1199SEIU has also created the opportunity to explore these topics among a cohort of low-income African American and Latina women, who tend to be underexamined in the literature on employee ownership. Based on findings from this study, we propose areas of future research on the relationship between unions and worker ownership, employee participation, and improving the quality of home health aide jobs. We also

suggest further exploring the role of unions in creating new opportunities for home care workers to pursue educational and career advancement.

We begin our study by reviewing the theory and research related to worker-owned firms and unions, as well as the history of the CHCA and 1199SEIU partnership. Next, through an in-depth case study using qualitative and quantitative data, we examine key elements of the relationship between CHCA and 1199SEIU, highlighting the benefits of a close relationship between worker-owners within the home care industry and their union.

Employee-Owned Firms and Unions

Academics and practitioners have often focused on whether there is a real or perceived *need* for unions in employee-owned firms. Whyte and Blasi's (1984) study of unions and worker-owned companies examined various circumstances in which firms became employee owned, various types of ownership, and a range of relationships and outcomes in different business, financial, legal, and industry environments. In many cases, union support of employee ownership came with buyouts in exchange for saving jobs. In many of these cases, ownership was accompanied not by meaningful participation in organizational decision making but by reductions in pay and benefits. Negotiating contracts aimed at protecting the jobs with stock that conferred different types of voting rights presented union leaders with difficult problems. As unions experienced both successes and failures regarding quality jobs and participation in workplace decisions, they developed both negative and positive attitudes toward employee ownership. Examining whether workers in such companies would still need a union, Whyte and Blasi (1984) found that some did feel in need of representation. And despite persistent struggles in relationships between unions and employee-owned firms, the study noted interest by some union leaders in alternative management structures, but this was not supported by policy initiatives. Whyte and Blasi (1984:137) foresaw "a major role for unions in employee-owned

firms” with union support of participatory decision making in QWL and other programs vital, even in cases in which management has an interest in worker participation.

In another study, which includes a review of research on employee ownership, employee attitudes, and firm performance, Kruse and Blasi (1995) assessed attitudes toward unions in employee-owned firms. Although the firms studied were primarily conversions to employee ownership through buyouts, Kruse and Blasi found that although results varied, several of the studies also indicated an increase in perceived need for union representation. For example, in one study with a sample of 38 nonmanagerial union workers in a firm that had been recently purchased by its employees, Long (1977) reported favorable views of union–management cooperation. More specifically, this study focused on the perceived fear that employee ownership might reduce the allegiance of workers to their union. Exploring the potential of a situation of worker-owners bargaining with themselves, Long noted that “the fundamental conflict of interests between labour and capital on which many labour theorists have based the need for labour unions would seem to disappear” (1977:238). He also noted, however, that some theorists criticize such an argument as simplistic and as failing to fully consider the complexities of different situations. Long found that more than 82% of employees surveyed felt that there was no reason the union and the owners could not work well together, while a few respondents (less than 30%) thought it difficult to be loyal to a union and to the employee-owned company, and even fewer perceived dissimilar goals between the two groups. In other words, although most felt that they would be treated fairly without a union, they thought that having a union would pose no divided loyalty problems and, overall, preferred one.

Long’s speculation regarding the need for a union, particularly where employee ownership and control are involved, has been examined in other studies. Logue and Yates

(2001), for example, addressed the notion that it would be difficult to conceptualize how a union, established to oppose and bargain with firm owners, could represent workers who were also owners. Like others mentioned earlier in this chapter, they noted tensions rooted in past experiences but concluded that many current union leaders recognize a place for unions in the world of employee-owned firms as unions seek to unionize workers in organizations that, citing an AFL-CIO director, see the "high road of mutual support and block the low road to the sweatshop" (2001:112).⁵

Turning to other recent research on what unions bring to workers of a firm, Addison and Belfield's (2007) study of a range of voice mechanisms reveals conflicting evidence about the levels of voice among union and non-union workplaces. More specifically, they note that research performed in the United States and other countries indicates that reports of the effects of union voice in firms depends on the measures of voice examined, the measure of productivity or profitability, and the focus on collective- or individual-level effects. In addition, a focused look at studies from the United Kingdom provides empirical results across union and non-union workplaces that indicate greater voice in both unionized and non-unionized workplaces.. Addison and Belfield's (2007) study does, however, identify key aspects of voice for unions, including participation in various workgroups; input into grievance procedures; communication with management regarding pay, training, and promotion; management understanding of family issues; and worker input in company decisions on work practices.

In two related studies, Freeman (2007) and Bennett and Kaufman (2007) conducted a reassessment of the research of Freeman and Rodgers' *What Do Unions Do?*, which was published in 1984 and examined the economic, political, and social effects of unions on workplaces and on society. The more recent text re-examines the assessments and conclusions of

earlier research. Both Freeman's (2007) and Bennett and Kaufman's (2007) studies identify themes in the original text related to unions and benefits (or detriments) to workers or business output in general (not specific to worker-owned companies). Referencing attention in the original text to the effects of democratization of the workplace, Freeman (2007) reminds us that collective bargaining requires the efforts of at least two participants and that management's response to worker voice is critical in determining the outcomes. Like Whyte and Blasi (1984), Freeman (2007) notes that even in firms with mechanisms to facilitate worker participation, those who are represented by a union have a greater ability to influence outcomes because voice without power is often ignored by senior management in organizations. Freeman also highlighted subsequent work (Freeman and Rogers 1999) related to union-facilitated employee voice in which workers can participate in workplace decisions via various workgroups or committees. Bennett and Kaufman (2007:4) highlight both negative and positive effects of unions emphasizing that for the latter to occur, a "spirit of cooperation and mutual gain" must exist. Finally, Kaufman's (2007) assessment that the primary economic functions for unions in the workplace also include those of increasing worker involvement in workplace practices, and of protecting them from managerial abuse and substandard wages and working conditions.

These studies draw attention to several topics that we encounter in our study of CHCA and 1199SEIU. Kruse and Blasi's (1995) review highlighted no decrease in the perceived need for a union after employees became owners due to a buyout, and in some cases, an increase in the perceived need for union efforts. Logue and Yates (2001) recognized that despite skepticism about the ability to collaborate successfully, "high-road" employers and unions shared some common goals and values. Addison and Belfield's (2007) attention to the multiple meanings and outcomes of worker voice draw attention to the environment in which voice is operative.

Freeman's (2007) and Bennett and Kaufman's (2007) emphasis on the critical importance of management response and Kaufman's (2007) highlighting that the primary function of unions is to increase participation are, as we will see later in this chapter, also significant for this study. Finally, Whyte and Blasi's (1984) big-picture study reiterates these findings and highlights gaps in research in which the current study of CHCA and 1199SEIU might be placed.

Hence, prior research on firms in which worker participation was not a desired outcome focuses on a decidedly challenging environment for a union to improve the quality of jobs for its members. However, in our setting, the value placed on augmenting the voice of workers by both a union and the ideologically driven founders of a cooperative represents a situation characterized by space for conversations and the development of strategies for achieving critical, common goals. Therefore, we might expect this to be a productive setting for a positive relationship between employee ownership and unions. Our case study also examines more closely the role of a union in organizing a worker-owned cooperative operating within an industry characterized by low-paying jobs and employing a large workforce of minority women—a group with historically limited access to quality jobs or democratic workplaces. We identify areas of tensions between the organizations as well as key strategies and structures that have shaped their collaboration and cooperation. Our research also highlights the motivations of both organizations as they pursue different strategies for achieving similar goals, which include securing quality jobs for workers and their participation in organizational decision making.

CHCA and 1199SEIU

Cooperative Home Care Associates

In 1985, Rick Surpin and Peggy Powell co-founded CHCA as a worker cooperative to provide quality home health aide jobs to low-income South Bronx residents and to improve the quality of these jobs (Inserra, Conway, and Rodat 2002). One of the primary ways CHCA

attempted to achieve this goal was through the development of a four-week home health aide training program in 1987, which currently helps 400 low-income New York City residents each year to earn the credentials needed to work in New York State as both personal care assistants and home health aides. While earning home health aide certification in New York State requires only 75 hours of training, CHCA believes that more time is necessary for individuals to learn the many critical clinical and interpersonal skills involved in providing client with quality services. In 2009, the year before enrolling in this training, 66% of participants in CHCA's training program earned less than \$5,000 per year, 53% lacked a high school or general equivalency degree, and 60% were immigrants to the United States (including those born in Puerto Rico).

CHCA directly employs most graduates from its training program in home health aide positions and provides them with the following retention-support services:

- A guaranteed hours program (implemented in 1993), which provides home care workers who have been employed at CHCA for at least three years with pay for working at least 30 hours each week, regardless of their actual schedule, as long as they do not refuse any client assignment.
- A peer mentor program (implemented in 2003) through which six experienced home care workers received promotions to full-time administrative staff members who now assist new training program graduates in successful transition to employment.
- Coaching supervision (fully implemented in 2008), where supervisors at CHCA use a nonpunitive management approach to help employees address problems while ensuring accountability for their decisions.

After working at CHCA for three months, employees attend a three-hour workshop about purchasing an ownership stake in the cooperative. This workshop begins with a brief history of

cooperation and cooperatives within an economic context before describing the process of accumulating equity within CHCA. Specifically, employees who opt to become worker-owners authorize deductions totaling \$50 from their paychecks as a down payment toward a \$1,000 share of stock in the cooperative. CHCA then loans the employee the remaining amount, which is repaid through small weekly payroll deductions. The ownership stake provides the worker with all rights, privileges, and responsibilities of worker ownership, including one vote in elections for 8 of 13 members on the cooperative's board of directors. After working for one year at CHCA, worker-owners are eligible to be nominated as candidates in elections to the cooperative's board of directors.

Similarly, after working at CHCA for three months, all home care workers become union members and have weekly dues of 1.2% of their earnings deducted from their paychecks. As union members, all home health aides currently receive an individual health insurance benefit, with no required contribution, through a Taft-Hartley plan administered by 1199SEIU. When needed, they also receive support from a union organizer assigned by 1199SEIU to CHCA, who advocates for grievances, and are represented by eight home care workers selected as union delegates. After one year of union membership, the 1199SEIU Bill Michelson Homecare Education Fund (hereafter referred to as the education fund) defrays the cost of CHCA home care workers to attend specific classes or earn additional credentials in the health care sector.

1199SEIU and Industry Context

Since its creation in 1935, 1199SEIU has grown to represent more than 300,000 members and retirees including nurses, social workers, those working in mental health and substance clinics, nursing home workers, and home care workers. In addition to higher wages and improved working conditions, 1199SEIU advocates for job security, health insurance, childcare services, and pensions for its members. In addition, through its grievance process, the union

helps home care workers who have been unfairly discharged or disciplined by their employers and those who may have experienced discrimination. Within the home health aide industry, strong union representation has proven an effective strategy for improving the quality of home care jobs. Due in part to advocacy efforts by 1199SEIU, the City of New York enacted a living wage law in 2002, which today ensures that home care workers who are paid by contracts administered by New York City receive an hourly base wage of \$10—regardless of their employer.

Home care workers in New York City receive different titles and levels of compensation depending on the funding source from which they are paid to provide services for a particular client. Home care workers who are paid with Medicaid funds administered by the City of New York are called home attendants and receive an hourly base pay of \$10. Other home care workers in New York City, who are paid from other public programs, are called personal care assistants or home health aides, and they earn an hourly base wage that rarely exceeds \$8.50. In 2007, Cooperative Home Care Associates received a contract from the City of New York to provide 400 Bronx residents with home care services and began hiring home attendants in July 2008. Currently, CHCA employs 350 home attendants and 1,250 home health aides, and both groups of home care workers are represented by 1199SEIU.

Previous Collaborations

CHCA began collaborating with 1199SEIU in 1987—just two years after CHCA’s incorporation—as the union began a campaign to increase the wages of one type of home care worker (referred to as “home attendant”). CHCA’s senior managers encouraged its worker-owners to support this effort by attending rallies and volunteering their time. Since CHCA only employed one other type of home care worker (referred to as “home health aide”) at the time, worker-owners realized that 1199SEIU’s effort would not increase their own compensation as

home health aides. However, a small group of home health aides from CHCA volunteered with 1199SEIU to support the general principle that home care workers deserved greater compensation. Ultimately, 1199SEIU's efforts resulted in home attendants receiving an increase in wages and benefits that totaled 42% during a three-year period (Inserra, Conway, and Rodat 2002).

CHCA's initial collaboration with 1199SEIU continued in 1989, when the union provided representatives to serve on a New York City Home Care Workgroup, which was organized by CHCA staff. The workgroup conducted research about job quality for home health aides and recommended providing higher reimbursement rates for home care services as a strategy for improving New York State's home care system. This effort contributed to New York State (through its Medicaid program) providing home care employers with a labor market adjustment determined by the wages and benefits provided to home health aides. However, although the specific amount of the funds received by home care agencies was determined by their labor costs, New York State did not require that this money be used to increase the compensation earned by home care workers. CHCA was one of the few employers in the sector to use the funds received from this source to increase the compensation of its home health aides (Inserra, Conway, and Rodat 2002).

Until 2001, 1199SEIU focused its efforts within New York City's home care industry on organizing only home attendants, but then began planning a campaign to unionize home health aide employers. After learning of the union's goals, CHCA's senior managers initiated conversations with home care workers in leadership positions at the cooperative about the benefits of formally collaborating with 1199SEIU. These conversations helped CHCA's home health aides understand 1199SEIU's role in advocating for New York City's living wage law,

which increased the hourly base wage of home attendants to \$10. As a result of these conversations, 1199SEIU negotiated a card-check neutrality agreement with CHCA before organizing its home care workers. This allowed CHCA's home care workers to vote on the question of unionization by signing an authorization card instead of participating in a lengthy ballot process. In 2003, CHCA's home health aides officially voted to unionize through 1199SEIU.

The literature on employee ownership and unions suggests the need for further exploration of collaborations between employee-owners and unions. We capitalize on 1199SEIU's recent unionization of CHCA to conduct an empirical examination of the impact on the quality of jobs for low-income home health aides. The evidence presented in this section reveals the potential for employee-owners and unions to collaborate effectively in achieving their common goals and that employee-owners were amenable to union representation. It is also important to note that CHCA viewed 1199SEIU's organizing of its home care workers as another key strategy to achieve its mission of creating quality jobs for its 1,250 home health aides, especially given the union's success in increasing the wages for home attendants. We now present our detailed analysis of the relationship between CHCA and the 1199SEIU.

Methodology

To examine the collaboration between CHCA and 1199SEIU in more depth and explore the related issues of home care worker compensation, participation, and other dynamics of the partnership, we used qualitative and quantitative data collection methods. Through interviews, observation, a survey, and archival data, we first collected background and contextual data. We then solicited the perspectives of home care workers and administrative personnel at both the cooperative and the union. The first co-author of this chapter conducted seven 45-minute, open-ended and semi-structured interviews with administrative staff from CHCA and 1199SEIU,

including CHCA's president, the union organizer assigned by 1199SEIU to CHCA, organizationally active home care workers who are also owners of the cooperative, and members of 1199SEIU. Based on this work, the second co-author conducted a 15-minute focus group with five additional home care workers and one former home care worker promoted to a full-time administrative position. These conversations focused on 1199SEIU's role in encouraging participation in organizational decision making and pursuing continuing education opportunities.

The first co-author also participated in over 40 hours of observation in four regional meeting/information sessions (home care worker information dissemination, participation, and feedback sessions), two Labor/Management Committee (LMC) meetings, and two 1199SEIU home care worker support sessions. The second co-author serves on CHCA's management team and on the LMC created between the cooperative and 1199SEIU. Information from several documents prepared as part of his work output was also analyzed for this paper. These documents included reports and presentations about CHCA's initial experiences following 1199SEIU's unionization of its home health aides, CHCA's workforce development practices, the LMC's work, and home care worker participation in organizational decision making. Both co-authors also reviewed data from 1199SEIU's Homecare Education Fund about the participation of CHCA home care workers in pursuing opportunities for continuing education.

Finally, to examine the attitudes of a larger sample of CHCA's home health aides, we used data collected from a survey originally designed to examine the effects of ownership and participatory decision making on outcomes for home health aide workers and, by extension, their clients⁶. For this chapter, we included a question asking whether membership in the union had impacted the quality of a home health aide's job. Our overall collection effort extended for 18

months, with a focused period of 6 months, to generate much of the data presented in this chapter.

Data and Findings

In this section, we present the results of our research. In Table 1, we summarize key topics addressed by respondents through participant observation, interviews, and survey data. The primary, recurrent themes from all sources included support and representation received from 1199SEIU, grievances, the education benefit administered by 1199SEIU, home health aide participation in organizational decision making, and wages.

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We first provide an overview of significant initiatives and challenges in 1199SEIU's relationship with CHCA following the unionization of its 1,600 home care workers. We then present the results from interviews with key actors regarding their views of the collaboration, followed by a review of the survey results. Finally, we conduct a more detailed treatment of the topics most often cited by participants in the study as important to the collaboration: wages, benefits, and participation by home health aides in the organization's decision-making processes.

We begin by describing key phases in the relationship between CHCA and 1199SEIU, starting with initial challenges, progressing through ongoing collaboration, and concluding with the partnership through a formal LMC.

Initial Challenges and Outcomes

Initial challenges: Health insurance and paid sick leave. After home health aides voted to unionize, 1199SEIU was skeptical of the degree to which CHCA actually created higher-quality jobs for its home health aides, since their hourly base wage did not significantly exceed that paid

by other New York City home care agencies. However, the union soon recognized the essential differences in choices made by CHCA's management toward this goal. For example, 1199SEIU realized that CHCA paid extra money to its Taft-Hartley health insurance plan to help home care workers who worked just under 120 hours in two consecutive months maintain their coverage. Given the requirements of this health insurance plan, without CHCA's supplemental payments, home health aides with inconsistent client assignments would experience months-long lapses in their insurance coverage.

However, many of CHCA's home health aides experienced challenges in transitioning to an 1199SEIU-managed health insurance plan. Before CHCA's unionization, all employees were eligible to receive health insurance free from CHCA (with no required contribution). But many home care workers managed their hours to maintain eligibility for Medicaid, which was accepted by most health care providers in New York City and did not require co-payments for services. Following CHCA's unionization, all home health aides (after 90 days of employment) who worked at least 120 hours for two consecutive months were required to receive health insurance from an 1199SEIU-managed Taft-Hartley plan. Thus, for the first time, a number of home care workers were responsible for co-payments and experienced limitations on the health care providers who would accept their insurance..

In another early experience, 1199SEIU worked to overturn a decision approved by CHCA's board of directors that reduced the number of paid sick leave received by home care workers from 12 days to 6 days. This occurred after CHCA's senior managers projected a decrease in the amount by which its revenue would expand and therefore recommended that all home care workers receive only the number of sick days that were actually *used* by most home care workers. However, 1199SEIU viewed this action as a reduction in employee compensation

and advocated strongly against it. Ultimately, CHCA and 1199SEIU reached a compromise whereby existing employees would maintain their current level of paid sick days while new employees would receive six days their first year and two additional paid days in each of the next three years.

1199SEIU–CHCA collaboration. In support of the union’s objectives to provide support to workers and to enhance their knowledge and participation, CHCA’s union representative, Guadalupe Astacio, spends each Friday at CHCA, when hundreds of home health aides pick up their weekly paycheck or pay stub. She uses this opportunity to share information about both the union and the cooperative. The union has also selected eight home care workers to serve as delegates to assist in the work of disseminating information among CHCA’s 1,600 home care workers. These union delegates also build relationships with their peers in order to solicit their feedback and communicate concerns to CHCA’s senior executives.

As a union representative, Ms. Astacio, on a case-by-case basis, helps home care workers resolve workplace challenges by helping them access internal and external resources. She promotes 1199SEIU’s Member Assistance Program, which offers CHCA’s home care workers bereavement counseling, as well as support in resolving alcohol or substance abuse, landlord–tenant disputes, and parenting challenges. Ms. Astacio has secured the conditional reinstatement of several home care workers who failed a random annual drug screen after they brought CHCA documented proof of completing a substance abuse program and passed a new random drug screen. She has also advocated for the reinstatement of home care workers who have experienced tension with clients or co-workers after they have completed an anger management class.

Partnership between the cooperative and the union: A Labor/Management Committee. CHCA and 1199SEIU have also developed a formal LMC—the first by a home care agency in

New York City. This LMC has created new opportunities for home care workers, union delegates, managers, administrative staff members, and union organizers to collaborate in addressing key organizational challenges. CHCA and 1199SEIU retained a consulting firm to facilitate the design process, which resulted in the creation of six workgroups, each focusing on addressing a distinct organizational challenge. The purposes of the first three workgroups are as follows:

- *Service Delivery*: Improves relationships between coordinators and home care workers in providing quality services to elders and individuals living with physical disabilities. This workgroup has arranged for coordinators to spend time with CHCA's union organizer to hear complaints about schedules and client assignments directly from home care workers.
- *Communications*: Improves the process by which CHCA disseminates essential information about its finances and policies to its home care workers. The workgroup has experimented with restructuring CHCA's offsite quarterly meetings by conducting a highly successful onsite "Information Fair," at which the company disseminated information to triple the number of home care workers who had typically attended offsite meetings.
- *Child Care*: Identifies and addresses unmet childcare needs among home care workers. However, after conducting extensive research that revealed that home care workers spend nearly one third of their take-home pay on childcare services, the workgroup realized that they could not effectively reduce this expense and decided to disband.

With a grant in 2009 from the Federal Mediation and Conciliation Service, CHCA and 1199SEIU have extended their contract with their LMC consultant, the Praxis Consulting Group, to create three additional workgroups:

- *Health Care:* Encourages employees to use key health services and promote opportunities for accessing free mammography services; low-cost, farm-fresh produce, and CHCA’s dental benefits and preventive services.
- *Employee Morale:* Pursues efforts to track and enhance the morale of CHCA’s employees.
- *Cooperative’s Home Attendant Program (CHAP) Integration:* Works toward consistent benefits among CHCA’s 350 home attendants and 1,250 home health aides.

Given the hourly base wage differential between its newly hired home attendants and many home health aides (\$10 compared with \$8), CHCA decided to delay the opportunity for home attendants to purchase an ownership stake in the cooperative and participate in its TransitChek® benefit (CHCA’s home health aides may purchase discounted public transportation trips using pretax income). Therefore, CHCA managed two distinct home care workforces, with two rates of pay and benefits eligibility. The LMC began the work of planning to integrate CHCA’s home attendants into the cooperative’s culture. In part, through the efforts of this workgroup, home attendants are now eligible to participate in CHCA’s worker ownership and TransitChek benefits.

In addition, each LMC workgroup requests feedback about its recommendations from all LMC members during bimonthly meetings. The LMC’s leadership team, composed of five senior executives from CHCA and 1199SEIU, approves all workgroup recommendations during meetings scheduled approximately every six months. However, depending on their scope, some workgroup recommendations are considered for implementation by specific managers or members of CHCA’s operations team, which comprises all managers.

Finally, unique among the few unionized cooperatives in the United States, 1199SEIU does not recruit union members to participate as candidates in an “organized slate” during annual

elections for positions on CHCA's board of directors. Instead, 1199SEIU supports efforts by CHCA staff in informing worker-owners about opportunities to pursue board positions and managing the cooperative's election process.

In this section, we have examined the initial challenges to these two organizations working together, as well as the strategies used in overcoming these issues and pursuing specific collaborations. In the next section, we present data from interviews with the company president, the union organizer assigned by 1199SEIU to CHCA, and several organizationally involved home health aides to explore the dimensions and consequences of this collaboration in more detail.

The Union and Home Health Aide Jobs at CHCA: In the Words of . . .

The interview excerpts presented in this section focus on key themes raised by the respondents regarding the relationship between CHCA and 1199SEIU. We begin with excerpts of the open-ended interview by this chapter's first co-author with CHCA's president, who addressed all themes explored in this study, followed by an analysis of interviews with CHCA's union representative, and home health aides at CHCA.

CHCA's president. The president of CHCA, Michael Elsas, has been in the home care business for several decades and has worked within conventional for-profit and not-for-profit organizations. He has been involved in the struggle for better wages for home care workers during much of that time. We asked Mr. Elsas to comment on, in general, the need for a union in a worker cooperative, the particular reasons for the unionization of CHCA's home care workers, the nature of the working relationship between the organizations, outcomes, and whether he had advice to give others at worker cooperatives regarding unionization. His perspective addressed themes from previous research, such as the need for a good working relationship between managers of the business organization and the union, worker voice, and increased participation

from workers. He also brought additional benefits, particularly in the context of a worker cooperative organization, to light.

Mr. Elsas is careful to position his view of the six-year collaboration between CHCA and 1199SEIU as a view from within a particular context, which does not necessarily represent advice for specific decisions that should be made by other companies. The union's success at securing wage increases for a segment of the home care workforce—in the context of the difficulties of achieving this goal—was a key factor in Mr. Elsas's support for the decision to unionize at CHCA. So, even though he felt that CHCA's worker-owners may not have needed many of the benefits for which unions are known—such as improved work environments, medical benefits, and worker voice—the possibility of better wages for CHCA's workers was pivotal. “The union was very strong in New York in 2004. They had been very successful in raising wages and benefits for those segments of our industry that were unionized. . . . At that time, our workers were making \$7.50, and this segment (unionized) of home attendants were soaring past us with the union. . . . We have to do what's best for the workers.”

Another motivation for the union affiliation was the possibility of influencing the industry toward CHCA's model of creating better jobs for home care workers. “We absolutely believed that our company uses the best practices and is a model of how workers should be trained, supervised, motivated, etc. . . .”

His experience of day-to-day working with his union counterparts and the union representative to CHCA indicates a close working relationship and flexibility between the leaders in both organizations. An indication of the type of shared goals, values, and early cooperation between the cooperative and the union have been the outcomes following negotiation about a formal grievance process. According to Mr. Elsas, “When we were

negotiating our first contract, CHCA's grievance procedure became the grievance procedure that was incorporated into our contract, not the union's. Ours was already a user-friendly, transparent process. . . .”

Mr. Elsas's articulation of positive outcomes from the unionization of CHCA's home care workers highlighted an overall increase in home care worker participation in organizational functions, higher interest in participation with the LMC, and use of the union-sponsored education benefit:

“It's [the LMC] an important new addition to the company because one of the big challenges that we've had is keeping participation at a high level. . . This is a big cooperative, 1,700 workers. We had been losing effectiveness in terms of participation. . . . The LMC has raised workers' awareness. . . . Now with the union's involvement [through the LMC], we address workplace issues 365 days a year. . . as opposed to waiting for a contract to end and at negotiation time finding out that something's not working. . . . Participation in decision making and industry advocacy are one way in which CHCA develops leaders, so the resulting increase in participation through working with the union is a welcome, if unexpected, benefit.”

A final advantage of affiliation with the union identified by Mr. Elsas is the education benefit. “It's about tapping resources that we have never been able to provide at the current reimbursement rate. There's no way with our current wage and benefit structure that we could have also provided an education benefit to our home care workers. So this is very positive.” He noted that the education fund was starting to be used in preparing home care workers for

administrative positions and that CHCA has hired a licensed practical nurse who was formerly a home health aide and who had attended school paid for by the union's education fund.

Information from this interview with Mr. Elsas led us to seek additional information regarding effects of unionization on CHCA worker-owners, specifically changes in the amount and nature of participation at the cooperative as well as use of the 1199SEIU Homecare Education Fund.

CHCA's 1199SEIU union representative. Like CHCA's president, the representative to CHCA from 1199SEIU, Guadalupe Astacio, has been in the home care business for many years. Because she began working in the industry as a home health aide, she understands the efforts of home care workers, their work environment, and challenges encountered while working with clients. We asked Ms. Astacio whether she felt that workers at a cooperative such as CHCA needed union representation and to describe the working relationship between both organizations. She first made it clear that CHCA is among the best home care agencies that she has encountered in her years in the business and that the home care workers at the cooperative already had many benefits. However, she also emphasized that CHCA workers still need a union for "representation," noting that the union "always has something that benefits the home care workers. Like representation, education, and always being there for the worker. . . ." She provides the example of a worker having someone to represent him or her during CHCA's termination process, but also points out that from her experience, if CHCA terminated someone, it was because they really felt that it was the right (and only) decision left to make. "But . . ." Ms. Astacio said, "I look for a way to fight for that person, to see if there is an opportunity for the worker to make a change in her life. Sometimes there might be family problems, abuse. Sometimes . . . a mistake. . . ." She said that CHCA is willing to listen and works with her in trying to help home care workers however possible.

Like Mr. Elsas, she referenced the cooperation by all parties in attempts to resolve problems. In addition, the union provides benefits and knowledge about how they can be accessed (i.e., medical screenings, disability or worker's compensation, education benefits). Ms. Astacio emphasized that 1199SEIU respects CHCA's rules and that much has changed since CHCA management and workers first began working with 1199SEIU staff—that both sides have grown together in working for the benefit of the home care workers.

Home health aides. We interviewed five actively participating CHCA home health aides⁷ about their jobs, their benefits, participatory decision making, and LMC workgroups, as well as six other home health aides more specifically about their participation in decision making and use of the education fund. These home care workers have a high level of participation in organizational decision making. They appreciate the differences in their benefits (better) and pay (sometimes not higher compared to those of other agencies) and specifically appreciated their training (more than the 75 hours required by New York State to earn a home health aide credential). They also have an appreciation for the incremental value of the union to themselves and home health aides in the industry. The home health aides, when asked what they thought of CHCA as a place to work, immediately identified the company's focus on training, education benefits, and facilitated access to these benefits in the context of wages. One had been on public assistance for a time and indicated that she just needed a job, so was surprised to find that a position with CHCA also provided very good training. "When I started here . . . I just needed a job. . . . I went through the training, which was four weeks (in a) classroom and then on-the-job-training until I was certified. . . . The training was awesome. . . ."

Another health care aide, having worked at a different home care agency prior to CHCA, emphasized that, despite not having perhaps the very highest wages in the industry, CHCA provided benefits that she found valuable:

In the other agency the only thing you had was *a job*. You have nothing (else) at all. *No medical plan . . . no benefits. . . .* Here we have family leave. When you return you get everything the same way as when you left. . . if you continue as a student and you want to be a licensed nurse. They don't do reimbursement. They *pay* . . . depending on your income. . . . In the long run, it's better for you to have benefits.

Still other home care workers focused on ownership, participation, and advocacy, citing their appreciation of owning part of the company, understanding of company finances, work-related concerns of home care workers such as safety when visiting clients, and advocating for their industry.:

We [the Policy Action Group] advocate for ourselves and for our clients. We go to lobby in Albany every year and we're just about the only home care agency that goes all the time without the home care association. . . . On the Quality Improvement Group, we find ways to improve conditions and safety issues. . . . [S]ome places (neighborhoods) are not that good. . . .”

Our study's second co-author conducted a focus group with five home health aides at CHCA and a peer mentor who worked as a home care worker until February 2010. All serve on

the LMC's Health Care Workgroup and volunteered to participate in a focus group about their use of 1199SEIU's education benefit and the union's role in their leadership development. Of the six employees participating, four had taken classes paid for by 1199SEIU's education fund: three to learn computer skills and one to improve her English proficiency. Completion of 1199SEIU's computer course was credited by the peer mentor as effective preparation for fulfilling the responsibilities of her new position. The two home care workers cited scheduling conflicts as a reason for completing only the first part of 1199SEIU's two-part computer class. Yet one of these two workers expressed pride in the skills learned, as she had previously had to rely on her son to use the computer and was now able to complete specific tasks on her own. Another home care worker stated that enrollment had closed for 1199SEIU's computer class at the time that she wanted to participate in this course.

All four members of the LMC's Health Care Workgroup who participated in a course funded by 1199SEIU's education fund praised their instructors for his or her skill and encouragement. One home care worker said that completing 1199SEIU's English as a second language (ESL) program had given her the confidence to join the LMC and enabled her to feel more comfortable communicating with others in English.

Home care workers also described 1199SEIU's impact on their leadership development by creating the opportunity for them to serve on the Labor/Management Committee. All six noted that through this work, they learned to feel more comfortable and confident in expressing their opinions—with one noting that this experience helped her to “come out of my shell—and there was a lot in my shell.” Two of the home care workers also explained that working on the LMC has taught them to share their opinions effectively and appropriately within meetings. (We believe that this resulted in part from a workshop on effective meeting participation completed

by all LMC members.) Another expressed pride in CHCA for creating leadership development opportunities for home care workers. She said that whenever she heard other home care workers complain about CHCA, she asked them whether they ever got involved with the cooperative or why they never accepted invitations from others at CHCA to attend specific meetings or join committees.

Overall, these caregivers feel that CHCA is a better place to work than most home care agencies because of CHCA’s dedication to providing benefits to workers and that the cooperative’s relationship with 1199SEIU has helped in achieving that goal. However, our survey revealed that some home health aides (nearly 40%) felt differently about their relationship with 1199SEIU, likely because of stalled progress on realizing an across-the-board increase for home health aides.

Survey Results

To access the views of a broader group of home health aides, we invited all CHCA home care workers who picked up their paychecks on two consecutive Fridays to complete a survey about their employment tenure with the cooperative. We administered this survey to 259 people and collected 257 usable surveys (two surveys were excluded from this analysis because there were not enough items completed to be useful). One of the survey questions asked whether the union had impacted the quality of their jobs. The responses to that question are shown in Table 2.

Insert Table 2 about here; table text and caption at end of file

Thirty-six respondents did not answer the question about the union’s impact on job quality—a rate of nonresponse five times higher than the average rate of nonresponse for a question on the survey. Approximately 26% of those who answered the question provided

additional comments in response to a supplemental question about the specific impacts of 1199SEIU on their job quality. Comments of those who responded were largely positive, such as “They have helped us a lot” and “They help me get the things I need.” However, others submitted comments with an alternate view, such as “They’ve done nothing for us” and “Things are the same.” Other responses referenced the following issues:

- *Voice*: “We have the medium that helps us to express ourselves” and “I understand the union job better, my rights as a home attendant. I now am able always to make things easier for myself and for my client.”
- *An understanding of the advocacy that the union does on behalf of the worker and support they can count on*: “I feel like I am part of a team that cares for my financial and work needs, so I can perform my job well”; “Because they look out for your interests”; “I can’t take the time to really ask about things or take part. So they are here to fight harder for me”; and “I know people can count on benefits and services when they need them.”
- *Attention to union impact to their pay and benefits*: These responses were mixed, with positive comments such as “They fight so we obtain better benefits of health, salaries, and education” However, disappointment with their pay is also evident: “For 3 years, I have not received the promised salary of \$10 per hour”; “The paid rate is still the same. We need an increase”; “No, I have had no benefits”; and “The union doesn’t represent us for a pay raise.”

Overall, respondents commented about their participation in decision making, health and education benefits, overall support received, and their hourly wages. In the next section, we analyze in more depth some of these key themes identified in our study of the collaboration between CHCA and 1199SEIU.

Exploring Key Themes in More Depth

Tensions between CHCA and 1199SEIU. Information from our interviews and observations reveal an initial wariness between administrators at CHCA and 1199SEIU regarding their ability to develop a productive working relationship. Some at the cooperative felt that CHCA's worker-owners did not need a union to represent their interests because the cooperative had successfully implemented unique practices to improve the quality of home care jobs (relative to other home health aide employers in New York City). As stated by CHCA's president in the epigraph to this chapter, "they are not the only ones who represent the best interests of the workers." Nevertheless, 1199SEIU's success in securing an hourly base wage of \$10 for home attendants helped convince CHCA's senior managers and other home care workers to seek a closer collaboration with 1199SEIU.

From the perspective of 1199SEIU, they were interested in launching a comprehensive, industry-wide organizing campaign by first targeting employers that were already empowering their home care workers. Additionally, CHCA's president wanted to work with the union in improving the quality of home health aide jobs and model an effective collaboration with 1199SEIU to other home care employers in New York City. With respect to specific interactions between the two organizations, the union organizer assigned by 1199SEIU to the cooperative said that she respected CHCA's rules and policies while working to resolve problems experienced by home care workers. She also works with, not against, CHCA's administrative staff in advocating on behalf of home care workers.

Despite the positive relationships among CHCA's senior managers and administrative staff members with 1199SEIU, many home health aides recognized that the union has not achieved significant progress (to date) toward an hourly wage of \$10, while continuing to deduct dues each week from their paychecks. Only 48% of the 221 respondents to the survey question

specific to the union stated that 1199SEIU had improved the quality of their jobs. Although only seven home care workers skipped a typical question on this survey, 36 did not respond to the question asking whether the union had improved the quality of their jobs. We surmise that these workers were hesitant to express negative opinions about 1199SEIU's advocacy efforts in hopes that such work will eventually succeed.

Although the partnership between CHCA and 1199SEIU has created new opportunities for home care workers, tensions persist in this relationship—primarily among home health aides—given the challenge of securing the wage increase that represented a key motivation for joining 1199SEIU back in 2003.

Worker voice and participation. As indicated in discussions with CHCA's union representative, Ms. Astacio, 1199SEIU advocates for home care workers by communicating their concerns with CHCA's senior managers, often with eight union delegates. She also assists individual home care workers in resolving personal or job-related challenges by helping them identify and obtain resources available from the union, cooperative, or other community organizations. Ms. Astacio emphasizes that 1199SEIU represents and fights for whatever a worker might need and not have the resources or access to obtain.

CHCA's president, all of the home health aides interviewed, the second co-author, and some home health aides via comments on the survey identified worker voice as a key value of the cooperative, and one that is enhanced by CHCA's relationship with 1199SEIU. The home care workers noted that 1199SEIU had helped them to express themselves and understand their job as well as their rights. Mr. Elsas noted that the union has brought some situations experienced by home care workers to the attention of CHCA's administrative staff. For example, the Labor/Management Committee's Service Delivery Workgroup has arranged for CHCA's

coordinators to sit with an 1199SEIU union organizer for several hours each payday to hear complaints directly from home care workers about their work schedule and client assignments.

CHCA's president and the second co-author of this chapter recognized an increased level of participation by home care workers in decision-making processes resulting from 1199SEIU's work. For example, CHCA's union delegates helped defuse one key complaint among home health aides about a \$40 deposit on cell phones they were required to use in tracking their hours worked. In a scheduled meeting with CHCA's president, union delegates shared complaints by home care workers about this deposit requirement, which resulted in a policy change so that home care workers were charged \$40 only if their cell phones from CHCA were lost or stolen.

Finally, although comparable pre-union data are not available, based on the qualitative data obtained for this study, we recognize a significant probability that 1199SEIU's work with CHCA impacted the responses of home care workers. Of 257 survey respondents, 95% stated that the company provides them with the information and training needed to improve the company, 92% felt that they were kept informed of important issues, 88% indicated that CHCA's culture encourages the sharing of ideas about improving the company, 84% were satisfied with the influence they had in decisions affecting their work, and 79% felt that their ideas count on the job. In addition, despite dissatisfaction with their pay, 88% indicated that they were satisfied with their jobs, and only 19% indicated that they are likely to look hard for a job somewhere else within the next 12 months.

Leadership development and access to continuing education opportunities. One important finding of our analysis that has not been referenced in the literature on unionized employee-owned firms is that 1199SEIU's partnership with CHCA provided home care workers with new leadership development training and opportunities. Labor/Management Committee

members have received training on effective communication and meeting participation skills. In turn, many LMC members are now helping to disseminate key information to other CHCA home care workers. For example, members of the LMC's Communications Workgroup have organized Information Fairs to help home care workers understand key CHCA financial data (such as quarterly revenue, expenses, and profit) and to receive other financial literacy services, such as information about their 401(k) accounts, the importance of opening checking and savings accounts, and preventing identity theft. Members of the LMC's Health Care Workgroup have also communicated the importance of receiving key preventive services—such as blood pressure, cholesterol, and blood glucose screenings; tests for body mass index, vision, and hearing; and annual dental exams and mammograms—to other home care workers.

Other LMC members have begun to complete tasks that were previously fulfilled by CHCA's administrative staff members. For example, members of the LMC's Employee Morale Workgroup recently accepted a request by CHCA's president to organize a regular Breakfast with the President series to facilitate communication with home care workers that currently do not participate in organizational decision-making opportunities. Previously, this work was completed on occasion by staff from CHCA's human resources department. 1199SEIU has also encouraged many home care workers to attend rallies to learn more about and to advocate for adequate resources for publicly funded home care programs. Mike Shay of the Praxis Consulting Group, which advised CHCA and 1199SEIU on the LMC, described the Labor/Management Committee between CHCA and 1199SEIU as one of the most effective he has observed during his 30 years of work within the field of employee ownership—particularly LMC's success in developing new leaders within the union and cooperative.

Finally, 1199SEIU's education fund has also created an opportunity for some home care workers to participate in continuing education opportunities—93 in the past two years. CHCA's home care workers have used this benefit to attend the following types of classes: ESL, general equivalency degree (GED) preparation, adult basic skills, certified nursing assistant (CNA) certification, gerontology, and licensed practice nurse (LPN) training. In his interview for this study, CHCA's president noted that the cooperative could not afford to defray the cost of employee participation in collegiate or continuing education courses without partnering with 1199SEIU.

Health insurance. We conclude this section by describing an area of future work between CHCA and 1199SEIU, which illustrates the three key themes previously discussed: tensions, voice, and leadership development. When 1199SEIU first organized CHCA's home health aides, many preferred their Medicaid coverage to the health insurance benefit provided by a Taft-Hartley plan jointly managed by 1199SEIU and employer representatives. In 2011, many home health aides employed by CHCA will again be able to receive health insurance coverage through Medicaid and other publicly subsidized program due to a provision of the recent federal Patient Protection and Affordable Care Act. This legislation precludes health insurance plans from limiting claims to less than \$750,000 annually.

The Taft-Hartley plan managed by 1199SEIU provides CHCA's home health aides with a health insurance benefit with an annual \$6,500 limit on reimbursed health services at an approximate annual cost of \$2,000 per beneficiary. The same plan without this now-prohibited service limitation will cost CHCA approximately \$4,380 per beneficiary, each year. Therefore, CHCA will require a contribution from home care workers toward the cost of this benefit for the

first time in its history (at a rate of \$5 per week) and can afford to provide health insurance coverage to only 450 of its 1,250 home health aides.

Although CHCA and 1199SEIU will work together to help its remaining 800 home health aides obtain health coverage from Medicaid or other publicly subsidized insurance program, both organizations recognize that these changes will likely create additional tensions among home care workers. In response, CHCA and 1199SEIU have asked members of the Labor/Management Committee's Health Care Workgroup to assume a key role in explaining these changes to other home care workers as well as the reasons for these changes. Toward that end, two home care workers who serve on this workgroup attended a half-day seminar with three CHCA administrative staff members to learn more about federal health reform legislation.

Discussion and Conclusion

The prior studies of employee ownership and unions identified in the first section of this chapter focused on identifying the sources of uneasy relationships between worker-owned companies and unions as well as the benefits of collaboration between such entities. In those studies, workers became owners when their companies encountered severe financial difficulties. The case of CHCA and 1199SEIU is different. CHCA has worked to provide its employees with quality jobs and a supportive work environment since its establishment in 1985. 1199SEIU also seeks quality jobs and a participative work environment for its members. Therefore, collaboration between the organizations toward common goals created an environment that increased the probability of developing an effective partnership, capable of providing home care workers with tangible benefits. Indeed, our research provides strong evidence of a cooperative relationship, although tensions were also evident.

The results of our study of the relationship between CHCA and 1199SEIU have confirmed the findings articulated by previous researchers. For example, Long's (1977) research

identified no expected problems with divided loyalties or divergent goals; such problems were also not encountered in our study. As found by Logue and Yates (2001), the union sought unionization of businesses seeking the “high road of mutual support” such as CHCA when they began working to organize home care agencies in New York City. As indicated by CHCA’s president, the decision to unionize was specific to the business environment in which the cooperative operated, which was characterized by very low wages and low levels of benefits for home health care workers. Because low wages were a key reason for partnering with the union, the particular business environment was important for considering the applicability of findings from this case study to other relationships between unions and employee-owned firms.

Additionally, Whyte and Blasi (1984), Addison and Belfield (2007), and Freeman (2007) highlighted the importance of a firm’s response to the unionization of its employees. In this case study, CHCA’s motivation for 1199SEIU’s organizing of its home care workers, and CHCA management’s open response to the union’s initiatives, were key factors shaping the positive outcomes described in this chapter. Kaufman (2007) recognized that one specific purpose of unions is to enhance worker participation, and Freeman and Rogers (1999) found that workgroups and committees are important mechanisms for participation. We noted both of these outcomes in our study.

Our research has also confirmed a key assertion of Whyte and Blasi’s (1984) research: Unions might be indispensable in organizing and implementing participatory programs within an employee-owned firm. The cooperative’s unique motivation in viewing the unionization of its employees as a critical strategy for achieving an essential element of its mission ultimately resulted in a relationship that helped to enhance other important organizational objectives for CHCA. CHCA’s objectives related to poverty alleviation represent another unique characteristic

of this study of a worker-owned enterprise and a union. Most studies within the field of employee ownership have not focused on the experiences of very low-wage, historically disenfranchised workers and thus have not identified the importance of even modest steps to help such employees gain access to education.

Perhaps the most important finding of our study are the strategies used by CHCA and 1199SEIU to work through initial challenges to create a successful partnership, although the two groups pursued different approaches for achieving similar goals. As referenced early in this chapter, the union organizer assigned by 1199SEIU to CHCA has devoted a significant portion of her time to building relationships with the cooperative's home care workers and encouraging their participation in organizational decision making. The creation of eight union delegate roles has complemented the eight elected worker-owners to CHCA's board of directors and effectively doubled the number of leadership opportunities available to home care workers. A new Labor/Management Committee has also enabled more home care workers to collaborate with CHCA's administrators and 1199SEIU's organizers in addressing key challenges.

The partnership between 1199SEIU and CHCA has also created new leadership development opportunities for home care workers. As mentioned earlier, during the past two years, 93 home care workers pursued continuing education and advancement opportunities paid for by the union's education fund. Additionally, LMC members have learned new skills for disseminating information to other home care workers and communicating their concerns back to administrators within CHCA and 1199SEIU. Therefore, in addition to benefits relating to cooperative ownership and involvement in decision making, we believe that 1199SEIU's unionization of CHCA's home care workers has also created opportunities for them to pursue career advancement, and hence economic mobility. Interviews with home care workers, the

union organizers, and CHCA’s president have all highlighted the importance of 1199SEIU’s education benefit. CHCA’s president noted that the cooperative could not afford to defray the cost of its employees to complete collegiate or continuing education courses without its partnership with 1199SEIU. For the many home care workers earning less than \$8.50 per hour (excluding the value of their benefits), the cost of continuing their education represents an additional obstacle toward career advancement.

In closing, initial skepticism between CHCA and 1199SEIU has dissipated among key administrators from both organizations as they have worked together toward common goals. Our findings within an industry characterized by poor-quality jobs held by a large number of minority women suggest topics for useful future research. We highlight the importance of additional research on the potential of expanded involvement among home care workers in organizational decision making toward reducing turnover within these positions, and on the role of unions in assisting home care workers to achieve educational and occupational advancements. CHCA’s success in improving the quality of its home health aide jobs—with assistance and support from 1199SEIU—highlights the potential for new collaborations between unions and employee-owned firms in addressing the quality of jobs for home health aide workers, the labor market shortages within the industry, and the quality of home care services needed by millions of elders and people with disabilities.

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Endnotes

¹ Michael Elsas (August 2010) in a discussion with the first co-author on the relationship between workers from Cooperative Home Care Associates and their union, 199SEIU.

² The Paraprofessional Healthcare Institute (PHI), a research, policy, and training organization that works toward improving the quality of eldercare and disability services by improving the jobs of direct-care workers. < <http://phinational.org/>>. [September 24, 2010]

³ PHI analysis of U.S. Census Bureau, Current Population Survey, 2009 Annual Social & Economic (ASEC) Supplement, with statistical programming and data analysis provided by Carlos Figueiredo.

⁴ Quality of working life (QWL) is a term used to refer to a conceptually broad group of working conditions including adequate and fair compensation, safe working conditions, opportunities to develop capabilities, free speech and the right to privacy, and socially relevant work. See Walton (1973).

⁵ A high-road employer supports worker quality of life generally through, at a minimum, support for decent wages, benefits, and leave policies.

⁶ The survey used in this study is an adaptation (for applicability to the home health aide job) of the National Bureau of Economic Research Shared Capitalism Survey (Kruse, Freeman, Blasi 2010). Our adaptation was intended to explore the dynamics of quality care in a worker cooperative compared to home care agencies structured as nonprofit and conventional for-profit conversations.

⁷ These home health care workers may not necessarily be representative given that they were chosen because they could provide information about home health aide participation in organizational decision making and working with the union.

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TABLE 1

Topics and Sources of Data Regarding CHCA–1199SEIU Collaboration.

		Cited In		
		Participant observation	Interviews	Survey
Compensation	Wages	✓		✓
	Health insurance	✓	✓	✓
	Paid sick leave	✓	✓	✓
Participation and leadership development	Labor/Management Committee	✓	✓	✓
	Union delegates	✓	✓	✓
	Education	✓	✓	✓
Worker voice, empowerment	Grievances	✓	✓	✓
	Terminations	✓	✓	
	Support and representation	✓	✓	✓
Other	Tensions over wages and organizational motivation for collaboration	✓	✓	

TABLE 2

Home Health Aide Responses to “Has the union made a difference in the quality of your job?”

	N	%
	257	
Yes	122	48
No	99	39
No response	36	14

[[AU: percentages in final column add up to 101 – probably due to a rounding error. Should that be noted, or would it be better to change the yes percentage (currently 48) to 47, because the true percentage (122/257) is 0.4747?]]