

A Living Wage for Human Service Workers

By David A. Jordan

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In March of 2012, a 40-year-old mother of two from Central Massachusetts left her job as the manager of a well-known department store in the Metro-West region. She was heading home to her two teenage children and was rear-ended in a crash not of her making. That day was the last day she was able to drive, go to work, make dinner for her two boys, or enjoy life as she knew it. She suffered a significant traumatic brain injury.

Today, with the Seven Hills NeuroCare staff and her family, she makes daily strides toward her hope to one day “go home to my kids.” She, like many thousands of other men, women, and children who are in our care at Seven Hills, depends upon the professional skill, compassion, and judgment of an array of caregivers; nurses, doctors, therapists, and administrators. But there are none more important to the care of people with brain injury, disabilities, addictions or mental illness than direct support professionals (DSP’s), who make up the majority of the 160,000 human services jobs in Massachusetts. DSP’s care for the most vulnerable people in our state – those who struggle daily to live a life of dignity and purpose. DSP’s work in group homes and other day program sites to provide assistance for individuals with disabilities who need help with basic personal care, development of skills and assistance in accessing their communities.

The hope of finding that life of dignity and purpose is being challenged today.

Massachusetts is facing a crisis in its ability to sustain our level of care to the most vulnerable of our citizens as a result of staffing shortages due to a variety of associated reasons. According to a 2015 Donahue Institute/UMass report, while the total population of Massachusetts has remained relatively stable over the past decade, due largely to the high immigration of foreign born residents, the population is aging significantly. The overall aging of the United States will contribute to slow population growth, while the challenge in our state is even more severe. “In Massachusetts, the effect of this aging is even more pronounced as the state is already older than the United States on average.”

This trend has duplicative ramifications. It reduces the number of prospective human service workers in the Commonwealth due to retirements, while concurrently increasing the demand for younger workers to care for this aging population. In essence, we are at the forefront of a supply-demand calamity. The crisis becomes even more apparent when we consider the clinical needs of those cared for by human service providers, the regulatory demands of state oversight agencies, and the woefully inadequate compensation provided to DSP’s through rates and reimbursements set by the state.

The respected Crittenton Women’s Union, a non-profit advocacy organization supporting low-income women, annually updates its determination of what a reasonable wage should be in order for low income women to achieve “economic independence.” In 2016, the economic independence wage for a single Mom with two school age children living in Massachusetts ranges from \$25.32/hour; to \$30.24 depending on what area of the state they reside. In contrast, the vast majority of the 156,000 human service employees who work as DSP’s – many of them single mothers – earn between \$10 and \$14/hour, requiring those very people who care for our most physically, intellectually, emotionally, or otherwise dependent adults and children in our Commonwealth to live on wages that are not considered livable. It would seem logical that those who care for the least able in society should be extended a wage on which they can survive. A cynical observer might conclude that by extension, individuals who require compassionate and professional health and human service care are therefore undervalued by society.

We are all one auto accident, one fall, or a myriad of other circumstances away from needing competent, qualified, and adequate care for ourselves or a loved one. When that day comes, we have to ask ourselves: Who do I want

providing the care – someone who is adequately trained in the care of another human being or someone who is working three jobs just to make their rent?

The governor and legislators have made a good start in passing recent legislation aimed at enhancing the wages of direct support professionals. This helped, but we need to continue to pursue a living wage for direct support professionals working in human services – and now.

How? It is time we look at the fundamental fairness of what the most vulnerable members of the Commonwealth need in order to live with a sense of dignity. We need to ensure the skills required of those who deliver their care. We must provide a funding formula that generates the resources to properly compensate the dedicated professionals who provide that care.

The decision to offer a ‘living wage’ to our human service workforce must be made on Beacon Hill in Boston. We, as a Commonwealth, must address this upside down system where those who are most in need – including their caregivers – get the least financial resources and those who are the wealthiest get all the benefits our society has to offer.

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