

Some Facts about Direct Care Workers in MI

- Estimated more than 165K DCWs serve several 100K MI residents
- 203,900 Projected DCW Job Openings by 2026
- 36K more DCWs needed right now
- Median Hourly Wage Range \$11.85-\$15.18 (2020, PSC)
- Median Annual Earning Range \$24,640-\$31,570 (2020, PSC)
- Turnover Rate 43% - 89% depending on DCW occupation. Estimated 75.5% on average statewide across all DCW categories (2020, PSC)
- Turnover Cost per Turnover Occurrence \$6,160 - \$7,893 depending on DCW type and setting (Total Direct & Indirect Costs, PSC)
- Turnover Costs to Businesses State-wide \$684M Annually (Total Direct & Indirect, 2020, PSC)
- Higher Wages & Training substantially reduce turnover and Medicaid costs, and improve health outcomes
- 50% DCWs in or near poverty
- 89% DCWs Women
- 40% DCWs People of Color; 5% DCWs Immigrants

Direct Care Workers (DCWs) is a general term referring to individuals who:

- Provide essential *skilled* LTSS to older persons and those living with disabilities
- In all LTSS settings including private homes or residential facilities
- Includes, but not limited to, certified nursing assistants, home health aides, hospice aides, personal care assistants, home care workers, direct support professionals, job coaches, and self-directed home care workers
- Share core assignments that generally include assisting with hands-on personal care, activities of daily living, instrumental activities of daily living, vocational assistance, and other tasks that contribute to an individual's highest level of independence and quality of life.

No qualified DCW workforce: No Home and Community Based Services

Multiple statewide leaders and initiatives are addressing the DCW shortage in concrete ways. Please join us - let's work together.

Contact IMPART Alliance for more information.

www.impartalliance.org, impart@msu.edu,

Join Multiple Initiatives in Michigan Supporting the Direct Care Workforce



- **IMPART Alliance**, formed in 2016 with Michigan Health Endowment Fund support, is committed to helping Michigan build the DCW workforce in a systematic, integrated, sustainable way. It has a strong history of funding for developing evidence-based DCW training and engaging in advocacy on behalf of DCWs, most of which has been in partnership with the Michigan Department of Health and Human Services (MDHHS), providers, and multiple community organizations. Its institutional home is in the College of Osteopathic Medicine at Michigan State University. With multiple partners, IMPART has developed a proposal to establish a MI DCW training infrastructure with ARPA funding, which has been submitted to the MDHHS leadership. www.impartalliance.org; impart@msu.edu
- **The MDHHS/Bureau of Aging, Community Living, & Supports (BACLS) Statewide DCW Advisory Committee** provides content expertise, advising and strategic direction to develop policies, programs, and procedures, and short and long-term recommendations for addressing the MI DCW shortage. It has wide and diverse representation across government, LTSS settings, DCWs, providers, advocates, and other stakeholders, and three active workgroups; Professionalization through competency and training standards, credentialing, and career pathways; Communication and Mental Health, and PPE/Vaccine distribution. **Co-chairs: Scott Wamsley, BACLS and Clare Luz, MSU/IMPART Alliance**
- **The IMPART Alliance Statewide DCW Coalition (Essential Jobs, Essential Care or EJEC Project)** IMPART Alliance and PHI www.phinational.org have joined forces to lead a multi-year statewide advocacy initiative to transform jobs for MI's DCWs through establishing a DCW Coalition to advance policy reform in three critical areas: improving compensation, enacting workforce innovations, and strengthening data collection. **Co-chairs: Clare Luz, MSU/IMPART Alliance and Emily Dieppa, PHI**
- **The MI Care Legislative Caucus** is the legislative organization in the MI House of Representatives and Senate serving the interests of Michiganders who provide and receive care. The Caucus envisions a world where care is not gender-focused and care jobs will provide living wages and professional standards. The focus is on home and community-based services, where every individual has the right to receive the care they need in the comfort of their own community. Goals include serving as a catalyst for legislative action related to caregiving and as a forum for information exchange and member networking; creating a bi-partisan workgroup for legislators and stakeholders interested in improving Michigan's care infrastructure and state policy through legislation; connecting legislators with stakeholders for input and expertise on care issues; and coordinating care-focused legislative packages supported by members for maximum impact. **Co-chairs: Rep. Helena Scott and Rep. Padma Kuppia.**
- **The DCW Wage Coalition** provides strong advocacy for adequate compensation to all MI's DCWs, with an emphasis on those who provide Medicaid-funded supports to people served by the state's public Community Mental Health system. Increased wages are considered essential to stabilize and advance this workforce. The coalition also supports annually earmarked wage increases, tied to inflation, and funding to support training programs, career development, and credentialing. **Co-chairs: Robert Stein, General Counsel/MALA, rstein@miassistedliving.org, and Cathy McRae, Project Coordinator/The Arc Michigan, cathy.mcrae@arcmi.org**
- **Multiple Statewide Leaders and Strong Advocates** are leading the way in supporting DCWs including the Michigan Assisted Living Association, Community Mental Health Association, Area Agencies on Aging Association, Michigan HomeCare & Hospice Association, Black Women in Home Care, Incompass Michigan, Commission on Services to the Aging, Disability Network of Mid-Michigan, MI Developmental Disabilities Council, and more. **Please join us. Email impart@msu.edu for more information on how to get involved.**

Immediate Solution to the Direct Care Worker Shortage: Build a Sustainable Training Infrastructure

Background: A critical shortage of direct care workers (DCWs) is threatening critical services that are provided through behavioral health, community mental health, and long-term care systems to support individuals with disabilities and older adults in a range of settings including their own homes. The shortage is due to multiple factors, primarily that DCW jobs are characterized by low wages/benefits and a lack of guaranteed hours, training, and respect. It affects all of us, the economy, workforce and economic development, health systems, housing, and non-healthcare businesses. Employers are now shuttering their doors, cutting back services, and turning clients away due to the DCW workforce shortage, which is putting peoples' lives at risk.

Solutions: Study after study makes it clear that addressing the shortage must include raising wages/benefits, and professionalizing this workforce by establishing quality standards, comprehensive training, credentials, and career pathways. It is also clear that success requires a strategic, coordinated, statewide plan that takes all these solutions into consideration. These measures are known to reduce turnover and lead to higher quality care with better outcomes. Michigan desperately needs an infrastructure to support a sustainable, stable, high-quality direct care workforce. Immediate action can be taken on one key component of this infrastructure: Training. We have an unprecedented, extraordinary opportunity because of strategic foundational work already in motion. There is now an active statewide MDHHS/AASA DCW Advisory Committee, a statewide DCW Coalition, and other organizations working together across boundaries. A key goal among many stakeholders is to establish a statewide DCW Training Infrastructure that improves care for Michiganders.

IMPART Alliance (www.impartalliance.org), with multiple partners, has jointly developed a proposal to establish such a training infrastructure with ARPA funding, and submitted it to the MDHHS leadership. IMPART, formed in 2016 with Michigan Health Endowment Fund support, is committed to helping Michigan build this workforce in a systematic, integrated, sustainable way. It has a strong history of funding for developing evidence-based DCW training and engaging in advocacy on behalf of DCWs, most of which has been in partnership with MDHHS/Aging and Adult Services Agency (AASA), providers, and multiple community organizations. Its institutional home is in the College of Osteopathic Medicine at Michigan State University.

While ARPA funding is comprised of one-time-only dollars, a modest 2.8M would provide the opportunity to establish a solid DCW training infrastructure that we believe is essential to professionalizing and stabilizing this workforce. Effective, competency-based training, that maps to competencies endorsed by the MDHHS DCW Advisory Committee and aligns with CMS competencies, will elevate the role of DCWs, reduce turnover rates, contribute to solid career pathways, and result in higher wages for DCWs. The goal is to make comprehensive training opportunities accessible, affordable and result in credentials that help DCWs advance in both their work and incomes. We are in discussion with Director Massey and MDHHS leadership about the proposal. The next step is to work with legislators to include the proposal in the supplemental appropriations budget.

Proposal Details and Deliverables: Initial funding would support the following:

1. Finalizing comprehensive, person-centered, model DCW and Trainer curricula that train DCWs to provide core supports and services with any population, in any setting, and through any program or payor.
2. Developing a structure, with two key components, that we recommend exist outside of state government.
 - a. **A training arm** through which curricula is delivered to as many potential DCWs as possible and advances DCW career pathways, especially for non-traditional students. We envision a centralized administrative unit with trainings being delivered at the local level through MI Works! Agencies, Area Agencies on Aging, community colleges and other training providers.
 - b. **A credentialing arm** with capacity to issue credentials based on specific criteria and proven competencies that lead to better client outcomes.

The success of the proposed Training Infrastructure requires that several actions be taken simultaneously, which would also be supported by the initial funding. These include 1) dramatically increasing the pool of qualified instructors who can teach the model curricula as soon as it is available, 2) developing a plan to assure that DCWs and providers will have access to affordable training, 3) establishing a program to connect trained DCWs with employers, and 4) mounting an aggressive marketing plan to recruit Trainer Candidates, rebrand this workforce as a profession, and implement recruiting strategies to scale.

Outcomes, Timeline, Cost and Sustainability: We anticipate that these outcomes can be completed for 2.8M, within 2 years of funding, and sustained financially thereafter by an affordable fee for service access model.

WORKFORCE SURVEY REPORT

Incompass Michigan and Michigan Assisted Living Association (MALA) conducted a statewide workforce survey in August 2021.

The purpose of the survey is to obtain data on wage levels, turnover rates, and other important workforce data related to direct support staff providing behavioral health services.

Our organizations are particularly concerned with the staffing crisis which currently exists in the recruitment and retention of direct support staff throughout the state.

83 organizations employing approximately 7,200 direct support staff responded to the workforce survey. Key survey results are noted.

Total Number of Front Line Supervisors	655
Average Starting Wage Rate	\$16.26 / hour
Average Current Wage Rate	\$18.16 / hour
Average Annual Turnover Rate	16.5%
Average Seniority	11.27 years

Average Number of Full Time and Part Time Direct Support Staff	86
Average Starting Wage Rate <i>2020 Survey results</i>	\$11.75 / hour* \$11.44 / hour
Average Current Wage Rate <i>2020 Survey results</i>	\$12.73 / hour* \$12.76 / hour
Average Annual Turnover Rate <i>2020 Survey results</i>	40.1% 37.3%
Average Seniority <i>2020 Survey results</i>	5.68 years 6.77 years

**Wages do not include the temporary \$2.25 per hour premium pay increase.*

The average starting wage rate statewide of \$11.75 per hour for Direct Support Staff from the survey findings inhibits the ability of providers to compete with other private sector employers for staff, as noted by respondents:

- "We are unable to compete with the shops and other businesses in our community. Our Direct Care Workers are expected to have several responsibilities, be able to think on their feet at a time of crisis, know several aspects of their jobs, continued training, and they get paid less than Taco Bell [fast food] starting wage."
- "Rates need to allow for wages to be at least \$15/hour, just to compete with entry level jobs for high schoolers. Increasing wages won't necessarily guarantee getting new employees, but not raising wages will guarantee that we don't get new employees."
- "The situation is serious and is negatively impacting our ability to meet the needs of those we serve today and those we hope to serve tomorrow."



A statewide network of human service providers committed to diversity, equity and inclusion, optimal independence and engagement in the community, with enhanced quality and fullness of life.



Nonprofit organization representing community-based providers supporting individuals with disabilities in the behavioral health and long-term care systems.

Incompass Michigan and MALA appreciate all efforts to support increasing direct care wages, which is necessary to ensure the availability of quality behavioral health services and supports for persons with disabilities.

Direct Support Staff provide personal care, vocational services and community living supports to persons with disabilities.

Individuals receiving services from those surveyed include

- Developmental Disabilities - 95.1%
- Mental Illness - 63.4%
- Aging Adults - 25.6%
- Traumatic Brain Injury - 21.9%
- Substance Use Disorder - 18.3%

Survey respondents include Providers of the following services & supports:

- **Community Living Supports (75.6%):** assisting, reminding, observing, guiding or training individuals with meal preparation, laundry, household care and maintenance, money management, socialization and relationship building, non-medical care and activities of daily living
- **Personal Care (64.6%):** assisting individuals with eating/feeding, toileting, grooming, dressing, transferring, ambulation, personal hygiene and bathing
- **Residential Services in Licensed Settings (64.6%)**
- **Residential Services in Non-Licensed Settings (36.6%)**
- **Respite (26.8%)**
- **Supported Employment (41.5%):** includes activities needed to sustain paid work by individuals receiving services, including supervision and training, job coach, employment specialist services, personal assistance and consumer-run businesses
- **Other, Including Vocational Services including Skill Building Services (37.8%):** designed to increase economic self-sufficiency and/or to engage in meaningful activities such as school, work, and/or volunteering

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Critical Lifelines: Portraits and Stories of Direct Care Workers in Home Care



Critical Lifelines: Portraits and Stories of Home Care Workers was funded by an Archie Green Fellowship from the American Folklife Center at the Library of Congress. These fellowships were established in honor of the pioneering folklorist Archie Green (1917-2009), who documented and analyzed the culture and traditions of American workers.

The Home Care Worker Crisis

A critical shortage of direct care workers (DCWs) is threatening critical services that are provided through behavioral health, community mental health, and long-term care systems to support individuals with disabilities and older adults in a range of settings including their own homes. The shortage is due to multiple factors including a rapid aging of the population. However – primary reasons are that DCW jobs are characterized by low wages/benefits and a lack of guaranteed hours, training, and respect. Most DCWs struggle on the economic edge. This has been exacerbated by the pandemic and the service sector’s ability to offer starkly higher wages and benefits.

The shortage affects all of us, the economy, workforce and economic development, health systems, housing, and non-healthcare businesses. Employers are now shuttering their doors, cutting back services, and turning clients away due to the DCW workforce shortage, which is putting peoples’ lives at risk.

Gathering the Stories

What draws DCWs to this work? What inspires them to stay in it? In this exhibit, DCWs share their view of the work that will touch most of us in extraordinarily personal ways as our parents, partners, and we ourselves age. The Critical Lifelines team reached out to DCWs across the state of Michigan in early 2018. Those who responded were eager to share stories of their lives and work which is so often unnoticed by the general public. Thirty individuals were selected representing the widest possible range of geography and demographics. Clare Luz, PhD, Principal Investigator/Director, IMPART Alliance, and Khalid Ibrahim, Photographer, then traveled across Michigan during the spring and summer of 2018, interviewing and photographing each participant.

Khalid chose film photography for the portraits due to its superior color representation and because film camera set up allows him to connect more easily with his subjects and thus produces portraits that are more natural. The stories collected through Clare’s interviews reveal the joys and hardships of the work of DCWs and underscore why we cannot afford to ignore this critical workforce any longer.

What is a Direct Care Worker?

Direct Care Workers (DCWs) is a general term that refers to individuals who provide essential long-term supports and services (LTSS) to older persons and those living with disabilities in all LTSS settings including private homes or residential facilities. It includes, but is not limited to, certified nursing assistants, home health aides, hospice aides, personal care assistants, home care workers, direct support professionals, job coaches, self-directed home care workers, and home care companions. The majority of DCWs are paid through Medicaid but their services may also be covered by private insurance, Medicaid, Medicare, directly by their clients, or through other sources of funding. They are distinguished by core assignments shared by most DCWs that generally include assisting with hands-on personal care, activities of daily living, instrumental activities of daily living, rehabilitation, vocational assistance, and other tasks that contribute to an individual’s highest possible level of independence and quality of life.





Jennifer Lugo, Kent City, MI, is a Certified Nursing Assistant who is both a paid DCW and a family caregiver. She started caregiving as a teenager, first with her grandparents, then her mother who has dementia and lived with her until recently. At one point, Jennifer was ***“going to school, taking care of three kids, working third shift at a nursing home, and taking care of my mother. It broke my body down so I eventually had to stop doing all that.”*** Her mother now lives in a nursing home. Jennifer just completed her Associates degree, is writing a book, and advocates on behalf of DCWs as skilled professionals.

Jennifer says person-centered care ***“always revolves around the client and their wishes, not mine.”*** She believes the role of the DCW is pivotal and mandatory training is critical, for CPR, body mechanics, use of lifts, etc. ***“A few seconds can be the difference between life and death with a person.”*** She worries about the impact of DCW turnover on her clients. ***“I can’t imagine what that would be like. In the morning you got one [DCW], and at night you got another one, and the next day you got another one.”*** Jennifer talks with passion about the need for training standards, insurance coverage for home care work, and higher wages. She loves the work but at \$10 an hour, she can’t afford to do it without her husband’s income.



Henrietta Ivey, Detroit, MI, licensed pharmacy technician, started out as a family caregiver then her paid DCW work grew by word-of-mouth. For her, it is all about the love and compassion she gives, the relationships she develops with her clients, and knowing she’s made someone’s life better. She hopes someone will be compassionate enough to help her out one day.

Henrietta takes pride in doing her job well and refers to herself as a homecare professional. She bristles at being called “the maid” or a “glorified butt wiper” and points out that home care and CNA work are similar. Yet, CNAs have recognized credentials and generally make more money.

Henrietta has become a staunch activist, fighting for home care workers’ rights to a living wage, benefits and more respect. She has been told by policy makers, ***“This is not a real job that you do. Get a real job.”*** to which she responds, ***“We’re part of the healthcare system so it would be nice for someone to finally recognize, these are real workers. We should not have to be ridiculed or disrespected because of the choices that we make on what we’re trying to do to help other people.”***



Mare Martell, Grand Rapids, MI, has been doing paid DCW work for 3 years and says it makes her “blissfully happy” to be able to serve others. ***“I would do it for free, however, free does not pay bills.”*** She loves animals, has a menagerie of pets including a house chicken, and is an artist and published author.

Mare’s philosophy is “Love thy neighbor” in all situations, even when value systems are wildly different. The job requires a DCW to be non-judgmental. She once had a client who often used the “N” word, which was difficult for her to accept. She decided to set it aside and say, ***“If***

he wants to be that way, that’s him, and I can’t say ‘I love you’ if I’m judging that. When you’re going into somebody’s home, you can’t make them feel less than human...whether I agree [with him] or not he’s still a human, and he’s still struggling.”

Like many DCWs, Mare has trouble making ends meet in part due to part-time split hours, some that require driving long distances. ***“It is intense and exhausting...to go to one client in the morning and one in the evening, and sometimes have a third shift.”*** A lack of guaranteed hours due to changes in client health or DCW injuries compounds the situation. Mare recently injured her shoulder while transferring a client so is currently not able to work as a DCW.



Aria Porraz, Kalamazoo, MI, self-identifies as Hispanic and is an education major at Western Michigan University. She has been working as a DCW for 2 years to pay rent while in college, plans to work with children, loves animals, reading and yoga, and works full-time for a home care agency that provided training on specific topics such as dementia.

Aria likes the agency because they pay \$10.75 per hour with health insurance benefits, give her FT flexible hours, and show appreciation with monthly awards and thank you cards. She

says it’s a great job for college students. ***“You get to meet a lot of different people. A lot of the clients that I have were educators themselves. I get to listen to their stories and will be able to apply that into my future work. It’s very rewarding. There are hard days but it’s nothing that you can’t get past, and the relationships that you form are what keeps you coming back. I can’t think of a better job to do while I’m in college that I would enjoy as much. Working in a restaurant or retail, it sounds boring to me. So, yeah. It’s fun work.”***



Diane Saari, Kingsford, MI and Donna Aberly, Crystal Falls, MI.

Both women have been DCWs for over 20 years. They entered the field to supplement their husband's income with some "extra money" and have no plans to quit because "It makes us happy." In their early 70s, they still provide a full range of care from companionship to heavy lifting. They face diverse situations, never really knowing what they are walking into, but have learned to take things in stride.

They each have stories of clients who threatened them, accidentally set their clothes or the house on fire, unjustly accused them of theft, had heart attacks while in their care, or died and left them grieving. In all cases, they stress that it is their job to stay calm and it helps to have a lifetime of experience. Donna says, ***"First thing, you don't panic. You just do what you have to do, and afterwards, if you have to panic, you panic. Stay calm. For me it just comes naturally."***

Providing support in the U.P. brings its own challenges: geographic distances between clients, no public transportation, and massive amounts of snow. Both Diane and Donna take pride in saying that they have always made it to every client, regardless of the weather. ***"We have a few stretches that during the winter many times that highway will be closed because of the wind. The drifts. You find other ways."*** Diane once walked 5 miles through the snow to be with a client who lived on ***"a wicked little hill"*** on a country road. She shrugged it off by saying, ***"I have good boots."***



Manila Freeman, Detroit, MI, retired from the Detroit school system as a GED specialist. Like many DCWs, she started as a family caregiver, caring for her brother, a disabled Veteran with multiple needs. After he moved in, she learned that "an agency" had signed him up for assistance and made her the paid homecare worker.

In her words, ***"I did the duties, and then the check came. I saw how small the check was...for helping him to make sure he could do his personal needs, feeding, staying on the special diet, lifting, helping him to walk...I had a full-time job, I was working part-time, my son was in school, my mother had moved in with me. I got a rude awakening."*** Manila is now on a mission ***"to see why can't a homecare worker get as much pay as any other healthcare profession? Even when you're doing companion work – you're on all the time – you have to be."***



Richard Dusenbury, Ferndale, MI has been a DCW since age 20 when he took care of his grandmother. He is a certified nursing assistant, medical assistant, photography buff, speaks fluent French, and does mission work in Ghana with his church. He's a DCW because he likes people, it reflects his Christian values, it allows him to engage in meaningful work within his own health limits, and ***"If you're taking care of people that are less fortunate than you, you feel a lot better about your own situation however bad that may be at that time."***

Richard worked for years with the Army while owning an adult family home after which he and his then wife maintained one client who lived with them for 23 years. He's also worked for different agencies including one for people who had committed ***"sexual crimes but had too low of an IQ to be put into jail so they put them in homes and they were watched one on one."*** He says he never takes a female client because ***"I don't want to put myself at risk for any kind of sexual abuse [claim]. Professionally, it would be career changing, career ending."*** At times, male clients are assigned to him because they have been inappropriate with female DCWs. ***"There's always people that need male caregivers. It's a very high-demand [job] but a lot of men don't want to take care of people or...they don't like the pay."***

Richard has faced danger and injury multiple times but for him, unjust accusations by family members of a medical error or of stealing is one of the hardest aspects of being a DCW. In addition to jeopardizing his job, he says, ***"I take it very seriously. It's difficult because [family] may only come to see their parent once every month. You've been taking care of that person every single day. You know what's going on with that client better than the relative does, and you're not given any credit for that. You're told that you messed up this, you messed up that. Why are you doing this? Why are you doing that? That really hurts because you're trying really hard and are then told that you're not doing a good job by somebody who's never even there."***



Ann Bilyeu, Grayling, MI, mother of 8, began DCW work 18 years ago at an eight-bed adult foster care home for persons with mental illness. It was a challenging beginning, but she thought of it as an adventure. She now prefers one-on-one home care and says she will never give it up. In her off hours, Ann loves gardening, being in her home deep in the woods with her animals and family, and stargazing.

Ann says the job is demanding and a big responsibility.

“It involves feces, urine, vomit, turning people that are three times bigger than you are, changing a bed with the client in it, cooking, cleaning, helping someone who’s at end of life and trying to do your best to take care of the person with family there asking questions, and making life or death decisions. There’s so much expected of you.” For all of this, her job title is “homemaker” which she detests. She calls herself a ***“very hardworking caregiver”***.

When asked how to recruit and retain more DCWs, Ann says training, training, training is critical. She has solid recommendations for agencies and policy makers. Test for critical thinking in common situations DCWs face. More pay. More respect. Management training and support. To young people considering DCW work as a profession, she says, ***“Talk to others. Find out the worst of it, the best of it. Give quality, compassionate care and demand respect.”***



Jeremy Klimas and Elizabeth Peterson, Grayling, MI, live in a full house, blending families and three generations to make ends meet because one income as a DCW is not enough.

Raised in Detroit, Jeremy joined the Air Force, did three tours of duty, one in Afghanistan, two in Iraq. He then moved north to help his grandparents while working as a police officer. He left the force to become a DCW. ***“It is one of the best decisions I’ve made...Just seeing the joy on people’s faces when you’re providing them help...It makes me feel like I’m making a difference.”***

Elizabeth’s mother is a DCW. ***“I half grew up in a local nursing home...I guess it’s in my blood.”*** It’s hard work. There are dangers; verbal abuse and being physically hit. Yet she, her mother, and Jeremy keep doing it because ***“It’s a calling. We’re not in it for the money. It’s the relationships that you build...knowing that you were able to hold somebody’s hand while they were dying and they weren’t alone.”***



Damien Sheppard, Lansing, MI.

Age 37, Damien has a degree in biochemistry, works as a lab manager in a plant biology lab, is an avid bicyclist, gardener and reader. He values the relationship with his clients, the flexibility that allows him to work around his lab job and feeling that he is contributing to society in a meaningful way.

“Without me, [my client] would have a much lower standard of living...and his wife would have to go back to doing the home care. It wasn’t a tenable situation.” He says his client might have been able to stay at home for a short while but not for very long.

Damien worries about risk of client falls, inadequate wound care and grief when a client dies. He is an advocate of home care but laments the lack of resources. ***“An institution offers so many more resources. You have an RN on staff on call, a physician on call, all those things that help you get through sticky situations. In homecare, you gotta improvise a lot. You need to be the nurse and the doctor, and the floor manager...and figure all that stuff out as you go. The background that most of us have makes that difficult. An example is where you might have a small wound that if it’s not taken care of might fester into something where an infection could set in.”***

Damien would like to stay in homecare but eventually needs a job with a living wage so that he can plan for retirement. ***“You’ve gotta increase the pay, and that really needs to come from the state. Without that, it’s just not feasible. It’s not a tenable goal to increase the workload by what, 30,000 individuals? No. Without help from the state it’s just not possible because the work is rough, it’s really difficult, the pay is relatively low, the training isn’t great. Without that, it’s just not gonna work.”***



Martha and Hellen Kwant, Lansing, MI.

Mother and daughter are both home care workers. Martha, a retired social worker, says, ***“Momma taught us from being knee high to boll weevils that we take care of the elderly...You have a warmth that very often turns into love for them, and you’re going to want the best for them.”***

Born in Colombia, Hellen is age 83 and has one client, also age 83. When asked why she does this work - Hellen says, ***I think in the love that I can put with them, and the help that I can do to make it easy for them...You’re faced with so many different kinds of older people—handicap or sick or whatever...you try to help...it’s natural. I think it’s a gift that I have.”***



Rachel Esch, Lansing, MI was a Miracle Network Child, born in 1989 with a bone disorder called Hemihypertrophy. Her medical costs were covered, and the nurses inspired her own desire to be a nurse. She is a certified nursing assistant, nearing graduation from nursing school and works as a DCW for income and experience working with people. She is an artist, dog-lover and avid reader.

Half Mexican, her current client is Mexican, U.S. born, and Rachel says *“That little bridge helps. You know—he’s got the tamale stories, and we’ve got the tamale stories, and he asks about my grandma and then I tell him [her name] Casteo and he’s like, ‘Oh, Casteo, yeah.’”*

Rachel believes DCWs need to have good observation skills. *“You can prevent so much terrible big things if you can notice some of the little things early. It’s a preventative...like noticing the little red spot on their tailbone, it could turn into a pressure ulcer, and those can go deep as your bone, and they’re terrible and take a long time to heal and can lead to all sorts of other problems. Not all caregivers are cut from the same cloth. Some of them just show up, stick somebody in a chair, and call it good but the ones that are doing a good job are watching out for that little snowflake before it becomes an avalanche. Those things matter. I mean, ultimately, it’s a life you’ve got resting on your shoulders when you’re taking care of someone.”*

The Critical Lifelines Exhibit is sponsored by IMPART Alliance. IMPART’s institutional home is the College of Osteopathic Medicine, Michigan State University. For more information about IMPART Alliance and the exhibit, please contact us at impart@msu.edu, www.impartalliance.org, and <https://www.facebook.com/IMPARTalliance/>

Join us as we work with others to build and support this important workforce.
Thank you.



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