Cooperative Home Care Associates, based in the Bronx, has become a leading force in New York's rapidly growing home health care industry. With 2,000 employees, it is also by far the largest worker-owned company in the U.S., and one of the very few in which the worker-owners are represented by a labor union. Moreover, it is in the process of an ambitious expansion, absorbing a number of rival rms and beginning a new venture af liated with Airbnb.

Founded in 1985 by Rick Suprin, its growth, governance, training options and relatively high and equitable pay and benefits have begun to draw national media attention. So also has its novel "guaranteed employment" option, ensuring at least 30 paid job hours weekly for its worker-owners. CHCA has been rewarded with labor turnover rates less than half the industry average, and with certification as a B Corp for its high labor and environmental standards.

But as it embarks on still more ambitious growth, it also is confronting challenging decisions: When will all the new hires become eligible for full benefits, ownership shares, union representation and guaranteed employment? How best to integrate the many newcomers into the current workforce without disrupting the organization's culture? How to meet state increases in the hourly minimum wage to $15 in the next three years when reimbursement from its public sector clients is already years in arears? How to finance growth by borrowing from private lenders without diluting employees' ownership stake?

In late June 2016, we spent the day at CHCA, interviewing the long-time president, a worker-director, and a union representative. In the last issue of Regional Labor Review, we presentevong-t2aesent

the schedule already down. So if they went on Sunday, Monday, Tuesday, that's the days. The other days, they could do whatever they want with those times. I believe that a lot of them are working at two agencies. They weren't telling me, Because the thing is, if they work with another agency belonging to 1199, they have more

transferring the patient in and out of bed using the wheelchair or the Hoyer lift. They were transitioning into home health aide.

Q: Who does the work of the home attendants now? Does Medicaid still cover those services?

MP: Yes. But because they just started two years ago, they tried to train everyone as home health aides.

Q: Do other agencies still do home attendant work?

MP: Yes, they still do. Two weeks ago I was in a union delegate meeting and someone was asking, where they have to take the class to become a home health aide? At the beginning it was a mess because everybody didn't want to lose their job, and they were running to get the training. People were charging $500 to $700 for a one-week class to change them. So the union said it could pay. It's now free for the workers; you don't have to spend that kind of money.

That's the reason we're still doing that. It is not like before. We got trained like a CAN [certified nursing assistant]. It's the same training.

We'd have to check vital signs, blood pressure, fever, weigh the people, check the people, how they feel, is there dementia. You have to make a lot of observations. It's really different than home attendant. Besides, some of the people don't have no family at all. I used to have this lady with nobody, nobody. So when you got there, for them it's like you are the family. You know? If you spent eight, ten or 12 hours with them. Sometimes they don't even let you do nothing. They want to talk to you and try to grab you like you're family.

Q: You mentioned that you were at a delegate meeting of the union.

MP: About two weeks ago, yes. In the union, I represent the workers from here in the 1199 union. We are like seven now, seven delegates here. There used to be only two. Delegates are elected every three years. Every Friday I'm here, and we're at the 13th floor, and have a table and everything. Everybody comes who has a complaint or wants to go to school. Because the union helps people to go to school if you want to learn English, if you want to do GED, computer class, and if you want to be a CN /T1_1.5203 Tm9 Enym 7(e e)12(l2-5( )]TJ EMC /Span <</MCID 1223 >>BD

Q: Against the coordinators?

MP: Against the coordinators. The coordinator could do at that time everything they wanted to. Everybody came here, and they were crying. Not me. I said: "Sorry, I know my rights. You don't have a right to scream at me. I don't come here for you to scream at me or yell at me. I don't sign nothing. Never sign nothing."
Back then, I always said that the only reason we're bringing the union here is because we want security in the job. We want somebody to represent the right of the worker. And it's been good. Because, I'm telling you, management and the union, they get along. In other places they don't. They don't even want to sit with you to talk or things like that. The workers don't know the president of the company, just his name. I'm telling you that because I used to work in a different agency before I came here.

Q: Right, but not a worker-owned one?

MP: No, it wasn't. But the thing is that you never saw the president, you never saw those people. The only people you had contact with was the coordinator.

Q: So, even though most people think that in a worker-owned rm you are the management, they don't necessarily realize that the workers might not even know who the manager is?

MP: Exactly. The people who used to work as coordinators, and also in the offices like human resources, at that time they weren't nice with the workers. They thought they were doing a favor to the worker. That was the main reason the union got in here. Because being at Cooperative, you see the benefits. Now a lot of people talk to the workers, and they sound happy to have a share in this company. They say that they belong to someplace, and they do. They feel that it is important for them to be in.

They do training here, both in Spanish and in English. And they ask the new people "Do you want to be worker-owner?" "What is that?" they ask. And then you explain why it is something really important for them.

Q: So most of your people coming in, they want to become owners?

MP: Yes, they want to.

Q: In your experience, what do you think would be the main reason that somebody would say, "Well, no, thank you, I don't want to do that."

MP: I know the main reason. A new worker-owner has to pay $1,000 for that. They're going to pay that from the check in a weekly basis.

PP:Not the whole thing, but the first deposit of $50. And then every week after that you pay $3.

MP: You pay only $3, but it's going to be one more expense for them. Because at this moment only Cooperative is around. It's less work, less hours. Before everybody could do 40 hours, 45, 50, 60, whatever kind of hours you want to. But then the Labor Department said that everybody has goi b 7 heen rf-16(h)-2(e)-9(4w)1(oo)-1(r)-4

MP: Yes, volunteer.

Q: But everybody here is encouraged to do that?

PP: Yeah. Also, on Fridays, we have someone from ICS actually sit at a table with a sign-in sheet and information about this program. Once the home care workers walk in, if they stop by the table, we let them know what the program is about. And if they are interested, we give them a call back to let them know when the training classes will be. Usually the training classes are Tuesdays and Thursdays, and it's only for 45 minutes.

Q: And that's for the Each One Reach One program?

PP: It used to be Each One Reach One, but they renamed it Community Connect program. Once the home care workers have completed that training, they go home with an ICS bag, booklets, all the supplies.

Q: How are the elderly you approach going to know who to sign up with?

PP: They can choose. We don't tell them what plan to choose. Whatever consumer signs up and says, "You know what? I need home care services,' we help them to see whether or not they have Medicaid. If not, then we help them with the Medicaid application. That process takes about 45 days. Some have the state Medicaid Choice. We'll call them and let them know what plan that they might want.

At that time, we tell them, about ICS and all the agencies. At the end of the day, it's their choice, and they get to choose what plan they want. I mean, it's a blessing that the come back to ICS and be here.

Q: It's kind of scary to think that it's accidental. What if you don't approach somebody, or the people who don't know that you exist? Then they're just going to see an advertisement, or wait until they're in the hospital?

PP: Yeah, sometimes the hospital.

Q: So do you work at the hospitals?

PP: No. ICS does. We have a different department for that called Community Engagement.

MP: They go to nursing homes and places like that, and they talk to people. I know that because I had a client that was in a nursing home, and he had a problem in there. And he called one of the Community Engagement people, and they came to help him. And that's why he got in ICS. Because somebody goes in there want to talk to people and say, "If you need help, you could call this number." That's what they do.

Q: They're maybe people who would like to stay home but end up in a nursing home, because they don't know about ICS?

MP: I explained to that client's daughter that Visiting Nurse Service could be for two, three months, if you need short-term. But ICS is long-term. You know, always you're going to have that difference.

PP: So people that need services more than 120 days, presently disabled or have a chronic illness. And the 45-minute training class, where the home care workers want to be what they call community ambassadors, that — once they complete the training, they are called community ambassadors. In the training, we have a PowerPoint show that gives us information about Independence Care System, what to look for if someone needs services. So once they do gko 2pproached by somebody or they aproach the person, they know exactly what information to tell them.

Q: Can I ask a little bit about the labor-management committee, LMC? How has that worked?

MP: Okay, in Labor-Managment, we have more than six different groups. One is called communication. Another is morale. And we had service delivery, health. I belong to the communication part. I bring every complaint that the workers have to the table to see what — if we could find a solution.

So it used to be like an info fair. Every group used to do different things, like health brings somebody to cover cancer, heart problems,

that all 2,000-plus home care workers here are getting paid.

Q: So what happens if, like you said, years ago, a coordinator is being unfair to a worker? Would that worker go to you as a delegate, or would they go to grievance?

MP: Now, yes. Every person who has a problem with the coordinator, they try to resolve by themselves. But if they can't, they come to me Friday, or they call me. I do grievances, and lately I've been doing that a lot. If they get laid off for whatever reason, we have to study why. Is that the first time? Or is that something that they're doing all the time? You have to do the background.

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Q: [illegible]

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MP: We fight for them. We fight for them no matter what. Before I go to arbitration we go to the president. At that moment it's body was laid off incoason,

MP: The board of directors includes four home care workers. So and they pass the information to us. Besides, we have the information fair to collect information to give to the people on Fridays after each delegates meeting every three months.

Q: Are the other delegates there at all of the information meetings each week?

MP: They come in depending on the hours they have work. Let's say she's available three days a week because she's a 24-hour. So