Healing Systems: Structural Innovations in Home Care & Housing

Geoff Gusoff MD, MBA, MS

Department of Family Medicine April 25, 2025



Overview



- Background
- Healing Systems Framework
- Research on Structural Innovations in Home Care
- Research on Structural Innovations in Housing
- Additional Projects
- Future Directions

Background: Training & Current Role



- Training
 - MD/MBA U Penn
 - Residency U Penn
 - NCSP UCLA
- Current Role
 - Asst Prof UCLA FM
 - 75% Research
 - 25% Clinical (HUCLA, VFC)







Background: Key Influences









Background: Research Catalyst

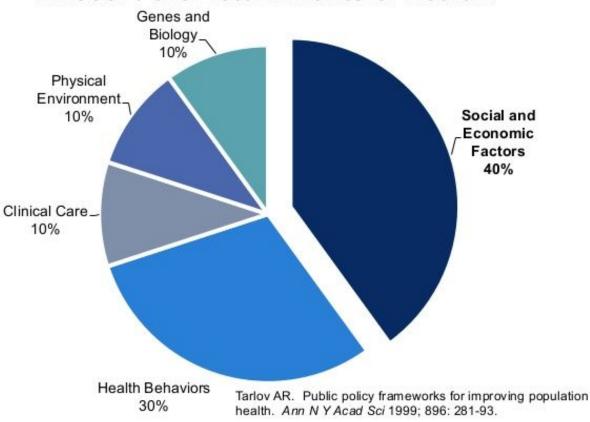






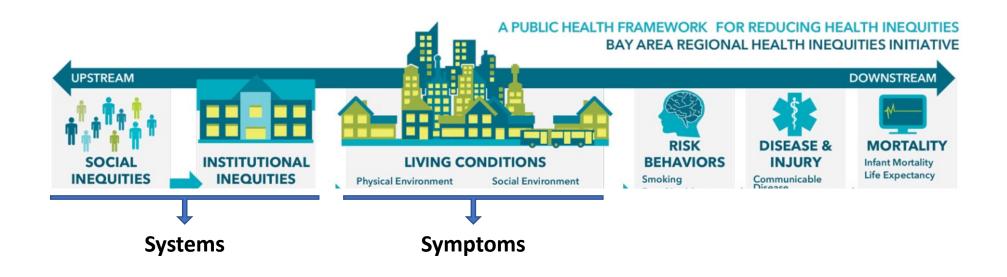


What Creates Health? What are the Determinants of Health?

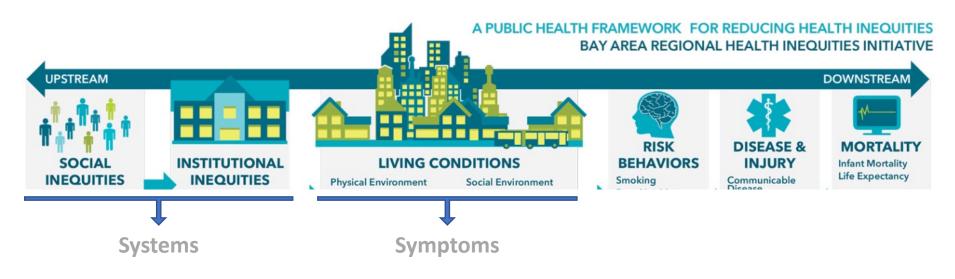












Dx: Pathologies of Power

Tx: Structural Innovations



Alternative Ownership Models



Worker Cooperatives
Community Land Trusts



Research: Structural Innovation in Home Care

Home Care Workforce Crisis



Home Care Workers (HCWs)



- 2.9 million HCWs in US
- Need 820,000 more by 2032
- Predominantly women of color
- 80% annual turnover
- Harms workers and patients

Systemic Marginalization of Home Care Workers



Economically

Culturally

Professionally

Risk Management and Healthcare Policy





ORIGINAL RESEARCH

Having a Say Matters: The Association Between Home Health Aides' Voice and Job Satisfaction

Mara Bensson-Ravunniarath¹, Joanna Bryan Ringel 6, Ariel Avgar 6, Faith Wiggins⁴, Ann Lee⁴, Margaret V McDonald 65, Lourdes R Guerrero, John Kallas 63, Geoffrey Gusoff, Megan Shen 68, Emily Tseng 6, Nicola Dell 6, Sara Czaja 6, Lee A Lindquist 6, Madeline R Sterling 62



IAMDA

journal homepage: www.jamda.com



Original Study

Having a Say in Patient Care: Factors Associated with High and Low (a) Check for updates Voice among Home Care Workers



Geoffrey Gusoff MD, MBA, MS a,b,*, Joanna Bryan Ringel MPH c, Mara Bensson-Ravunniarath MD^d, Faith Wiggins MS^e, Ann Lee BS^e, Cisco G. Espinosa BA^c, Ariel C. Avgar PhD^f, Catherine Sarkisian MD, MSPH^{g,h}, Madeline R. Sterling MD, MPH, MS

Symptom

Low wages Limited benefits

"Essential" but disrespected

Care team exclusion Input ignored

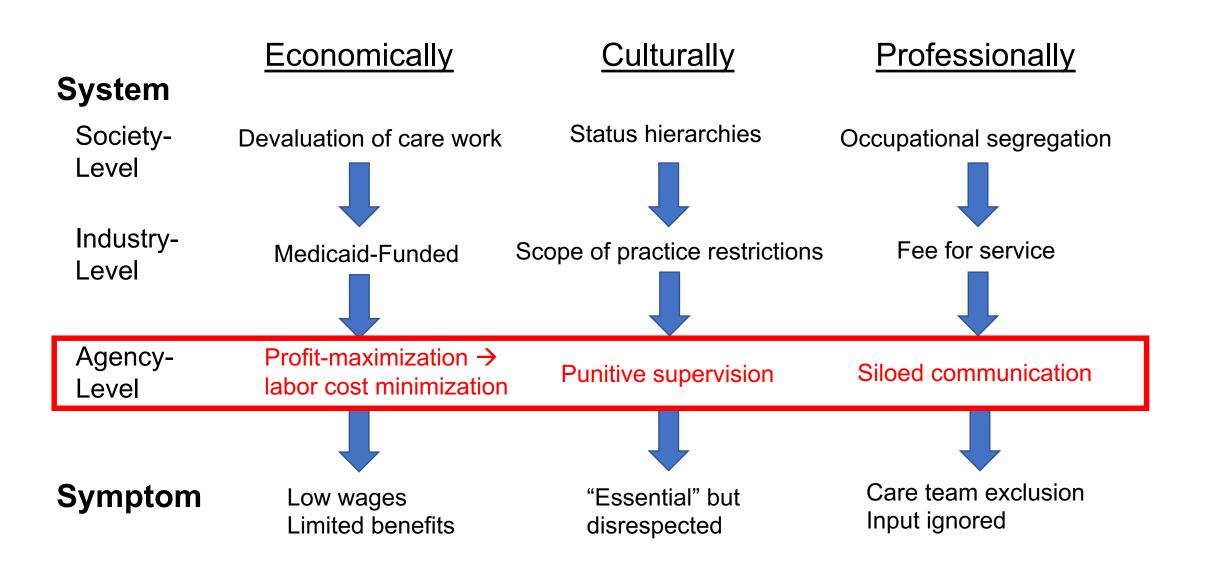
Systemic Marginalization of Home Care Workers



Economically Culturally **Professionally System** Status hierarchies Society-Devaluation of care work Occupational segregation Level Industry-Scope of practice restrictions Fee for service Medicaid-Funded Level Agency-Profit-maximization → Punitive supervision Siloed communication labor cost minimization Level Care team exclusion **Symptom** "Essential" but Low wages Input ignored Limited benefits disrespected

Systemic Marginalization of Home Care Workers





Home Care Cooperatives









- Agencies co-owned by home care workers
- Workers share in profits, serve on board and committees
- 22 coops, 2200 HCWs, diverse contexts
- Home care worker-centered agencies

Home Care Cooperatives: Industry Data



Compared to traditional home care agencies, cooperatives have achieved:

- Higher wages and benefits
- Twice the client retention
- Half the worker turnover



Home Care Cooperatives Pilot Study



Aim: Identify potential drivers of care quality, job quality, and worker retention at home care cooperatives

Methods:

- Interviewed 23 HCWs and 9 staff at 5 home care cooperatives
- Asked about work environment, perceived drivers, comparison to other agencies





Original Investigation | Geriatrics

Perceived Contributors to Job Quality and Retention at Home Care Cooperatives

Geoffrey M. Gusoff, MD, MBA, MS; Miguel A. Cuevas, BS; Catherine Sarkisian, MD, MSHS; Madeline R. Sterling, MD, MPH, MS; Ariel C. Aygar, PhD; Gery W. Ryan, PhD

Characteristics	Cooperatives, No. (%) (N = 5)
Cooperative size	
Small (<50 employees)	2 (40)
Medium or large (≥50 employees)	3 (60)
Primary payer	
Medicaid	3 (60)
Private pay	2 (40)
Market density	
Large urban	2 (40)
Small urban/suburban	2 (40)
Rural	1 (20)
Region	
Northeast	2 (40)
Midwest	1 (20)
Northwest	2 (40)
Agency tenure, y	
>15	3 (60)
7-15	1 (20)
0-6	1 (20)

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Perceived Contributors to Job Quality and Retention at Home Care Cooperatives

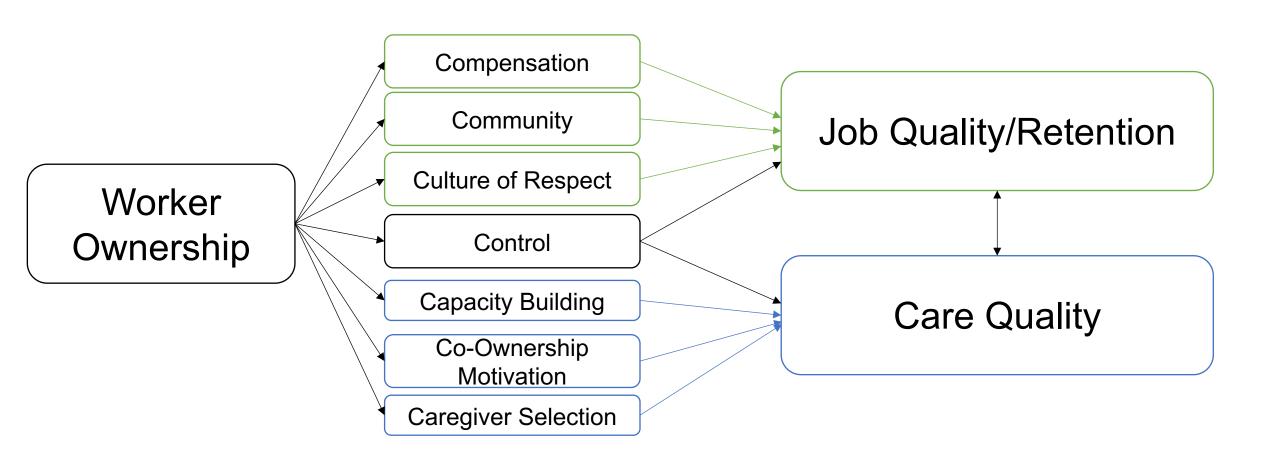
Geoffrey M. Gusoff, MD, MBA, MS; Miguel A. Cuevas, BS; Catherine Sarkisian, MD, MSHS; Madeline R. Sterling, MD, MPH, MS; Ariel C. Avgar, PhD; Gery W. Ryan, PhD

Characteristic	Participants, No. (%) (N = 32)
Role	
Home care worker	23 (72)
Staff	9 (28)
Worker tenure, y	
<2	13 (41)
2-5	8 (25)
6-10	5 (16)
>10	6 (19)
Race and ethnicity	
African American	8 (25)
Latinx	4 (13)
Non-Latinx White	17 (53)
2 or more races	2 (6)
Declined	1 (3)
Age, y	
20-29	7 (22)
30-39	7 (22)
40-49	6 (19)
50-59	3 (9)
60-69	7 (22)
≥70	2 (6)
Other paid caregiving experience	
Yes	20 (63)
No	12 (38)

Home Care Cooperatives Pilot Study



Results: Potential Drivers Identified



Pilot Study: Job Quality/Retention Drivers

Compensation

Community

Culture of Respect

Control

"There's just an emphasis on the money going to the workers."

"My sense of teamwork now is much greater. Once you're in an environment where you can see where everybody works together, you crave it...I would rather be in a setting where you know everybody's loved, valued, and appreciated and fought for. And that's really the difference to me... No one's going to slip through the cracks in a co-op, whereas in a corporate setting it happens all the time, every day, by the hour."

"I feel very respected at [the cooperative] because when I talk, they do listen."

"A huge reason for the success and trust is having the caregivers in there making those decisions because they're the ones feeling the impact."

Pilot Study: Care Quality Drivers

Control

"I just feel a lot of freedom to be myself and give care in the way I want to, in the way it makes sense to me. And so I guess in that way, I give better care."

Capacity Building

"[The cooperative] showed me more things to learn, and how to work with the client, how to deal with them, how to make them feel comfortable working with them and they can feel comfortable working with me at the same time."

Co-Ownership Motivation

"If you're an owner, you take more pride in your work, and so then you're going to want to give better care."

Caregiver Selection

"What really sets us apart is, like, it's people that actually want to be somebody's caregiver. Not somebody that's just going into this big agency to get some hours and get some health insurance."



Health Affairs Scholar, 2025, **3**(3), qxae184 https://doi.org/10.1093/haschl/qxae184 Advance access publication: March 17, 2025

Commentary



Centering marginalized care: Home care cooperatives and system change

Geoffrey M. Gusoff^{1,*}®, Lina Stepick²®, Aquilina Soriano-Versoza³, Katrina Kazda⁴

¹Department of Family Medicine, David Geffen School of Medicine at UCLA, Los Angeles, CA 90095, USA

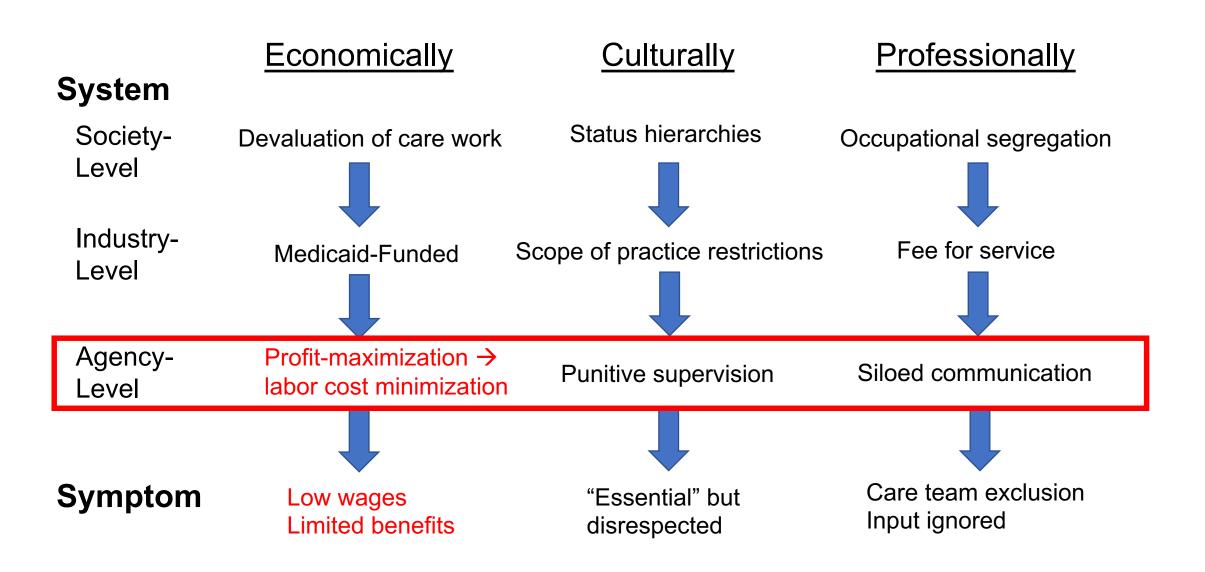
²PHI, New York, NY 10016, USA

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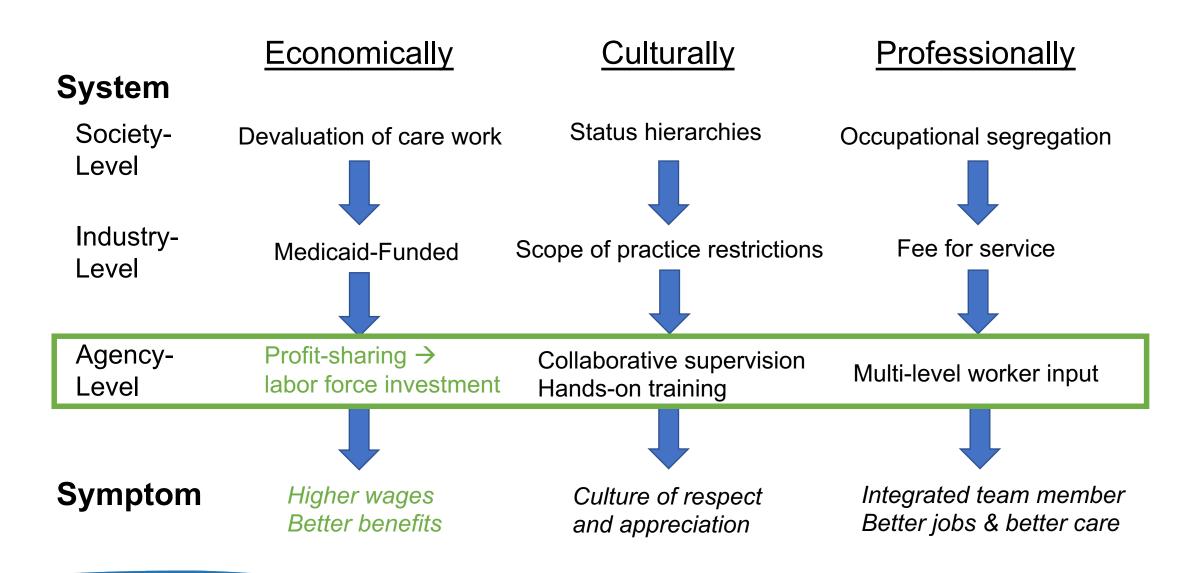
⁴ICA Group, Northampton, MA 01060, USA

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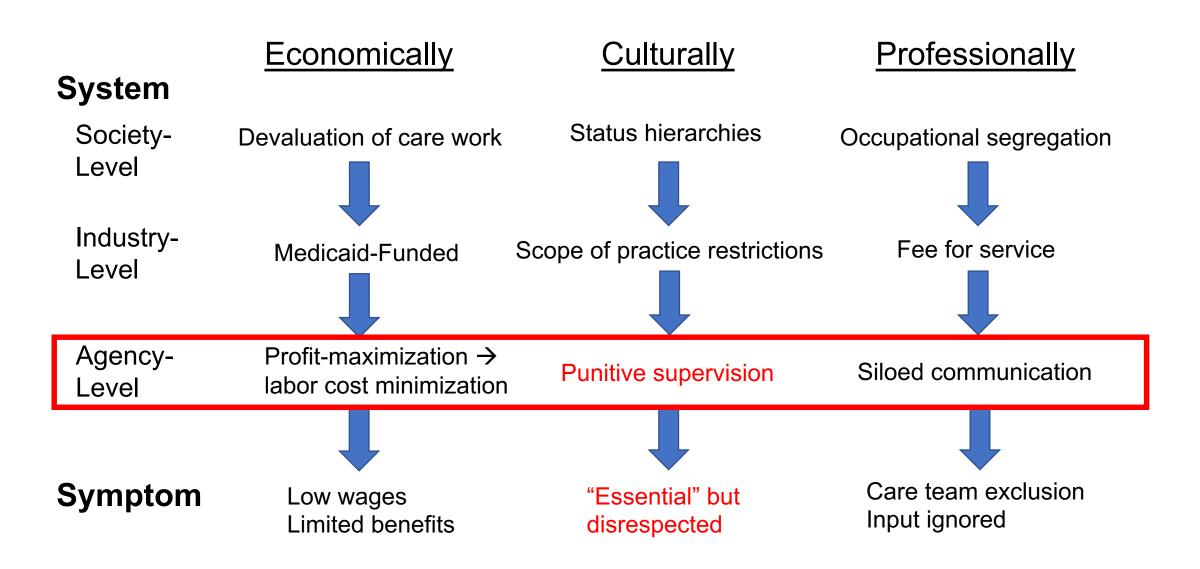




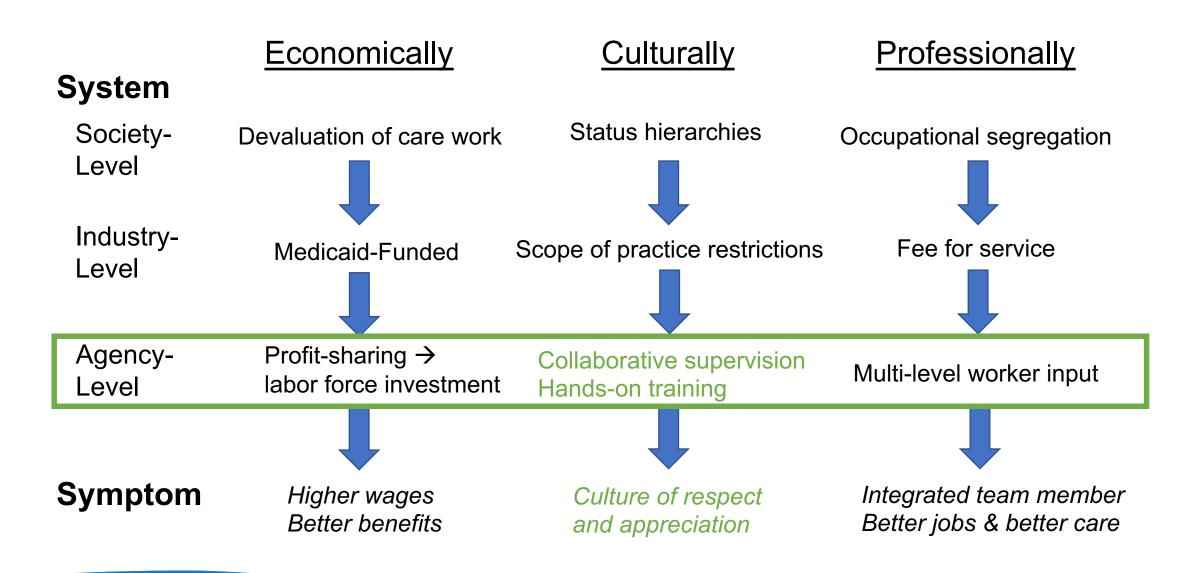




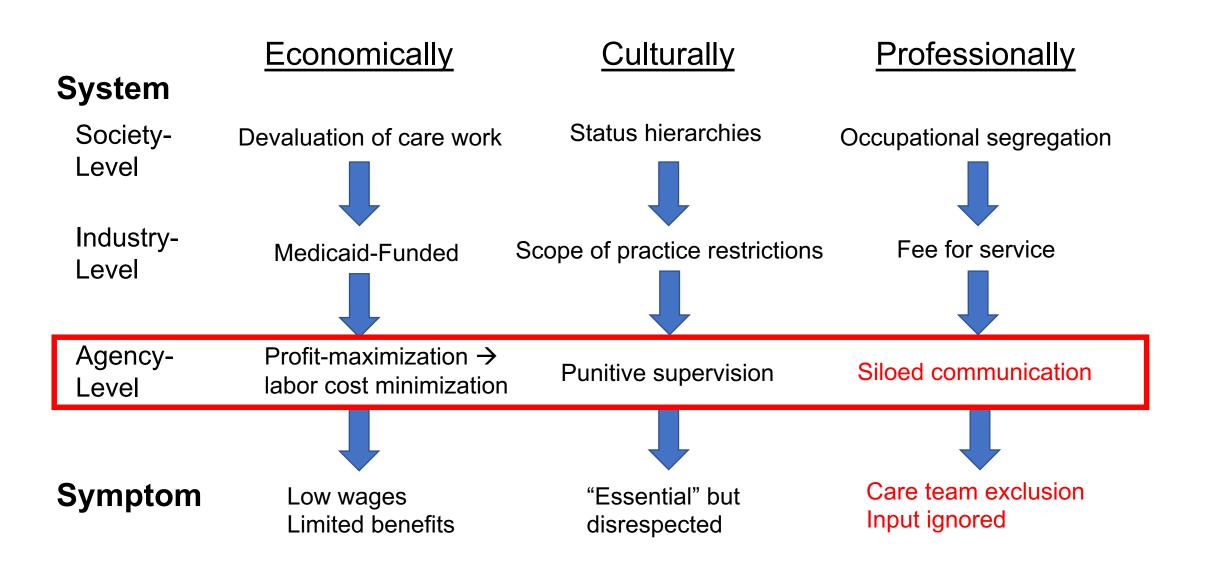




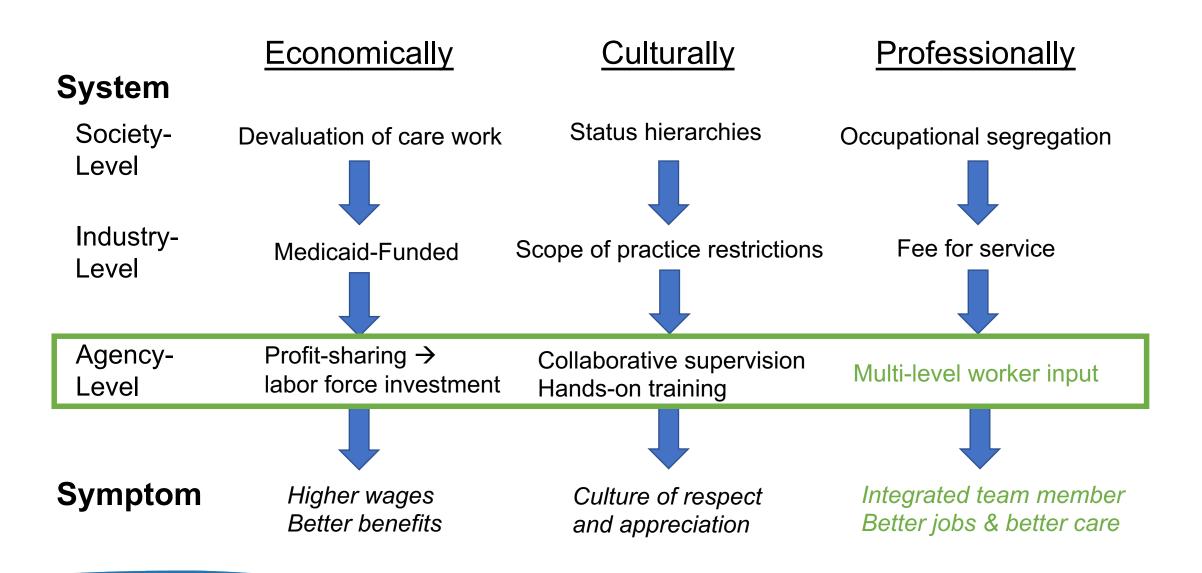






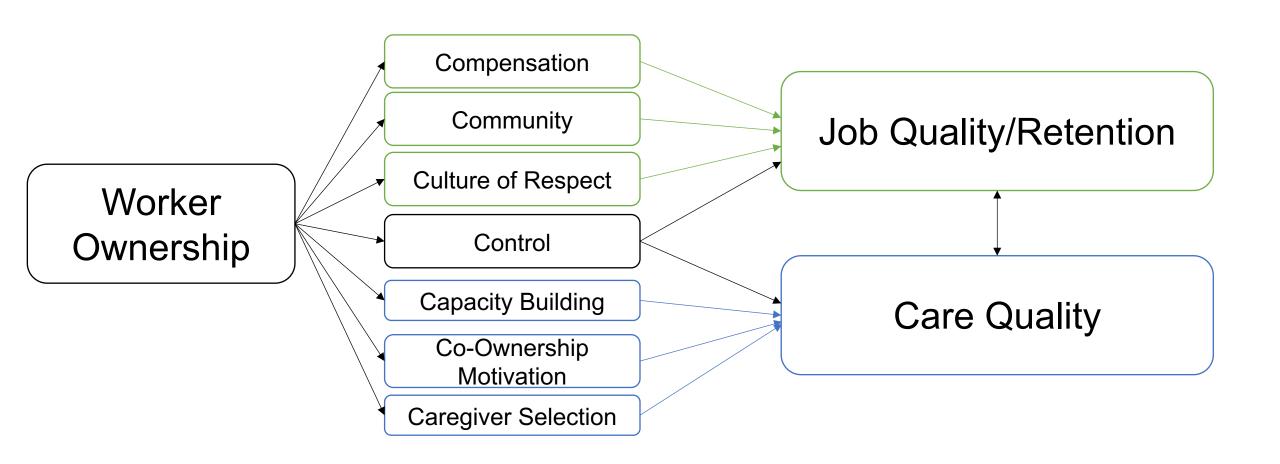






Home Care Cooperative Conceptual Model







NIA Research and Entrepreneurial Development Immersion (REDI): Mentored Entrepreneurial Career Development Award (K01 Clinical Trial Not Allowed)



Mentors: Drs. Sarkisian, Saliba, Hays, Inkelas, Sterling; Hammer (ICA)

Aim 1: Develop and implement an HCW Working Conditions Survey

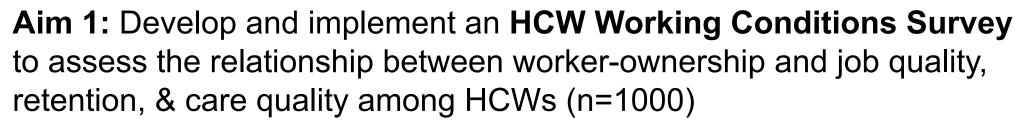
Aim 2: Develop and pilot test a digital training tool to enhance HCW participation in workplace decisions

Aim 3: Support the development and expansion of the home care cooperatives



NIA Research and Entrepreneurial Development Immersion (REDI): Mentored Entrepreneurial Career Development Award (K01 Clinical Trial Not Allowed)





- Database of over 600 existing measures with psychometrics
- Adapted RAND Delphi expert input process
- Cognitive interviewing
- Pilot testing
- 3 regions: NYC, Philadelphia, Washington state





NIA Research and Entrepreneurial Development Immersion (REDI): Mentored Entrepreneurial Career Development Award (K01 Clinical Trial Not Allowed)



Aim 2: Develop and pilot test a digital training tool to enhance HCW participation in workplace decisions

- Home care cooperatives as laboratories of HCW participation
- Training and communication tool
- Support from Cornell Initiative on Home Care Work & Dr. Inkelas



NIA Research and Entrepreneurial Development Immersion (REDI): Mentored Entrepreneurial Career Development Award (K01 Clinical Trial Not Allowed)







Aim 3: Support the development and expansion of the home care cooperative model in partnership with ICA Group



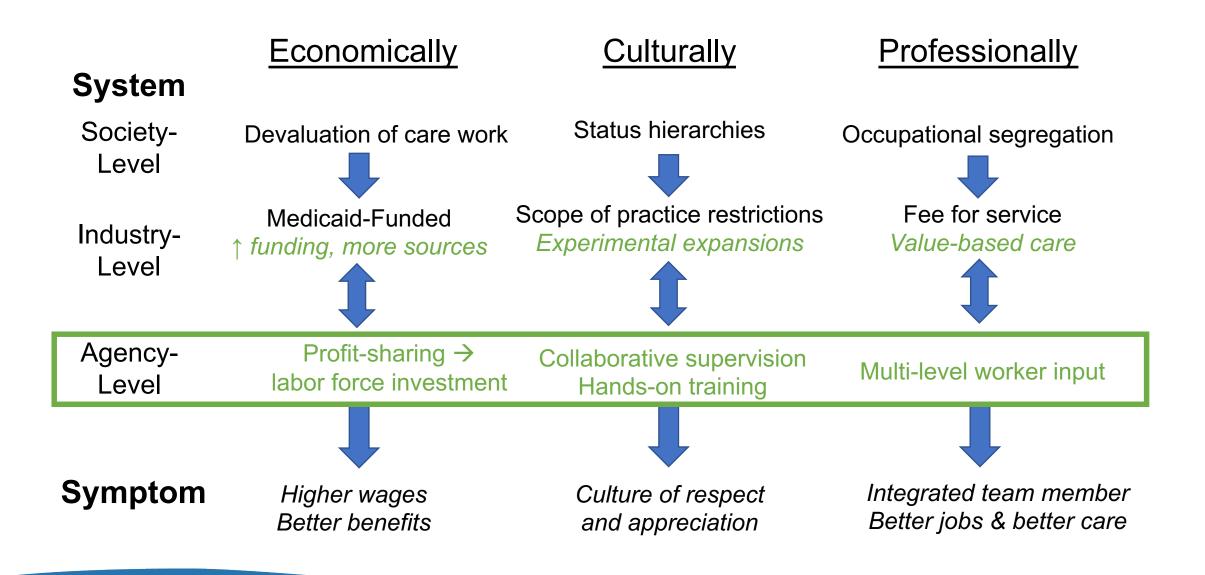














Research: Structural Innovation in Housing

System Pathologies in Housing



Housing system pathologies

- Both basic need and investment
- Structural racism

Housing symptoms

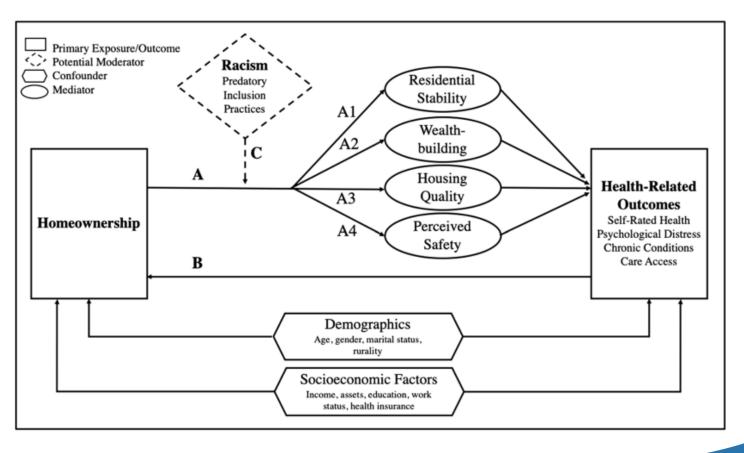
- Unaffordability/displacement
- Segregation/racial wealth gap

Health symptoms

- Depression and anxiety
- Chronic disease and mortality

The Relationship Between Homeownership and Health by Race/Ethnicity Since the Foreclosure Crisis: California Health Interview Survey 2011–2018

Geoffrey Gusoff, MD, MBA, MS¹, Katherine Chen, MD, PhD², Gerardo Moreno, MD, MS³, Joann G, Elmore, MD, MPH², and Frederick J, Zimmerman, PhD⁴



Community Land Trusts (CLTs)





Design Features

- CLT owns land, sells houses
- Limits on resale profits
- Democratic board
- Housing/mortgage counseling

Outcomes:

- Permanent affordability
- Individual wealth creation
- Community control/cohesion
- Low foreclosure rates

CLTs as a Structural Innovation



Mechanisms to Improve Health Through Community Land Trusts

Justin Rose · Loraine Arikat · Geoff Gusoff · Craig Evan Pollack

Main theme

- 1 Improved mental health
- 2 High-quality CLT housing
- 3 Access to health-promoting amenities
- 4 Residential support services
- 5 Democratic decision-making

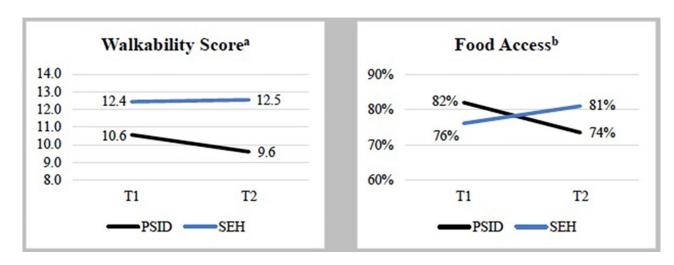
RESEARCH

Open Access



Pursuing healthy homeownership: an evaluation of the neighborhood health trajectories of shared equity homeowners

Geoffrey M. Gusoff^{1*}, Alex Ramiller², Arthur Acolin³, Ruoniu Wang³ and Frederick J. Zimmerman⁴





Additional Projects

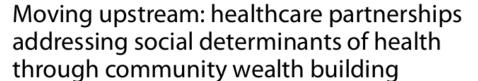
Additional Projects



Anchor Institutions

RESEARCH

Open Access





Geoffrey M. Gusoff^{1*}, David Zuckerman², Bich Ha Pham² and Gery W. Ryan³

Holistic Review

SHARPening Residency Selection: Implementing a Systematic Holistic Application Review Process

Igarabuza, Laura MD; Gusoff, Geoffrey M. MD, MBA, MS; Maharaj-Best, Ayiti-Carmel MD; Baylson, Margaret J. MD, MPH; Betancourt, Renée M. MD; Nicklin, David E. MD; Wang, Jenny Y. MD

Author Information ⊗

Academic Medicine 99(1):p 58-62, January 2024. | DOI: 10.1097/ACM.000000000005451

Medical Financial Partnerships

Addressing Economic Drivers of Health in the Clinic: The Role and Potential of Medical-Financial Partnerships

Geoffrey Gusoff,

National Clinician Scholars Program at UCLA, Los Angeles, CA 90024

Adam Schickedanz

Department of Pediatrics, David Geffen School of Medicine at UCLA, Los Angeles, CA 90095



Future Directions

Future Directions



- Home Care Cooperative R&D (R01, SBIR)
 - Longitudinal, patient-centered, and claims data
 - Tool development
 - Value-based care and scope of practice pilots
 - Policy-informing research
- Broader Structural Innovation R&D
 - Worker-owned nursing homes, clinics
 - CLTs and limited-equity cooperatives







HEALTH AND POLITICAL ECONOMY PROJECT

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- 1) CTSI TL1 (Pls Inkelas, Harawa, Bui)
- 2) NIA REDI K01 (1K01AG088782)
- 3) UCLA Family Medicine Department & Dean's Office
- 4) Cornell ILR Center for Applied Research on Work
- 5) Rutgers Institute for the Study of Employee Ownership and Profit Sharing

THANK YOU

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