

Who are direct-care workers?

Direct-care workers provide an estimated 70 to 80 percent of the paid hands-on long-term care and personal assistance received by Americans who are elderly or living with disabilities or other chronic conditions. These workers help their clients bathe, dress, eat, and negotiate a host of other daily tasks. They are a life-line for those they serve, as well as for families struggling to provide quality care. Direct-care workers also constitute one of the largest and fastest-growing workforces in the country, playing a vital role in job creation and economic growth, particularly in low-income communities.

Job titles and responsibilities

Direct-care workers fall into three categories: Nursing Assistants (usually known as Certified Nursing Assistants or CNAs), Home Health Aides, and Personal and Home Care Aides:

- **Nursing Assistants or Nursing Aides** generally work in nursing homes, although some work in assisted living facilities, other community-based settings, or hospitals. They assist residents with activities of daily living (ADLs) such as eating, dressing, bathing, and toileting. They also perform clinical tasks such as range-of-motion exercises and blood pressure readings. In some states, they may also administer oral medications.
- **Home Health Aides** provide essentially the same care and services as nursing assistants, but they assist people in their homes or in community settings under the supervision of a nurse or therapist. They may also perform light housekeeping tasks such as preparing food or changing linens.
- **Personal and Home Care Aides** may work in either private or group homes. They have many titles, including personal care attendant, home care worker, personal assistant, and direct support professional (the latter work with people with intellectual and developmental disabilities). In addition to providing assistance with ADLs, these aides often help with housekeeping chores, meal preparation, and medication management. They also help individuals go to work and remain engaged in their communities. A growing number of personal assistance workers are employed and supervised directly by consumers rather than working for an agency. These workers may provide some clinical assistance as well.

The federal government requires training only for nursing assistants and home health aides who work in Medicare- and Medicaid-certified nursing homes and home health agencies. However, states and individual employers may require training and/or certification for other types of direct-care workers.

The direct-care worker at a glance (2007)

Demographic Characteristics

Gender

Female: 88%

Male: 12%

Average Age

All direct-care workers: 41

In nursing care facilities: 38

In home health care: 43

Self-employed or working directly for private households: 49

Race/Ethnicity

Minority: 52%

African American, non-Hispanic: 30%

Spanish, Hispanic or Latino: 14%

Immigration Status

Foreign born: 21%

Education

High school diploma or less: 58%

Some college or advanced degree: 42%

Head of Household

Single parent, grand-parent or caretaker: 18%

Number of workers and where they work

Current employment. In 2006, over 3 million direct-care workers were employed in the three categories of direct-care workers tracked by the U.S. Bureau of Labor Statistics (BLS).

- Nursing Aides, Orderlies and Attendants: 1,447,233
- Home Health Aides: 787,315
- Personal and Home Care Aides: 767,257

Wide range of settings. Direct-care workers are employed in a range of settings including:

- The consumer's or family's home
- Institutional settings such as nursing facilities, hospitals, and large facilities for persons with intellectual and developmental disabilities
- Community-based residential settings ranging from group homes to assisted living facilities, plus a wide range of non-residential day programs and other community support services

Home- and community-based jobs dominate direct-care employment. The majority of direct-care workers are now employed in home- and community-based settings, and not in institutional settings such as nursing care facilities or hospitals. By 2016, home- and community-based direct-care workers are likely to outnumber facility workers by nearly two to one.

The role of independent providers. A growing number of direct-care workers work directly for consumers and their families rather than being employed through an agency. According to the BLS Employment Projections Program, nearly a quarter of Personal and Home Care Aides in 2006 (168,874 workers) were either directly employed by private households or provided caregiving services as self-employed independent contractors.

Though substantial, this figure still significantly underestimates the number of independent providers of direct-care services. We know, for example, that over 400,000 direct-care workers across the country work as independent providers under the aegis of state or county public authorities. This suggests that the Bureau of Labor Statistics figure of 3 million direct-care workers in 2006 is too low.

What direct-care workers earn: wages, benefits, and household economic sufficiency

Wages. In 2007, the median hourly wage for all direct-care workers was \$10.22. This is significantly less than the median wage for all US workers (\$15.10). Inflation-adjusted wages for the direct-care workforce show that, over the past eight years, while Nursing Aides, Orderlies and Attendants have seen a modest increase in their real wages to just over \$9.00 (measured in 1999 dollars), real wages for Home Health Aides and Personal and Home Care Aides have both declined and are under \$8.00 an hour (see graph on page 3).

Earnings. Assuming full-time, year-round employment, median annual earnings in 2007 were:

- \$23,160 for Nursing Aides, Orderlies and Attendants
- \$20,010 for Home Health Aides
- \$18,480 for Personal and Home Care Aides

The direct-care worker at a glance (2007)

Employment and Income Characteristics

Employment Status

Employed full-time year-round: 57%

Employed part-time or full-time part of the year: 43%

Median Annual Earnings (accounting for part-time hours)

All direct-care workers: \$17,000

Personal & home care aides: \$14,000

Nursing, psychiatric & home health aides: \$18,502

Health Insurance Status

All direct-care workers, uninsured: 27%

Uninsured in nursing care facilities: 24%

Uninsured in home health care services: 36%

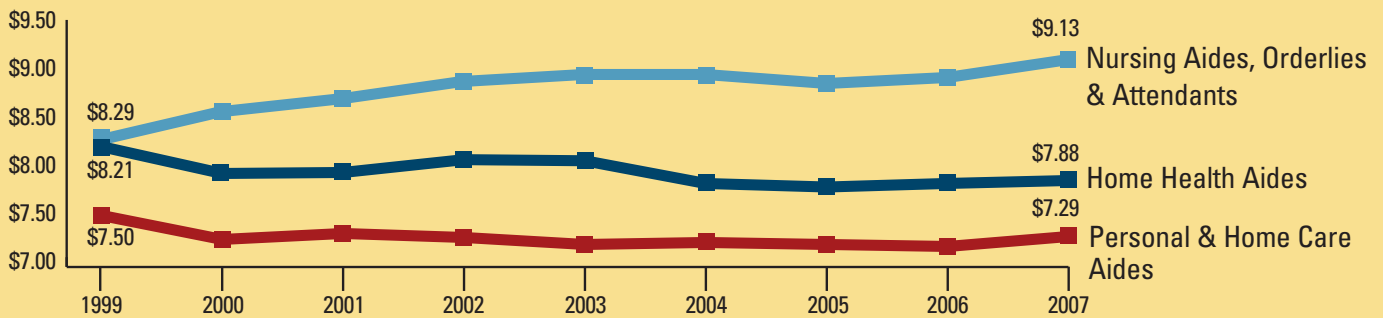
Family Poverty Status & Reliance on Public Benefits

In households under 100% of the federal poverty line: 15%

In households under 200% of federal poverty line: 45%

In households receiving public benefits such as Medicaid or food stamps: 41%

Direct-Care Worker Median Wages Adjusted for Inflation (1999 dollars), 1999–2007



Part-time work and income instability. Annual earnings figures based on full-time work overstate what many workers earn in these jobs, since a significant proportion of the direct-care workforce is employed part time.

In 2007, 43 percent of direct-care workers worked less than full-time, year-round. Over half of Personal and Home Care Aides (54 percent) worked part-time or full-time for only part of the year.

Health coverage. One in every four nursing home workers and nearly a third of Personal and Home Care aides lack health coverage. While two-thirds of Americans under age 65 receive health coverage through an employer, only about half of direct-care workers (53 percent) have employer-based coverage.

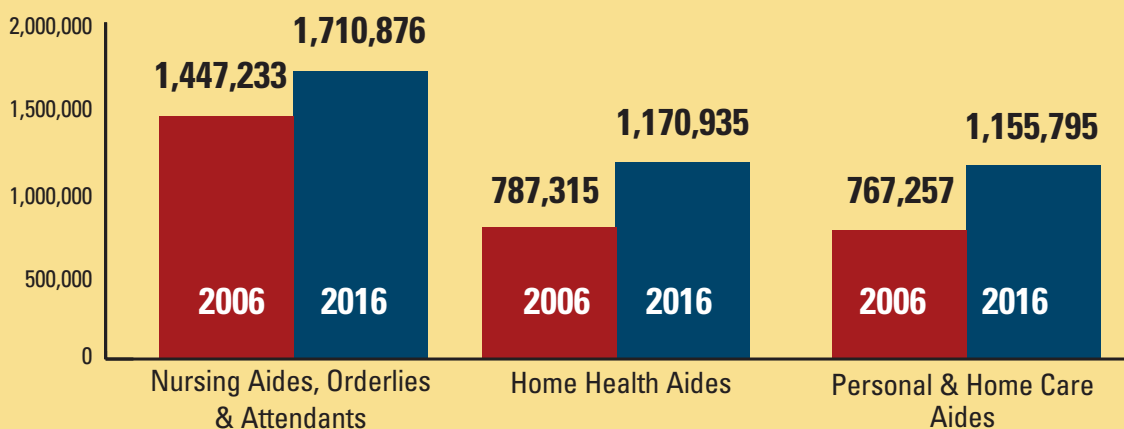
Poverty status. About 45 percent of direct-care workers live in households earning below 200 percent of the federal poverty level income, making them eligible for most state and federal public assistance programs.

Reliance on public benefits. Two in five direct-care workers live in households that receive one or more public benefits such as food stamps; Medicaid; or housing, child care, energy, or transportation assistance.

Growing demand for direct-care jobs

One million new jobs. The latest 2006 employment estimate for the direct-care workforce surpasses the 3 million mark. Projected demand calls for an additional 1 million new positions by 2016.

Projected Growth in Direct-Care Jobs, 2006–2016



Among the fastest-growing occupations. Personal and Home Care Aides and Home Health Aides are projected to be the second and third fastest-growing occupations in the country between 2006 and 2016, increasing by 51 percent and 49 percent, respectively. Nursing Aides, Orderlies and Attendants are expected to increase by 18 percent.

Historic proportions. At 4 million in 2016, the direct-care workforce will reach historic proportions, exceeding: teachers from kindergarten through high school (3.8 million), all law enforcement and public safety workers (3.6 million), fast food and counter workers (3.5 million), cashiers (3.4 million), registered nurses (3.1 million), and all child care workers and pre-school teachers (2.2 million).

For more information on the direct-care workforce, contact National Policy Director Steve Edelstein at sedelstein@PHInational.org or Director of Policy Research Dr. Dorie Seavey, at dseavey@PHInational.org.

Data Sources

Direct-care occupational categories are defined by the Standard Occupational Classification (SOC) system developed by the Bureau of Labor Statistics at the U. S. Department of Labor. Definitions of the three standard direct-care occupations—Nursing Aides, Orderlies & Attendants; Home Health Aides; and Personal & Home Care Aides—can be found at: <http://www.bls.gov/SOC>.

Current employment/industry statistics and occupational projections data are taken from U.S. Department of Labor, Bureau of Labor Statistics, Employment Projections Program, 2006-16 National Employment Matrix, available at: <http://www.bls.gov/emp/empjols.htm>. See also: PHI (April 2008) *Occupational Projections for Direct-Care Workers 2006-2016*, Facts 1, Bronx, NY: PHI, available at: <http://www.directcareclearinghouse.org/download/BLSfactSheet4-10-08.pdf>.

Figures on annual earnings for full-time employment are taken from the May 2007 estimates of the U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics (OES) program, available at: http://www.bls.gov/oes/current/oes_nat.htm. Figures on hourly median wages for 1999-2007 are taken from the current and archived estimates of the OES program; inflation adjustments are made using the Consumer Price Index for urban wage earners and clerical workers (1982-84=100), also from the Bureau of Labor Statistics.

Statistics relating to direct-care worker demographics and employment and income characteristics are based on PHI analysis of the U.S. Census Bureau, Current Population Survey, 2008 Annual Social and Economic (ASEC) Supplement, with statistical programming and data analysis provided by Carlos Figueiredo.

Facts is a series of short issue briefs and fact sheets on the national and regional status of the direct-care workforce. For more information about PHI and to access other PHI publications see www.PHInational.org

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