

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, and negotiate a host of other daily tasks. They are a lifeline for those they serve, as well as for families and friends 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 main categories tracked by the U.S. Bureau of Labor Statistics (BLS): Nursing Assistants (usually known as Certified Nursing Assistants or CNAs), Home Health Aides, and Personal 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.
- **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 Care Aides** work in either private or group homes. They have many titles, including personal care attendant, home care worker, homemaker, 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 these workers are employed and supervised directly by consumers.

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.

Number of workers and where they work

Current employment. In 2008, over 3 million direct-care workers were employed in the three occupations: Nursing Aides, Orderlies and Attendants (1,470,000); Home Health Aides (922,000); and Personal Care Aides (817,000).

Wide range of settings. Direct-care workers are employed in a range of settings: 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 2018, 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 Care Aides in 2008 were either directly employed by private households or were self-employed.

Though substantial, this figure still significantly underestimates the number of independent providers of direct-care services. We know, for example, that over 500,000 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 3.2 million direct-care workers in 2008 is too low.

What they earn: wages, benefits, and economic security

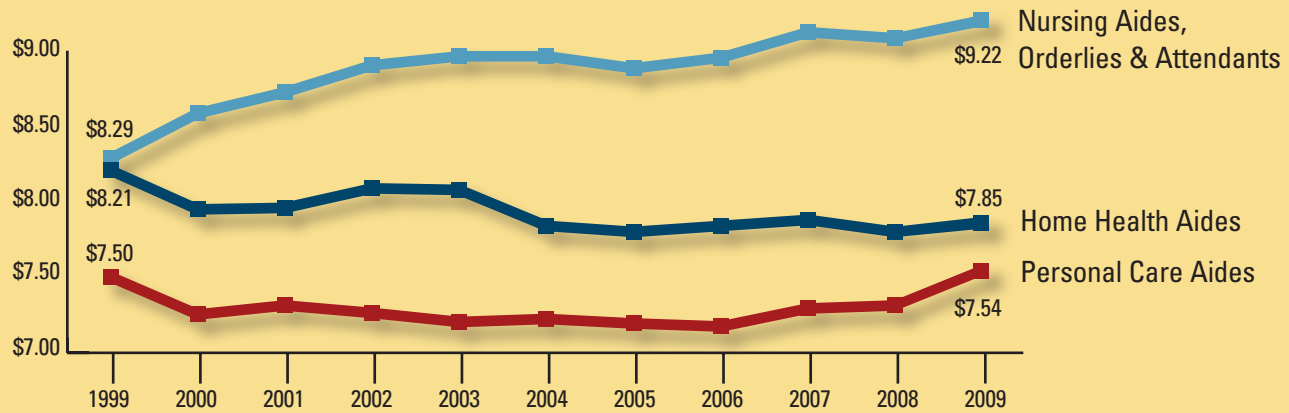
Wages. In 2009, the median hourly wage for all direct-care workers was \$10.58. This was significantly less than the median wage for all U.S. workers (\$15.95). Both Personal Care Aides and Home Health Aides earned under \$10 per hour (\$9.46 and \$9.85, respectively); Nursing Aides, Orderlies, and Attendants earned \$11.56.

Over the past nine years, while Nursing Aides, Orderlies and Attendants have seen a modest increase in their real (inflation-adjusted) wages to \$9.22 (measured in 1999 dollars), real wages for Home Health Aides have declined to under \$8.00 an hour. Real wages for Personal Care Aides have stagnated and remain around \$7.50 an hour (see graph on p. 3).

Low earnings and part-time work. A significant proportion of the direct-care workforce is employed part time. In 2009, 48 percent of direct-care workers worked less than full-time, year-round. Over half of Personal Care Aides (58 percent) worked part time or full time for only part of the year. Part-time hours reduce overall earnings; thus in 2009, median annual earnings for direct-care workers were \$16,800.

Health coverage. In 2009, an estimated 900,000 direct-care workers did not have any health coverage. One in every four nursing home workers and more than a third of aides working in agency-based home care lacked health coverage. While

Direct-Care Worker Median Wages Adjusted for Inflation (1999 dollars), 1999–2009



two thirds of civilian workers in America receive health coverage through an employer, less than half of direct-care workers (47 percent) have such 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.

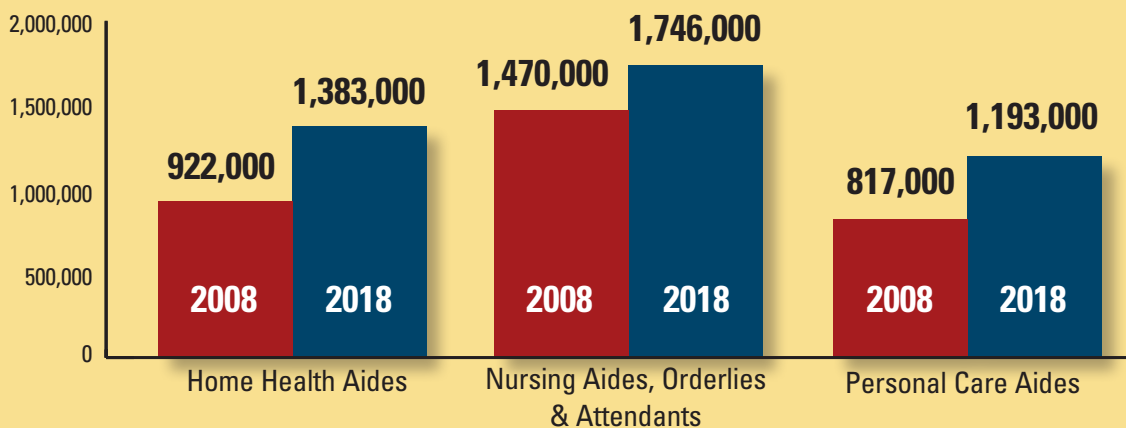
Reliance on public benefits. Nearly half of all direct-care workers (46 percent) live in households that receive one or more public benefits such as food stamps; Medicaid; or housing, child care, or energy assistance.

Growing demand for direct-care jobs

Fast-growing occupations. Home Health Aides and Personal Care Aides are projected to be the third and fourth fastest-growing occupations in the country between 2008 and 2018, increasing by 50 percent and 46 percent, respectively. Nursing Aides, Orderlies and Attendants are expected to increase by 19 percent.

Generating the most new jobs. All three direct-care occupations also are on the list of top ten occupations projected to produce the most new jobs across the entire economy.

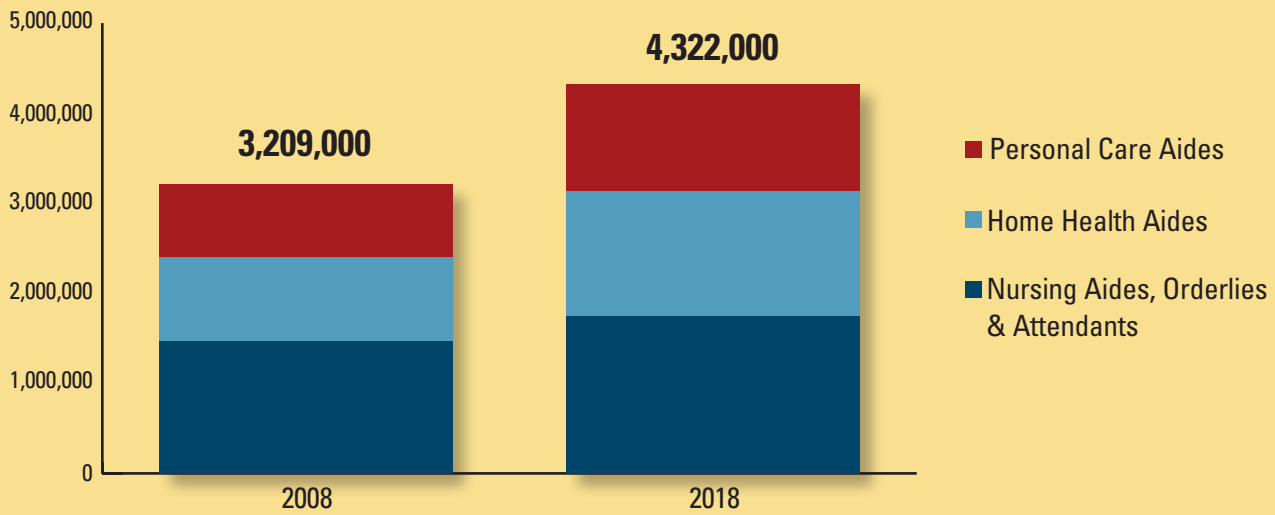
Projected Growth in Direct-Care Jobs, 2008–2018



Historic proportions

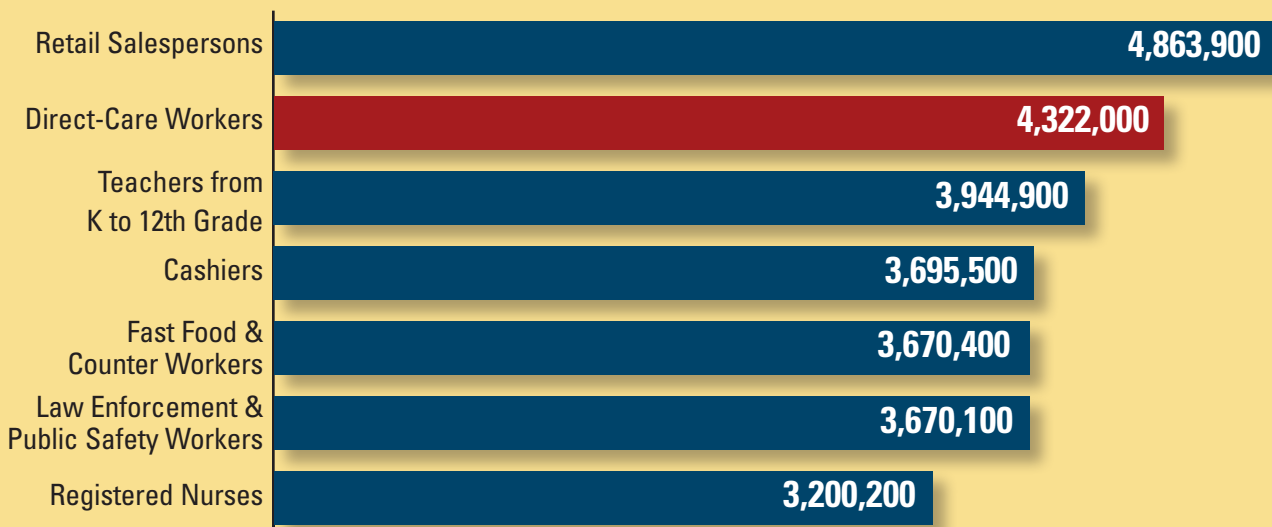
The latest 2008 employment estimate for the direct-care workforce surpasses the 3 million mark. Projected demand calls for an additional 1.1 million new positions by 2018.

Direct-Care Workforce to Surpass 4.3 Million by 2018



At 4.3 million, in 2018, the direct-care workforce will reach historic proportions, exceeding: teachers from kindergarten through high school (3.9 million), all law enforcement and public safety workers (3.7 million), fast food and counter workers (3.7 million), registered nurses (3.2 million), and all child care workers and preschool teachers (2.0 million).

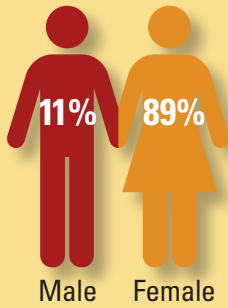
Largest Occupational Groups in U.S., 2018



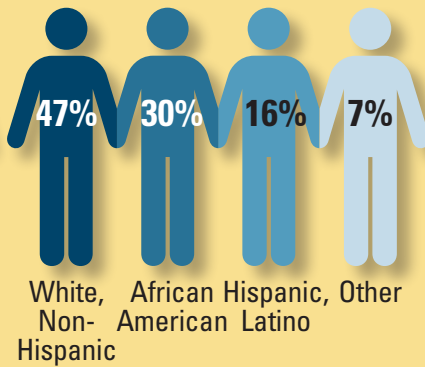
The direct-care worker at a glance (2009)

Demographic Characteristics

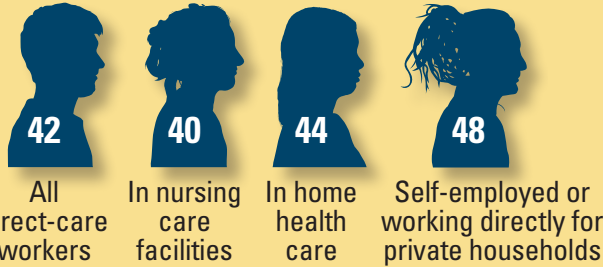
Gender



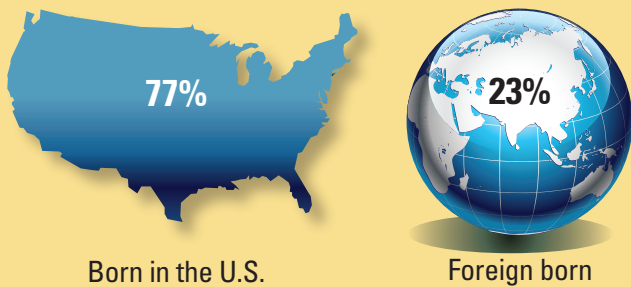
Race/Ethnicity



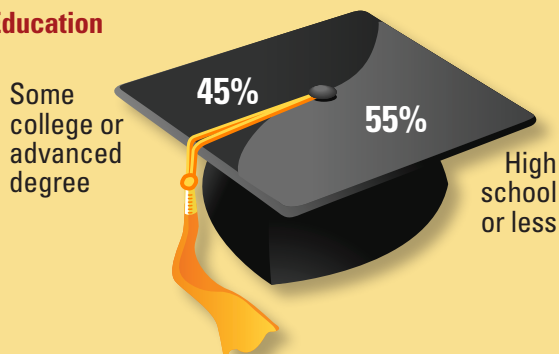
Average Age



Immigration Status

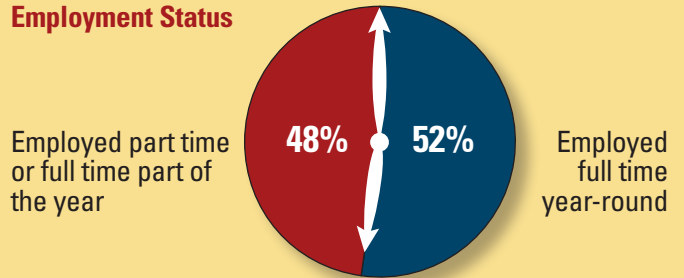


Education

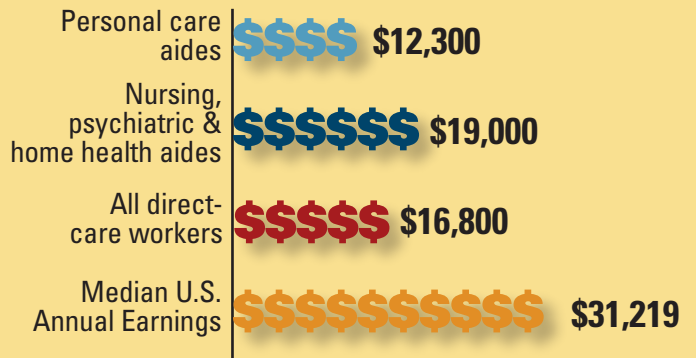


Employment and Income Characteristics

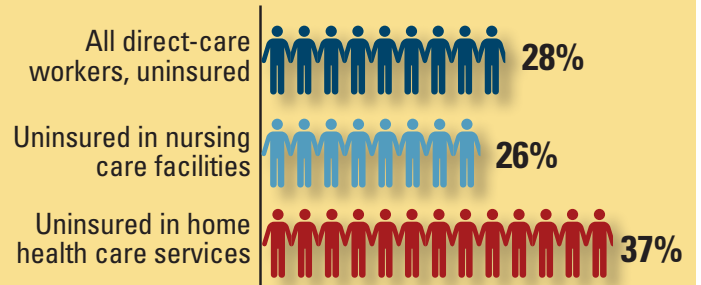
Employment Status



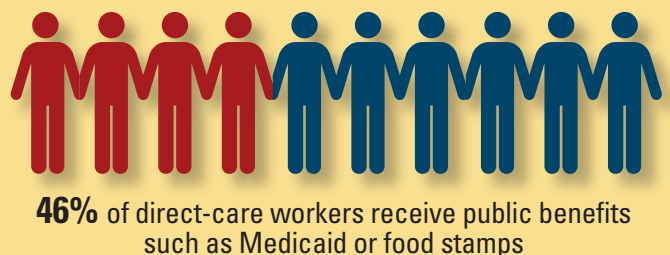
Median Annual Earnings (accounting for part-time hours)



Health Insurance Status



Family Poverty Status & Reliance on Public Benefits



Data Sources

Definitions of the three standard direct-care occupations—Nursing Assistant; Home Health Aide; and Personal Care Aide—can be found in the 2010 Standard Occupational Classification (SOC) system developed by the U.S. Department of Labor (DOL)

(<http://www.bls.gov/SOC>). These categories reflect recent changes in the SOC. Previously, these occupations were defined as: Nursing Aides, Orderlies, and Attendants; Home Health Aides; and Personal and Home Care Aides. When tracking longitudinal data, this brief continues to use the “Nursing Aides, Orderlies, and Attendants” category.

Occupational and industry employment statistics are from DOL/BLS, Employment Projections Program, 2008-18 National Employment Matrix, available at:

<http://www.bls.gov/emp/empiois.htm>.

Figures on hourly median wages for 1999–2009 are taken from the current and archived estimates of the DOL/BLS, Occupational Employment Statistics (OES) program, available at: <http://www.bls.gov/oes/#data>. Inflation adjustments are made using the Consumer Price Index for urban wage earners and clerical workers (1982-84=100), also from BLS.

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 (CPS), 2010 Annual Social and Economic (ASEC) Supplement, with statistical programming and data analysis provided by Carlos Figueiredo.

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

Also visit our PHI PolicyWorks website at www.PHInational.org/policy. All charts in this and other PHI documents are available for download. Learn more: www.PHInational.org/policy/chart-gallery.

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

© Paraprofessional Healthcare Institute, February 2011

PHI

PHI (www.PHInational.org) works to improve the lives of people who need home and residential care—and the lives of the workers who provide that care. Using our workplace and policy expertise, we help consumers, workers, employers, and policymakers improve eldercare/disability services by creating quality direct-care jobs. Our goal is to ensure caring, stable relationships between consumers and workers, so that both may live with dignity, respect, and independence.

