

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 lifeline 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 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 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.
- **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 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.

Direct-Care Workforce by State*

States	DCW Employment
California	432,600
New York	317,180
Texas	278,450
Pennsylvania	157,590
Ohio	138,510
Florida	138,034
North Carolina	112,260
Illinois	106,303
Michigan	98,825
Minnesota	83,779
New Jersey	77,750
Wisconsin	75,320
Massachusetts	70,140
Missouri	69,880
Georgia	59,440
Washington	59,314
Tennessee	55,610
Virginia	55,065
Indiana	54,018
Arizona	47,989
Maryland	45,815
Louisiana	44,420

Continued on page 2

*See Data Sources, page 6

Number of workers and where they work

Size of the workforce. In 2008, over 3 million direct-care workers were employed in the three BLS categories of direct-care workers:

- Nursing Aides, Orderlies and Attendants (1,470,000)
- Home Health Aides (922,000)
- Personal and Home Care Aides (817,000)

Employment 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 service settings

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 and Home 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 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 3.2 million direct-care workers in 2008 is too low.

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

Wages. In 2008, the median hourly wage for all direct-care workers was \$10.42. This is significantly less than the median wage for all U.S. workers (\$15.57). Both Personal and Home Care Aides and Home Health Aides earned under \$10 per hour (\$9.22 and \$9.84, respectively); Nursing Aides earned \$11.46.

Over the past nine years, while Nursing Aides, Orderlies and Attendants have seen a modest increase in their real (inflation-adjusted) wages to just over \$9.00 an hour (measured in 1999 dollars), Home Health Aides and Personal and Home Care Aides have both seen their wages decline to under \$8.00 an hour (see graph on page 3).

A significant proportion of the direct-care workforce is employed part time. In 2008, 43 percent of direct-care workers worked less than full time year-round. Over half of Personal and Home Care Aides (53 percent) worked part time, or full time for only part of the year. Part-time hours reduce overall earnings; thus, in 2008, annual earnings for direct-care workers averaged \$17,000.

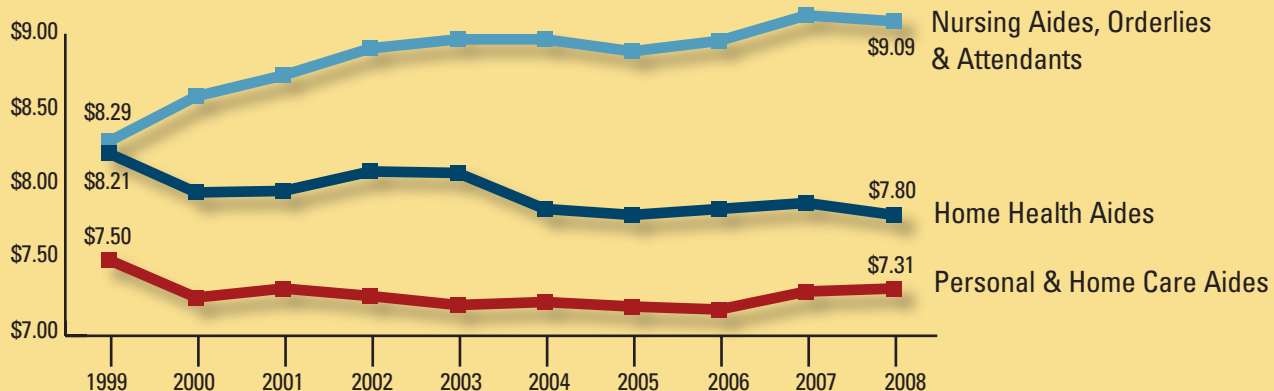
Direct-Care Workforce by State*

Continued from page 1

States	DCW Employment
Connecticut	41,590
Kansas	39,047
Oklahoma	39,020
Colorado	38,236
Iowa	37,490
South Carolina	34,633
Alabama	34,345
Kentucky	33,792
Arkansas	28,174
Mississippi	27,990
Oregon	26,878
New Mexico	24,700
West Virginia	21,498
Maine	21,176
Nebraska	20,198
Utah	14,830
Rhode Island	14,598
North Dakota	14,076
Idaho	12,727
New Hampshire	12,661
Nevada	11,227
Montana	10,796
Vermont	10,748
Hawaii	10,530
South Dakota	8,650
Delaware	7,370
Alaska	6,136
District of Columbia	5,589
Wyoming	5,111

*See Data Sources, page 6

Direct-Care Worker Median Wages Adjusted for Inflation (1999 dollars), 1999–2008



Health coverage. In 2008, an estimated 800,000 direct-care workers did not have health coverage. One in every five nursing home workers and more than 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.

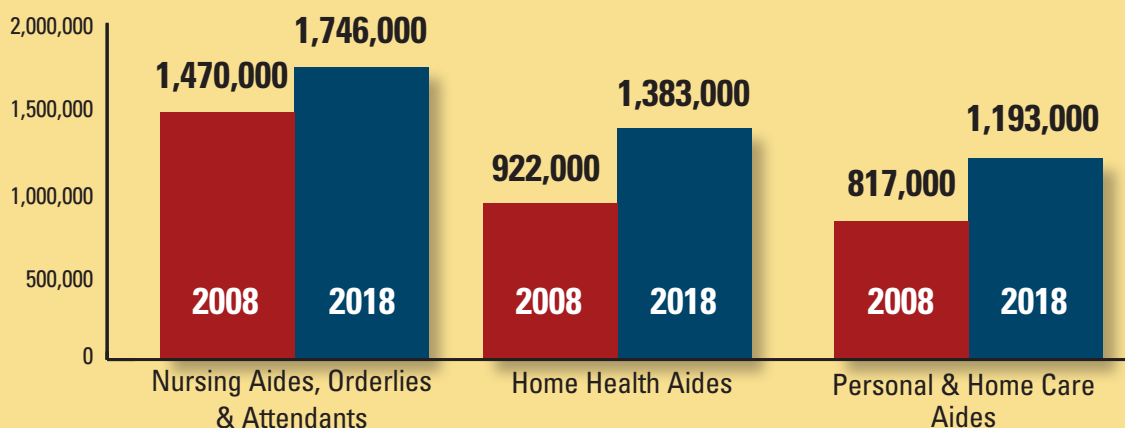
Poverty status. About 44 percent of direct-care workers live in households earning below 200 percent of the federal poverty level income, making them eligible for most state and federal public assistance programs.

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

Fastest-growing occupations. Home Health Aides and Personal and Home 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.

Projected Growth in Direct-Care Jobs, 2008–2018

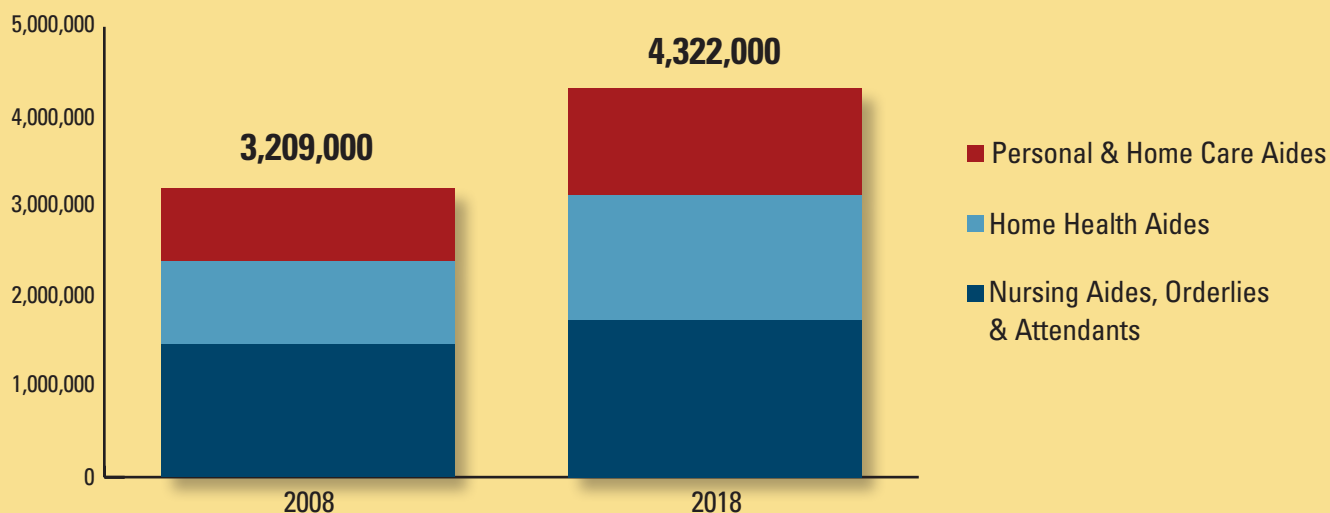


Generating the most new jobs. All three direct-care occupations are also on the list of top ten occupations projected to create the most new jobs across the entire economy.

Historic proportions

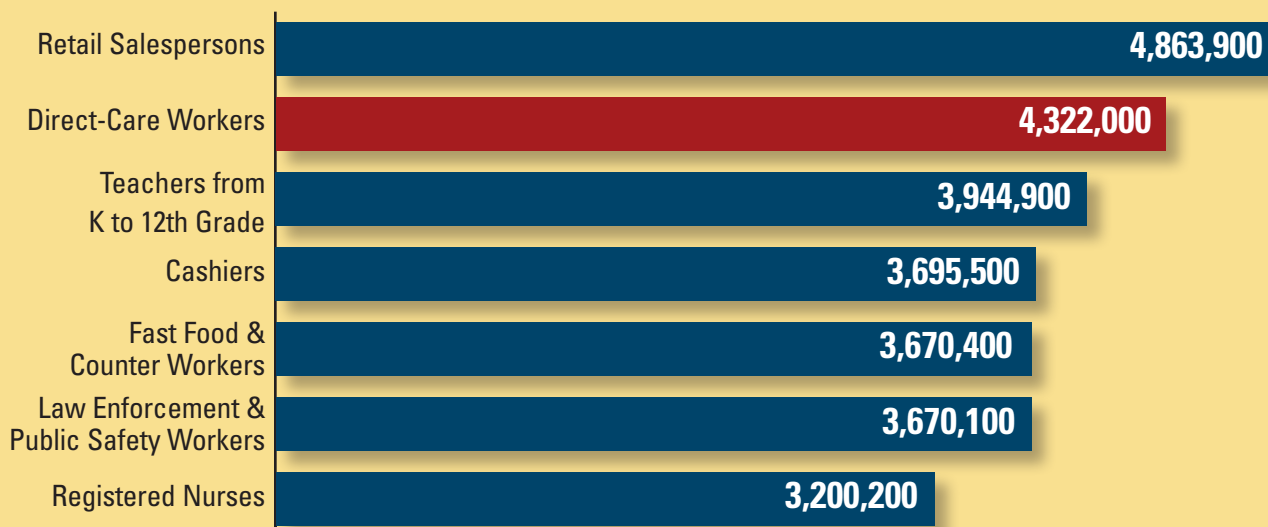
The latest 2008 employment estimate for the direct-care workforce surpasses the 3 million mark. Projected demand calls for an additional 1.1 million new positions by 2018.

Direct-Care Workforce to Surpass 4.3 Million by 2018



At 4.3 million, the direct-care workforce will be larger than nearly any other occupational grouping in the country.

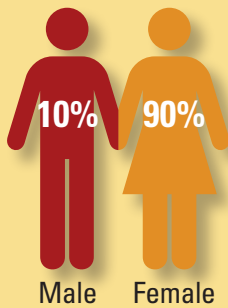
Largest Occupational Groups in U.S., 2018



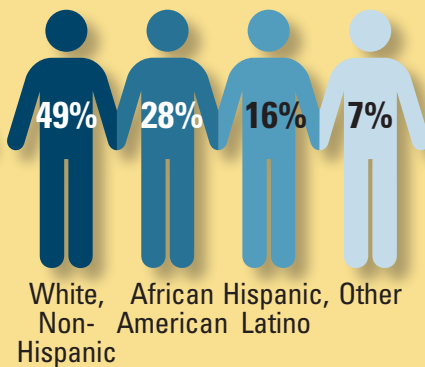
The direct-care worker at a glance (2008)

Demographic Characteristics

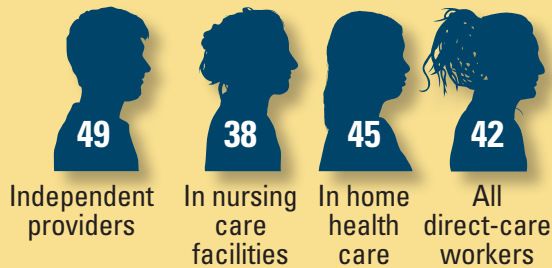
Gender



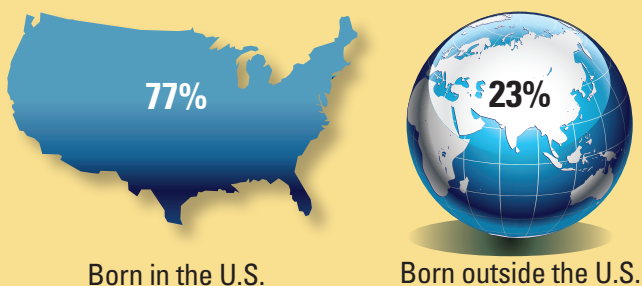
Race/Ethnicity



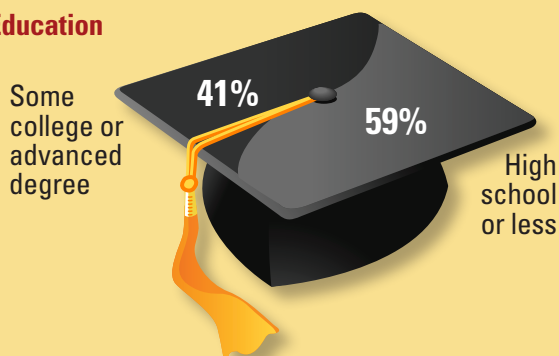
Average Age



Immigration Status



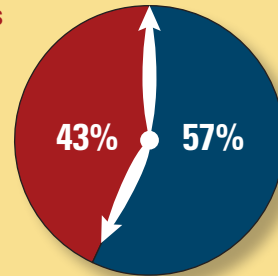
Education



Employment and Income Characteristics

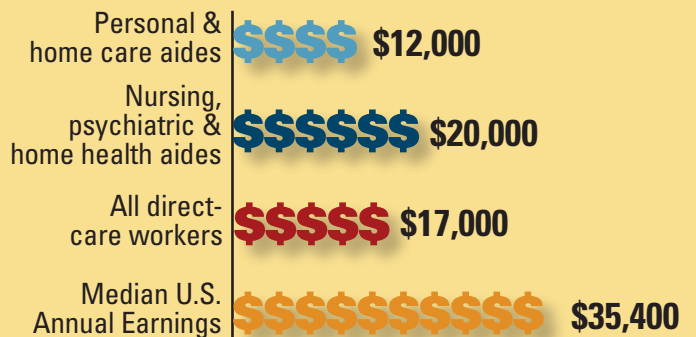
Employment Status

Employed part time or full time part of the year

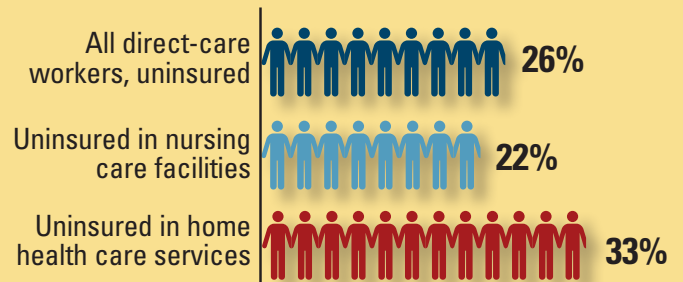


Employed full time year-round

Median Annual Earnings (accounting for part-time hours)



Health Insurance Status



Reliance on Public Benefits



Data Sources

Direct-care occupational categories are defined by the Standard Occupational Classification (SOC) system developed by the Bureau of Labor Statistics (BLS) at the U.S. Department of Labor (DOL). 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>.

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 1999-2008 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, 2009 Annual Social and Economic (ASEC) Supplement, with statistical programming and data analysis provided by Carlos Figueiredo.

State employment estimates are for 2006 and are taken from each state's long-term occupational employment projections for 2006-16, available at the Department of Labor websites of each state. Adjustments include the following: (i) For CO, a 2006 estimate for Home Health Aides was not available (NA) and the BLS/OES estimate for 2008 was used; (ii) for KS, the projection period is 2004-14; (iii) for NE, a 2006 estimate for Home Health Aides was NA and the BLS/OES estimate for 2008 was used; (iv) for WA, the projection period is 2007-17. State projections for 2008-18 will begin to be released in late 2010. State estimates for direct-care workers total 3.2 million in 2006, about 190,000 more than the national estimates for the same year. The discrepancy is attributable to the fact that states produce their estimates independently from the Bureau of Labor Statistics, and at a later time, so that the employment series that they consider are more likely to have been updated and corrected.

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. Also visit our PHI PolicyWorks website at www.PHInational.org/policy.

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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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.

