

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, chronically ill, or living with disabilities.¹

Job titles and responsibilities

These workers go by many names, but they fall into three main occupational categories: nursing assistants (usually known as certified nursing assistants or CNAs), home health aides, and personal and home care aides. 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.

- **Nursing assistants**² generally work in nursing homes, although some work in assisted living facilities, other community-based settings, or hospitals. Under the direction of a licensed nurse, they assist residents with activities of daily living (ADLs) such as eating, dressing, bathing, and toileting; reposition those who can't move on their own; and perform clinical tasks such as range-of-motion exercises and blood pressure readings. In some states, they may also administer oral medications. They often make beds and help clean residents' rooms, although in nursing homes most of the cleaning is done by housekeeping staff.

- **Home health aides** provide essentially the same care and services as nursing assistants, but they assist people in their own homes or in community-based settings. They may also perform light housekeeping tasks such as preparing food or changing linens.

- **Personal and home care aides**, like home health aides, may work in either group or private homes, but the majority do not provide clinical assistance. They are known by a variety of names, including home care aide, personal care assistant, personal care attendant, personal attendant, and personal assistant. Those who assist people with intellectual and developmental disabilities are often known as direct support professionals. In addition to providing assistance with ADLs, personal and home care aides often help with instrumental activities of daily living (IADLs) such as housekeeping, meal preparation, medication management, shopping, and bill paying. A growing number of personal assistance workers are employed and supervised directly by consumers rather than working for an agency. These workers often provide clinical assistance as well.

The direct-care worker at a glance

Gender

Nine out of ten direct-care workers are women.

Age

The average age of workers is 37 in nursing homes and 41 in home care.

Race/Ethnicity

Slightly over half of direct-care workers are white and non-Hispanic. About one-third are African-American; the rest are Hispanic or other ethnicities.

Marital Status and Children

A quarter of the direct-care workers in home care and nearly a third of those in nursing homes are unmarried and living with children, compared to 11 percent of the total U.S. workforce.

Education

Two-fifths (41 percent) of direct-care workers in home care and half of those in nursing homes completed their formal education with a high school diploma or a GED. Another 38 percent of those in home care and 27 percent of those in nursing homes attended college.

Numbers of workers

In 2003, approximately 2.4 million 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 (1,341,650); home health aides (583,880); and personal and home care aides (487,200).³

The BLS's "personal and home care aide" category includes some but not all of those who work in government-funded consumer-directed models, and it does not count "gray market" workers hired and supervised by consumers who pay for their own care, whose numbers are thought to be substantial. The nursing aide category includes nursing aides,

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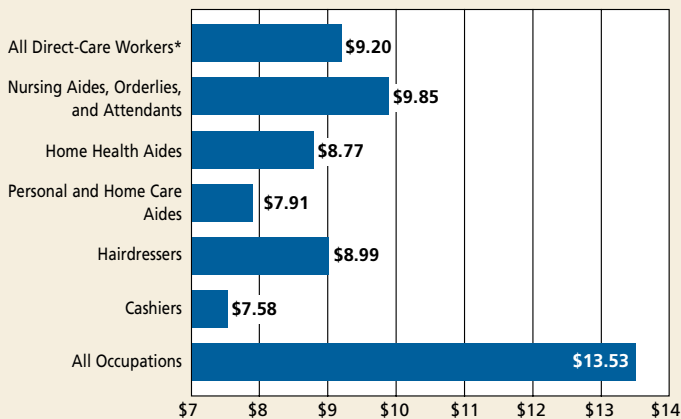
orderlies and attendants working in acute care and psychiatric hospitals, although it consists mainly of CNAs in long-term care settings. The BLS figures, therefore, probably overestimate the number of facility-based long-term care workers while underestimating the number of long-term care workers in private homes.

Wages and benefits

In 2003, the median hourly wage for all direct-care workers was \$9.20, significantly less than the median wage of \$13.53 for all U.S. workers.⁴

Assuming full-time, year-round employment, average annual incomes in 2003 were \$21,050 for nursing aides, orderlies and attendants; \$19,180 for home health aides; and \$17,020 for personal and home care aides. However, these figures overstate what many workers earn in these jobs, since a significant proportion of the direct-care workforce is employed part time.⁵ Home health aides average 29.2 hours a week and nursing aides, orderlies and attendants average 32.⁶

Median Hourly Wage



Source: Occupational Employment Statistics May 2003, U.S. Bureau of Labor Statistics

*Weighted average median wage computed by authors

Almost a fifth of direct-care workers—far more than the national average of 12 to 13 percent—earn incomes below the poverty level,⁷ and 30 to 35 percent of all nursing home and home health aides who are single parents receive food stamps.⁸

Direct-care workers also have disproportionately low rates of health insurance. In 1999, one-third of home care aides (32.1 percent) and a quarter (25.2 percent) of CNAs in nursing homes had no health insurance, compared to one-sixth (16 percent) of all U.S. workers.⁹



Reliable, up-to-date information about the direct-care workforce

www.directcareclearinghouse.org

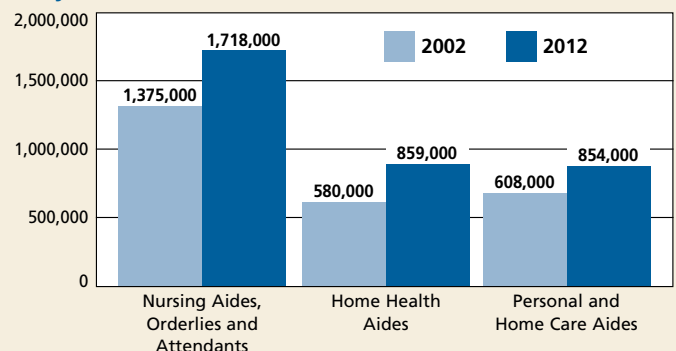
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Growing demand

The BLS anticipates that 868,000 new direct-care positions will be created by 2012, a 34 percent increase over the number of positions in 2002.¹⁰

Projected Growth in Direct-Care Jobs, 2002–2012



Source: Occupational Employment Projections February 2004, U.S. Bureau of Labor Statistics

The ranks of home health aides and personal and home care aides are expected to swell by more than two-fifths (48 percent for home health aides and 40.5 percent for personal and home care aides), earning each a place in the list of six occupations across the economy that will both grow the fastest and add the greatest number of new workers.

The percentage increase in nurse aides, orderlies, and attendants will be considerably less (24.9 percent), but the sheer number added will be greater, placing nursing assistants in the top ten occupations with the largest job growth between 2002 and 2012.¹¹

Endnotes

1. Steven L. Dawson and Rick Surpin, *Direct-care health workers: The unnecessary crisis in long-term care* (Washington, DC: The Aspen Institute, May 2001).
2. Some states have different titles for nursing assistants who earn state certification. In New Hampshire, for instance, they are called licensed nurse aides (LNAs), and in Ohio they are state tested nurse aides (STNAs). Nursing assistants are sometimes also called nurse aides or nursing aides.
3. U.S. Bureau of Labor Statistics (BLS), *Occupational Employment Statistics May 2003* (Washington, DC: U.S. Bureau of Labor Statistics, May 2003).
4. Ibid.
5. One-fifth (20.6%) of CNAs and 30.5% of home health aides work part-time. Health Resources and Services Administration (HRSA), *Nursing aides, home health aides, and related health care occupations: National and local workforce shortages and associated data needs* (Washington, DC: HRSA, February 2004).
6. Ibid.
7. Ibid.
8. William J. Scanlon, *GAO Testimony: Nursing workforce: Recruitment and retention of nurses and nurse aides is a growing concern* (Washington, DC: General Accounting Office, May 2001).
9. Ibid.
10. Daniel E. Hecker, *Occupational Employment Projections to 2012, Monthly Labor Review* (Washington, DC: U.S. Bureau of Labor Statistics, February 2004). BLS occupational projections are derived from a complex employment projections model system that uses data from the Occupational Employment Survey (OES) but also from other series such as the Current Population Survey (CPS). As a result, projected numbers of occupational positions may differ from the number of job positions found by the OES. For more information on the assumptions and methods used in preparing the employment projections, see www.bls.gov/oco/oco2006.htm.
11. Ibid.