

America's Direct-Care Workforce

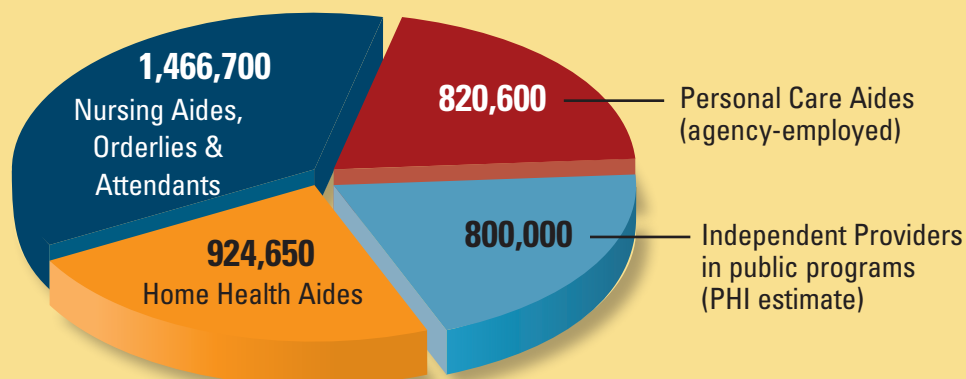
Direct-care workers provide an estimated 70 to 80 percent of the paid hands-on long-term care and personal assistance received by Americans who are elderly or living with disabilities or other chronic conditions. These workers help their clients bathe, dress, and negotiate a host of other daily tasks. 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 employment settings

Current employment. In 2011, the direct-care workforce conservatively totaled about 4 million workers. Over 3.2 million direct-care workers were employed largely by agencies in three occupations tracked by the U.S. Bureau of Labor Statistics (BLS): Nursing Assistants¹ (1,466,700); Home Health Aides² (924,650); and Personal Care Aides³ (820,600). Additionally, an estimated 800,000 independent providers, not captured in these counts, were employed across the country in public programs that provide personal care services. Independent providers are employed directly by consumers.

Breakdown of U.S. Direct-Care Workforce, 2011



Training requirements. 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. States and individual employers, however, may require training and/or certification for other types of direct-care workers.

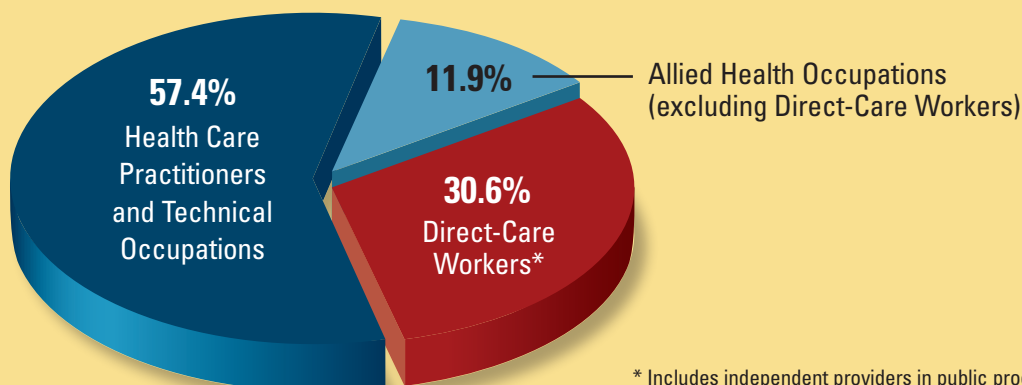
Wide range of settings. Direct-care workers are employed in a range of settings: the consumer's or family's home; institutional settings such as nursing facilities, hospitals, and large facilities for persons with intellectual and developmental disabilities; community-based residential settings ranging from group homes to assisted living facilities; plus a wide range of non-residential day programs and other community support services. The majority of direct-care workers are now employed in home and community-based settings, and by 2020, home and community-based direct-care workers are likely to outnumber facility workers by more than two to one.

Role of independent providers. A growing number of direct-care workers are employed directly by consumers and their families rather than through an agency. These workers tend to be heavily undercounted in government surveys. According to the BLS Employment Projections Program, 155,000 Personal Care Aides in 2010 were self-employed or employed by private households. However, we know that over 500,000 direct-care workers across the country work as independent providers under the aegis of state or county public authorities. PHI estimates at least 800,000 independent providers are employed across the country in a variety of public programs.

Significant proportion of the nation's health care workforce

Direct-care workers account for 31 percent of the U.S. health care workforce, far outnumbering other health care practitioners such as physicians, nurses, and therapists. Direct-care workers also outnumber by nearly three to one all allied health occupations, such as medical and dental assistants, and physical therapy assistants and aides.⁴

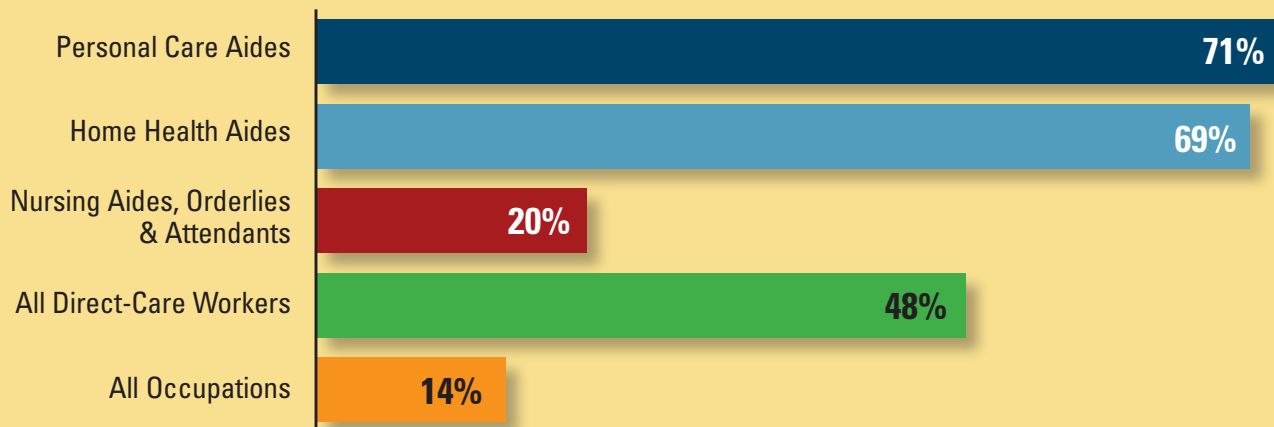
U.S. Health Care Workforce, 2011



Growing demand for direct-care jobs

Fast-growing occupations. Personal Care Aides and Home Health Aides top the list of the projected fastest-growing occupations in the country between 2010 and 2020, with demand for these positions expected to increase by 71 percent and 69 percent, respectively. Nursing Aides, Orderlies and Attendants are expected to increase by 20 percent.

Growing Demand for Direct-Care Workers in the U.S., 2010–2020



Generating the most new jobs. Home Health Aides and Personal Care Aides rank third and fourth on the list of occupations projected to add the most new jobs to the economy over the coming decade. Nursing Aides, Orderlies, and Attendants rank eleventh.

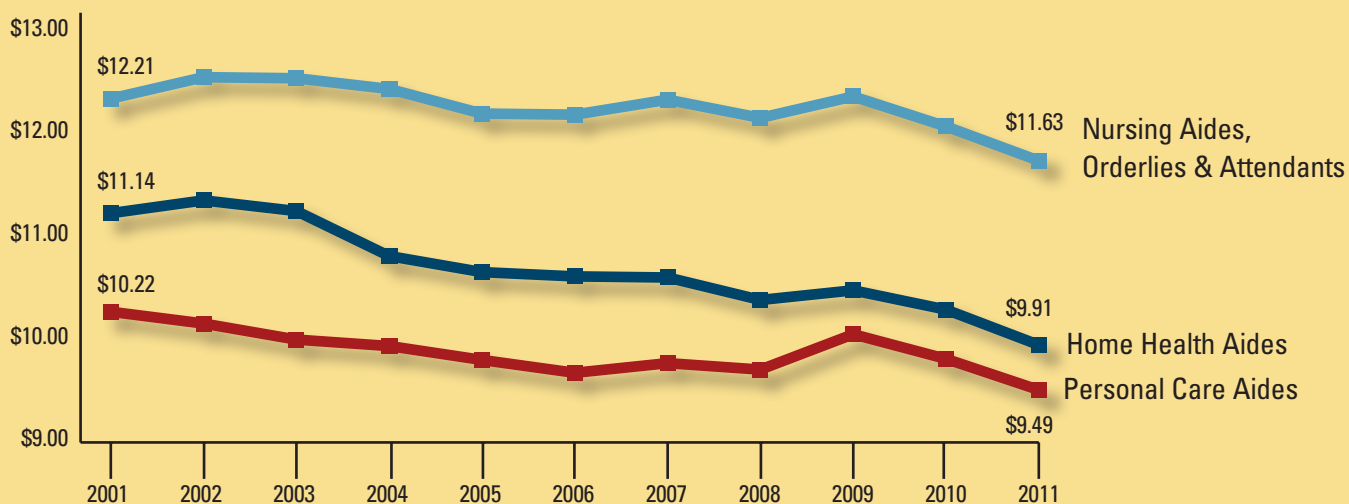
Occupations Generating the Most New Jobs, 2010–2020

Rank	Occupation	Projected New Positions, 2010–2020
1	Registered Nurses	711,900
2	Retail Salespersons	706,800
3	Home Health Aides	706,300
4	Personal Care Aides	607,000
5	Office Clerks	489,500
6	Combined Food Prep. & Serving Workers (includes fast food)	398,000
7	Customer Service Representatives	338,400
8	Heavy and Tractor Trailer Truck Drivers	330,100
9	Laborers and Freight, Stock, and Material Movers, Hand	319,100
10	Post-Secondary Teachers	305,700
11	Nursing Aides, Orderlies, & Attendants	302,000

Wages, benefits, and economic security

Wages. In 2011, the median hourly wage for all direct-care workers averaged \$10.59. This is significantly less than the median wage for all U.S. workers (\$16.57). Both Personal Care Aides and Home Health Aides earned under \$10 per hour (\$9.49 and \$9.91, respectively); Nursing Aides, Orderlies, and Attendants earned \$11.63.

Median Wages for Direct-Care Workers, adjusted for inflation (2011 dollars)



Over the last 10 years, inflation-adjusted hourly wages (i.e., “real wages”) for all three direct-care worker occupations have declined. Home Health Aides experienced the greatest decline in real wages, at 12 percent.

Low earnings and part-time work. A significant proportion of the direct-care workforce is employed part time. In 2010, 49 percent of direct-care workers worked less than full-time, year-round. Over half (58 percent) of Personal Care Aides worked part time or full time for only part of the year. Part-time hours reduce overall earnings; thus in 2010, median annual earnings for direct-care workers were \$17,000.

Health coverage. In 2010, an estimated 950,000 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 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 47 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.

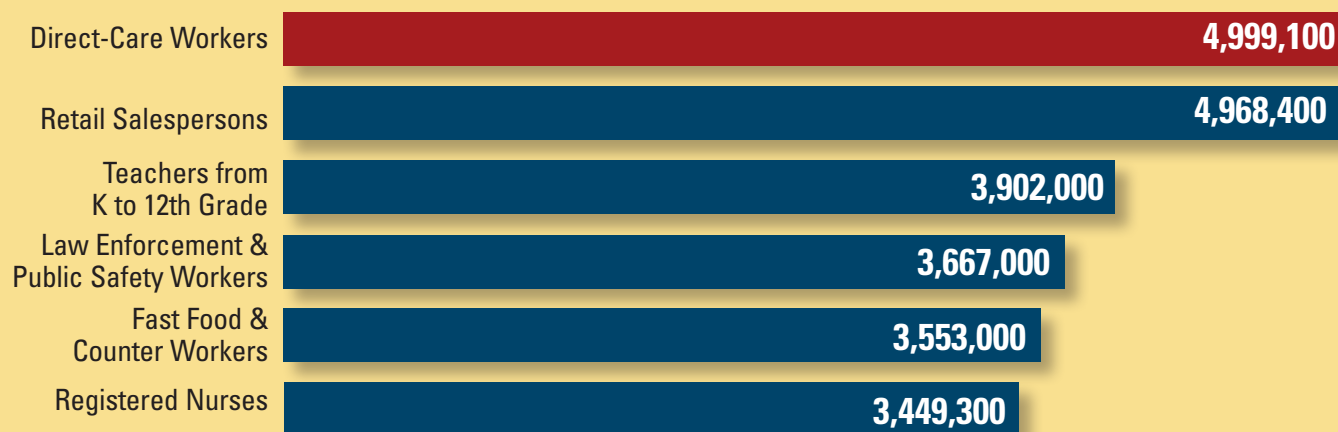
Reliance on public benefits. Nearly half of all direct-care workers (47 percent) live in households that receive one or more public benefits such as food stamps; Medicaid; or housing, child care, or energy assistance.

Historic proportions

Expected to add 1.6 million new jobs to the economy over the decade, the direct-care workforce will total approximately 5 million workers by 2020. If independent providers working directly for consumers under public programs and private arrangements were fully counted, this number would likely be considerably larger.

At 5 million, the direct-care workforce will reach historic proportions and become the nation's largest occupational group, exceeding: retail salespersons (4.97 million), teachers from kindergarten through high school (3.9 million), all law enforcement and public safety workers (3.7 million), fast food and counter workers (3.5 million), and registered nurses (3.4 million).

Largest Occupational Groups in U.S., 2020



End Notes

- 1 **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.
- 2 **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.
- 3 **Personal 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.
- 4 **Allied Health Occupations** refer to Healthcare Support Occupations (SOC Code 31-0000).

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 Care Aides—can be found at: <http://www.bls.gov/SOC>.

Employment and wage data are from the current and archived estimates of the U.S. Department of Labor, Bureau of Labor Statistics, 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.

The number of **Independent Providers (IPs)** employed in publicly funded long-term care programs is estimated using PHI's counts of Independent Providers in 18 states, which are available at the PHI State Data Center: <http://PHInational.org/statedata>.

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), 2011 Annual Social and Economic (ASEC) Supplement, with statistical programming and data analysis provided by Carlos Figueiredo.

Occupational projections data are from DOL/BLS, Employment Projections Program, 2010–20 National Employment Matrix, available at: <http://www.bls.gov/emp/empiols.htm>.

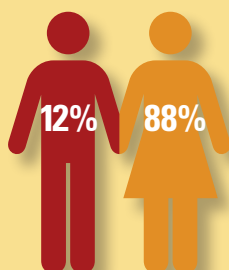
For more information on the direct-care workforce, contact Director of Policy Research Dr. Dorie Seavey, at dseavey@PHInational.org.

Also visit our PHI PolicyWorks website at www.PHInational.org/policy. State by state data on the direct-care workforce is available at: www.PHInational.org/statedata. All charts in this and other PHI documents are available for download. Learn more: www.PHInational.org/policy/chart-gallery.

The direct-care worker at a glance (2010)

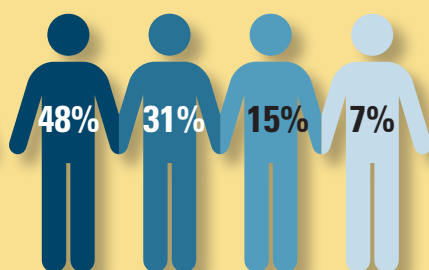
Demographic Characteristics

Gender



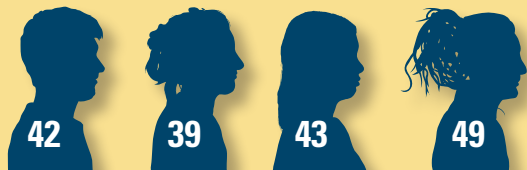
Male Female

Race/Ethnicity



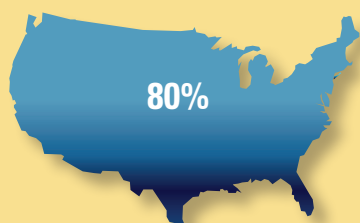
White, Non-Hispanic African American Hispanic/Latino Other

Average Age



All direct-care workers In nursing care facilities In home health care Self-employed or working directly for private households

Immigration Status



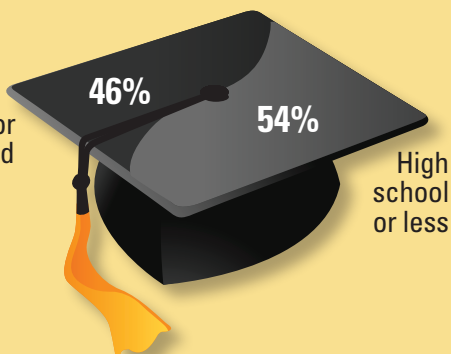
Born in the U.S.



Foreign born

Education

Some college or advanced degree

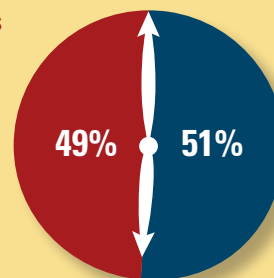


High school or less

Employment and Income Characteristics

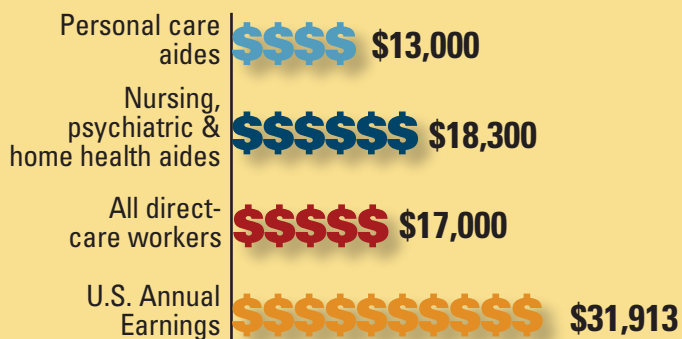
Employment Status

Employed part time or full time part of the year

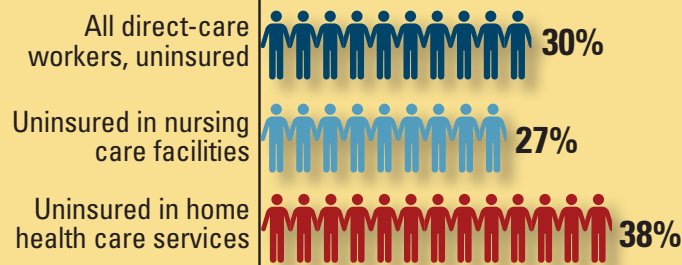


Employed full time year-round

Median Annual Earnings (accounting for part-time hours)



Health Insurance Status



Family Poverty Status & Reliance on Public Benefits



47% of direct-care workers receive public benefits such as Medicaid or food stamps

Get informed. Stay informed.

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 State Data Center:
Get up-to-date state information about direct-care workers

www.PHInational.org/statedata



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 long-term services and supports 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.