Direct Care Workers
An Alliance for Health Reform toolkit produced with support from the Robert Wood Johnson Foundation

Compiled by Bill Erwin and Deanna Okrent
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www.allhealth.org

Fast Facts

• Direct care workers provide a variety of services to clients, such as help with eating, bathing, dressing, toileting, food preparation, medication management and light housekeeping.¹

• The majority of direct-care workers are employed in home and community-based settings rather than in large institutions such as nursing homes or hospitals.²

• In 2011, the direct care workforce totaled about 4 million workers, including an estimated 800,000 providers employed directly by consumers.³

• Turnover tends to be high among direct care workers, in part because of low pay. The median pay for home health and personal care aides in 2010 was $9.70 per hour, or $20,170 per year.⁴

• The Patient Protection and Affordable Care Act supports a number of efforts to expand and improve the training of direct care workers.⁵

Background
The backdrop of today’s healthcare system is one in which care is fragmented, costs are high and rising, chronic conditions are reaching epidemic proportions and the population is aging. In the move to increase access and coverage while enhancing the value of the health care dollar, the direct care workforce provides an important contribution to coordinated care in a high quality system. Direct care workers make up half of the health care workforce; 80 percent are women, 33 percent are minorities, and they themselves are aging rapidly. While they are the fastest growing segment of the health care workforce – the direct care workforce will total approximately 5 million workers by 2020 – they are low wage earners with little training and little room for
career growth. Many leave the profession in order to improve their earnings and benefits, making turnover a serious problem for those requiring care and those providers wishing to offer consistent care.

What does this mean for health care jobs and what will be the fastest growing occupational category between now and 2020? According to the Bureau of Labor Statistics, the answer is personal care aides.\(^6\)

Within eight years, the number of workers in this category is expected to grow by 71 percent. Close behind will be home care aides – a category projected to expand by 69 percent by 2020.\(^7\)

The rapid expansion of these two fields underscores how important direct care workers will be in tomorrow’s health care system. These employees help their clients with bathing, dressing and a number of other daily tasks at home, in the community or in institutions. They provide an estimated 70 to 80 percent of the paid hand-on long-term care and personal assistance received by Americans who are elderly or who live with disabilities and chronic medical conditions.\(^8\) 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 may outnumber facility workers by more than two to one.

PHI (Paraprofessional Healthcare Institute), an advocacy and consulting organization focused on improving the lives of direct care workers and those they assist, divides the direct care workforce into these large groups: \(^9\)

- **“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 aides, 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** (PCAs) (a category that includes Direct Support Professionals) work in either private or group homes and include workers with other titles such as personal attendants, direct support professionals, and home care aides. 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 PCAs are employed and supervised directly by consumers.

- **“Direct Support Professionals** (DSPs) work with individuals who have intellectual
or developmental disabilities, and may also have titles such as job coach, community living assistant, and direct support specialist. DSPs provide a broad range of supports to individuals with intellectual or developmental disabilities to enable them to live to their fullest potential in the community. These supports include: assisting with self-care, teaching home and community living skills, promoting self-determination, and supporting friendships and relationships in the community”

The Bureau of Labor Statistics also includes psychiatric aides under the direct care umbrella. Working under the direction of nursing and medical staff, psychiatric aides assist mentally impaired or emotionally disturbed patients.

An estimated 5 million direct care workers will be needed by the end of the decade to meet the needs of the growing aged and disabled population. But turnover is high, affecting the quality of services. In Vermont, for instance, turnover for nursing assistants, home health aides and personal care attendants ranged from 40 percent to 100 percent, depending on the work setting.10

One reason for high turnover is low pay. The median pay for home health and personal care aides in 2010 was $9.70 per hour, or $20,170 per year.11 A study funded by the Robert Wood Johnson Foundation also found that direct care workers want more respect on the job, and want to have their opinions heard.12

Some policy questions being addressed by the public and private sectors include whether there are enough direct care workers to provide care for a growing, aging population with ever increasing chronic care needs; and whether there are adequate incentives to keep workers in the field, move them up a career development ladder and keep them in the direct care workforce to meet the impending need.

The Patient Protection and Affordable Care Act contains several provisions to help recruit and train direct care workers to meet the expanding need.13 Before the reform law was passed, the Robert Wood Johnson Foundation and Atlantic Philanthropies sponsored an effort called “Better Jobs. Better Care,” designed to bring about changes in public policy and management that would lead to improved recruitment and retention of direct care workers.14 Demonstration projects were conducted in Iowa, North Carolina, Oregon, Pennsylvania and Vermont, and each demonstration produced informative recommendations.

RESOURCES

Profile of the Direct Care Workforce

PHI State Data Center
PHI
Accessed September 12, 2012
The data center provides comprehensive profiles of the direct care workforce in each state, and for the nation as a whole. Includes information on workforce size by state, employment projections, wages, health care coverage for workers, public assistance received by direct care worker households, initiatives to support direct care workers, and links to other resources pertaining to the state’s direct care workforce.

“Facts 3: America’s Direct-Care Workforce”
PHI
May 2012
This fact sheet outlines job titles and employment settings of the three main categories tracked by the U.S. Bureau of Labor Statistics (BLS). It provides basic information about how many there are, where they work, what they earn, training requirements and current demand for these allied health workers. Excellent overview of the field, with discussions of work settings, wages and projected growth.

“Occupational Outlook Handbook: Home Care and Personal Care Aides”
Bureau of Labor Statistics
Describes what home health and personal care aides do on the job, how to become one, pay prospects and job outlook.

Occupations with the largest job growth
Bureau of Labor Statistics
January 2012
www.bls.gov/emp/ep_table_104.htm
Jobs for personal care aides and home care aides are projected to grow at a faster rate than any other occupational group between 2010 and 2020 (up 71 percent and 69 percent respectively), according to the Bureau of Labor Statistics See also C. Brent Lockard and Michael Wolf, “Occupational employment projections to 2020,” Monthly Labor Review, January 2012, www.bls.gov/opub/mlr/2012/01/art5full.pdf.

“The Low-Wage Recovery and Growing Inequality”
National Employment Law Project
August 2012
http://nelp.3cdn.net/8ee4a46a37c86939c0_qjm6bkhe0.pdf
Personal and home care aides make up the fifth-fastest-growing occupational category in the aftermath of the recession. This report notes that while low-wage occupations accounted for 21 percent of the jobs lost during the recession (2008-2010), they comprise as much as 58 percent of the recovery growth (2010-2011) – a rate 2.7 times as fast as the growth in mid-wage and higher-wage occupations.
Challenges and Solutions

“Home Care Workers Poised to Win Basic Labor Protections”
Direct Care Alliance
December 2011
This press release from the Direct Care Alliance provides background on the proposed rule to extend minimum wage and overtime protections to home care workers. Home care workers are currently considered “companions” and are exempt from these protections.

“The Health Care Workforce Dream Team: Who Will Provide the Care?”
Alliance for Health Reform and Robert Wood Johnson Foundation
December 2, 2010
www.allhealth.org/briefing_detail.asp?bi=199
This briefing considered the question: “Are there enough health care workers to provide for a growing, aging population with ever-increasing chronic care needs?” See particularly the presentation on the direct care workforce by Thomas R. (Bob) Konrad of the Cecil G. Sheps Center for Health Services Research.

“Direct-Care Workforce and Long-Term Care Provisions as enacted in Patient Protection and Affordable Care Act and Health Care and Education Reconciliation Act of 2010”
PHI
August 2, 2010
Summarizes sections of the health reform law and the 2010 reconciliation act affecting the direct care workforce, nursing homes and long-term care residential services, home- and community-based services, and improved coordination of services.

“North Carolina’s Direct Care Workforce Development Journey” (abstract)
S.D. Brannon, Health Care Management Review
July 1, 2009
Brief description of the Better Jobs – Better Care demonstration project in North Carolina that created a new way of rewarding workplace excellence among skilled nursing, home care and assisted living providers.

“Iowa: Giving Direct-Care Workers a Voice”
Robert Wood Johnson Foundation
April 25, 2011
Synopsis of the Better Jobs – Better Care demonstration in Iowa in which a peer-monitoring program reduced direct care worker turnover.

“Pennsylvania: Forming Regional Coalitions in a Large State”
Robert Wood Johnson Foundation
April 25, 2011
The Better Jobs – Better Care demonstration in Pennsylvania trained direct care workers and managers in five regional coalitions to create a workplace more supportive of the workers.

“Vermont: Empowering Direct-Care Workers Through Education”
Robert Wood Johnson Foundation
April 25, 2011
Turnover rates of 40 to 100 percent among direct care workers in Vermont prompted improved training of workers, leadership development and peer mentoring.

“Oregon Works! Promoting Change Through Person-Directed Care”
Robert Wood Johnson Foundation
April 25, 2011
The Oregon Works project provided training to direct care workers and supervisors in the LEAP model of person-directed care (Learn, Empower, Achieve, Produce).

SELECTED EXPERTS

Analysts and Advocates
Geraldine Bednash, American Association of Colleges of Nursing .................. 202/463-6930
Peter Buerhaus, Vanderbilt University.......................................................... 615/322-4400
Sabrina Corlette, National Partnership for Women and Families ................. 202/986-2600
Catherine Dower, University of California San Francisco .......................... 415/476-1894
Judy Feder, Georgetown University............................................................ 202/687-5932
Paul Ginsburg, Center for Studying Health System Change .......................... 202/484-4699
Jonathan Gruber, Massachusetts Institute of Technology ........................... 617/253-8892
Sue Hassmiller, Robert Wood Johnson Foundation ...................................... 609/627-7585
Stephen Kaye, Center for Personal Assistance Services .............................. 866/727-9577
Bob Konrad, Cecil G. Sheps Center, Chapel Hill, NC ................................. 919/966-2501
Risa Lavizzo-Mourey, Robert Wood Johnson Foundation .......................... 888/631-9989
Fitzhugh Mullan, George Washington University ....................................... 202/994-4314
Robert Phillips, Jr., Robert Graham Center ............................................... 202/331-3360
Susan Reinhard, AARP Public Policy Institute ........................................... 202/434-2300
Pat Ford-Roeagher, American Academy of Nursing ................................. 202/775-0004
Murray Ross, Kaiser Permanente Institute for Health Policy ....................... 510/271-5691
Dorie Seavey, PHI ................................................................. 617/630-1694
Kathleen Stoll, Families USA ........................................... 202/628-3030
Joel Teitelbaum, George Washington University ................ 202/994-4233
Paul Van de Water, Center for Budget and Policy Priorities .... 202/408-1080
Alan Weil, National Academy for State Health Policy .......... 202/903-0101

**Government and Related Groups**
Tom Bradley, Congressional Budget Office .............................. 202/226-9010
Carolyn Clancy, Agency for Healthcare Research and Quality .... 301/427-1200
Mark Miller, Medicare Payment Advisory Commission .......... 202/220-3700
Diane Rowland, Medicaid and CHIP Payment Advisory Commission .......... 202/347-5270
Edward Salsberg, Health Resources and Services Administration .... 301/443-9355

**Stakeholders**
Michelle Artz, American Nurses Association ......................... 301/628-5087
Caitlin Connolly, Eldercare Workforce Alliance ...................... 212/822-3578
Brenda Craine, American Medical Association ...................... 202/789-7447
Karen Ignagni, America’s Health Insurance Plans ................. 202/778-3200
Chip Kahn, Federation of American Hospitals ....................... 202/624-1500
Larry Minnix, LeadingAge .................................................. 202/783-2242
Alicia Mitchell, American Hospital Association .................... 202/626-2339
Mark Parkinson, American Healthcare Association ............... 202/898-6338
Carol Regan, PHI .............................................................. 202/223-8355
David Ward, Direct Care Alliance ........................................ 212/730-0741

**Websites**
AARP .................................................................. www.aarp.org
Alliance for Health Reform .................................................. www.allhealth.org
America’s Health Insurance Plans ...................................... www.ahip.org
Best Jobs Best Care ......................................................... www.bjbc.org
Caring Across Generations .................................................. www.caringacrossgenerations.org
Centers for Medicare & Medicaid Services ............................ www.cms.hhs.gov
Congressional Budget Office ................................................. www.cbo.gov
Direct Care Alliance ........................................................ www.directcarealliance.org
Eldercare Workforce Alliance .............................................. www.eldercareworkforcealliance.org
HRSA Bureau of Health Professions ...................................... www.bhpr.hrsa.gov
National Direct Service Workers Resource Center ................ www.dswresourcecenter.org
PHI ................................................................................. www.PHInational.org
Robert Wood Johnson Foundation ....................................... www.rwjf.org