Who are direct-care workers?

Direct-care workers provide an estimated 70 to 80 percent of the hands-on long-term care and personal assistance received by Americans who are elderly or living with disabilities or other chronic conditions.¹ These workers help consumers bathe, dress, and eat, among other daily tasks. They are a lifeline for consumers as well as families struggling to provide quality care.

Job titles and responsibilities

Direct-care workers fall into three 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 most often work in nursing homes, but are also employed in assisted living facilities, other community-based settings, and 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. In some states, they may also administer oral medications.

- **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** may work in an individual consumer’s home or a group setting. They have many titles, including personal care attendant, 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 provide assistance with clinical tasks, housekeeping chores, and meal preparation. They also help individuals go to work and remain engaged in their communities. A growing number of personal assistance workers are employed and supervised directly by consumers rather than working for an agency.

Numbers of workers

In 2005, approximately 2.6 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 (1,391,430); home health aides (663,280); and personal and home care aides (566,860).³

The BLS’s “personal and home care aide” category does not accurately reflect the number of workers hired and supervised directly by consumers.⁴ When including privately paid workers, the number is likely to be much higher. At the same time, BLS’s nursing aide category includes nursing aides, orderlies and attendants working in acute care and psychiatric hospitals as well as nursing homes. 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.⁵

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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 more than half of direct-care workers are white and non-Hispanic. About one-third are African American; the remainder are Hispanic and 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.

**Immigration***

While the vast majority of direct-care workers are U.S. natives, 24 percent of home care aides and 14 percent of aides working in nursing homes are foreign-born.

Source: William J. Scanlon, GAO Testimony: Recruitment and retention of nurses and nurse aides is a growing concern (General Accounting Office, May 2001).


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**Wages and benefits**

In 2005, the median hourly wage for all direct-care workers was $9.56, significantly less than the median wage of $14.15 for all U.S. workers. Assuming full-time, year-round employment, average annual incomes in 2005 were $22,200 for nursing aides, orderlies and attendants; $19,420 for home health aides; and $17,710 for personal and home care aides. However, these figures overstate what many workers earn in these jobs, since more than half of the direct-care workforce is employed part time.\(^7\)

As a result of low wages and part-time work, 19 percent of home care aides and 16 percent of nursing home aides are poor, according to the 2000 census.\(^8\) Of all nursing home and home health aides who are single parents, 30 to 35 percent receive food stamps.\(^9\)

In addition, one in every four nursing home workers and more than two out of five home care workers lack health insurance coverage. While two thirds of Americans under age 65 receive health coverage through an employer, only 48 percent of nursing home aides and 34 percent of home care aides have employer-based coverage.\(^10\)

**Growing demand**

The BLS anticipates that 962,000 new direct-care positions will be created by 2014, a 35 percent increase over the number of positions in 2004.\(^11\)

By 2014, the number of home health aide positions is expected to grow by 56 percent, making this occupation the fastest growing in America. Personal and home care aide positions are expected to increase by more than two-fifths (41 percent), making it one of the economy’s fastest-growing and largest growth occupations. By contrast, nurse aide, orderly, and attendant positions are predicted to increase by only 22 percent, but the sheer number added will be enough to place nursing assistants in the top ten occupations with the largest job growth between 2004 and 2014.

**Endnotes**

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.
4. While it is difficult to estimate the number of workers across all consumer-directed programs, it is possible to verify the number in state- or county-directed public authorities. Authorities serve as the employer of record for about 400,000 care workers in: CA, MI, OR, and WA. Dorie Seavey and Vera Salter, Paying for Quality Care: State and Local Strategies for Improving Wages and Benefits for Personal Care Assistants (Washington D.C.: AARP Public Policy Institute, October 2006). http://www.aarp.org/research/healthcare/policy/2006_18_3_care.html
5. An overall estimate of the number of personal and home care aides is provided by the Center for Personal Assistance Services. Using the American Community Survey, the Center calculates just over one million personal and home care aides, including self-employed workers and unpaid family workers who self-identify with one of two occupational categories: Personal and Home Care Aides and Personal Care and Service Workers. Found at http://www.pascenter.org/state_based_stats/acs_workforce_state_2004.php?state=us
8. Ibid