

Pennsylvania's Direct-Care Workforce

Pennsylvania's direct-care workers are the state's "frontline" paid caregivers who provide daily living services and supports to persons with disabilities and chronic care needs, including the elderly and those with physical or intellectual and developmental disabilities (ID/DD). The majority of these staff work in the consumer's own home, or in residential or community-based settings such as nursing homes, assisted living facilities, and group homes.

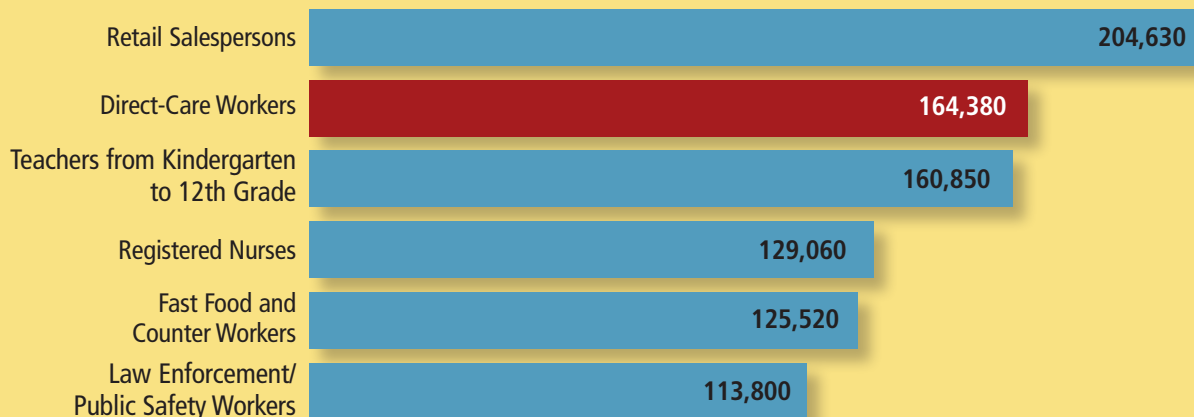
In standardized government surveys of employment and compensation, direct-care workers are officially counted as Personal and Home Care Aides;¹ Home Health Aides;² and Nursing Aides, Orderlies, and Attendants.³ The first occupational category also includes direct support professionals—workers who provide services and supports to individuals with ID/DD.

A growing number of direct-care workers are independent providers working directly for consumers. These workers tend to be heavily undercounted by government surveys.

A sizeable workforce

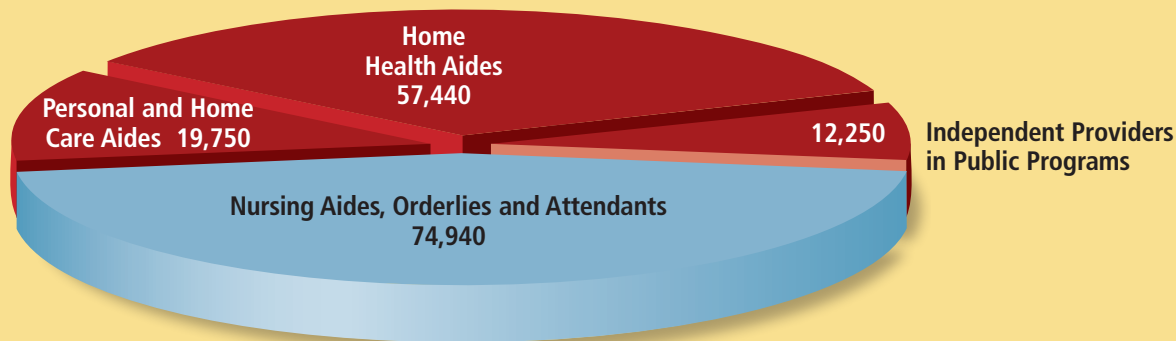
Pennsylvania's direct-care workforce today totals about 165,000 workers, and is larger than almost any other occupational grouping in the state.

Pennsylvania's Largest Occupational Groups



The majority of direct-care workers in Pennsylvania (54 percent) are employed as Home Health Aides, Personal and Home Care Aides, and Independent Providers largely in home and community-based settings.

Breakdown of Pennsylvania's Direct-Care Occupations, 2008



Among the state's fastest-growing occupations

Home and community-based direct-care jobs are among the top ten fastest-growing occupations in the state. Over the period 2006 to 2016, job openings for Personal and Home Care Aides are expected to expand by 53 percent and those for Home Health Aides by 48 percent.

Fastest-Growing Jobs, 2006–2016 (producing 1,000 or more jobs annually)

Occupation	Percent change
Hosts & Hostesses in Restaurants, Lounges, & Coffee Shops	74%
Counter Attendants in Cafeterias, Food Concession Stands, & Coffee Shops	72%
Waiters & Waitresses	61%
Personal & Home Care Aides	53%
Computer Systems Analysts	50%
Home Health Aides	48%
Dishwashers	48%
Cashiers	48%

Direct-care occupations, taken as a group, are also among the top five occupations in Pennsylvania expected to add the most new positions over the decade. An additional 56,330 direct-care positions are expected over the period 2006 to 2016.

Uncompetitive wages

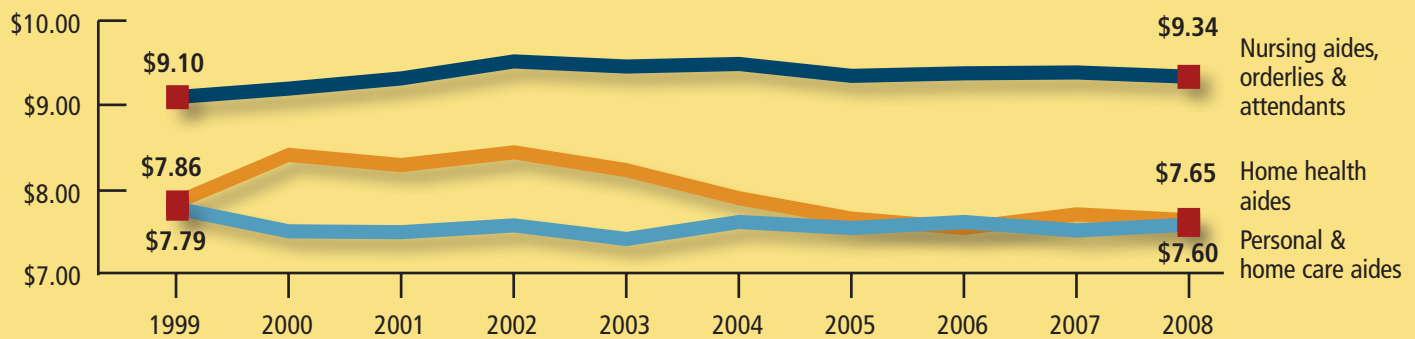
The median hourly wage for all occupations in Pennsylvania was \$15.36 in 2008. In sharp contrast, wages for Pennsylvania's Personal and Home Care Aides and Home Health Aides fall between 150 percent (\$7.50) and 200 percent (\$10.00) of the 2008 Federal Poverty Level for an individual. The 200 percent poverty level is low enough to qualify households for many state and federal assistance programs. Wages for Nursing Aides are higher, yet still far below the state's median wage.

Median Wages for Direct-Care Workers in Pennsylvania, 2005–2008

Occupation	2005	2006	2007	2008
Personal & Home Care Aides	\$8.94	\$9.29	\$9.37	\$9.78
Home Health Aides	\$9.06	\$9.21	\$9.60	\$9.85
Nursing Aides, Orderlies & Attendants	\$11.05	\$11.43	\$11.68	\$12.03
All Occupations	\$13.85	\$14.33	\$14.83	\$15.36

The wage gap between direct-care workers in nursing facilities and home and community-based settings in Pennsylvania is widening despite the goal of serving more people in non-institutional settings. Over the last nine years, inflation-adjusted hourly wages (i.e., “real wages”) for Personal and Home Care Aides and Home Health Aides have declined, while wages for Nursing Aides, Orderlies, and Attendants have increased.

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



Uncompetitive wages are a problem because Pennsylvania’s core labor pool is declining as the state’s population ages. Over the period 2006 to 2016, demand for over 56,000 new direct-care worker positions is expected. But at the same time, the number of women aged 25–54 projected to enter the Pennsylvania labor force is expected to decline by over 93,000.

Inadequate health coverage

According to a recent survey, a quarter of direct-care workers in Pennsylvania who work in home and community-based settings are uninsured compared with only 8 percent of direct-care workers employed in institutional settings such as nursing facilities. In addition, while 70 percent of direct-care workers in nursing facilities have employer-sponsored coverage, only 41 percent of home and community-based workers have such coverage.

Public subsidies required to meet basic needs

Earnings. Annual earnings for direct-care workers in Pennsylvania averaged only \$20,000 from 2006 to 2008.

Poverty status. Nearly four in ten direct-care workers in Pennsylvania (38 percent) live in households with incomes at or below 200 percent of the federal poverty line.

Reliance on public benefits. More than a third (35 percent) of direct-care workers in Pennsylvania live in households that rely on some form of public assistance, such as Medicaid or food stamps.

Endnotes

- 1 *Personal and Home Care Aides* may work in either private or group homes. 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 activities of daily living (ADLs)—such as eating, dressing, bathing, and toileting—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 personal assistance workers are employed and supervised directly by consumers.
- 2 *Home Health Aides* provide essentially the same care and services as nursing assistants, but they assist people in their own homes or in community settings under the supervision of a nurse or therapist. They may also perform light housekeeping tasks.
- 3 *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 ADLs, and also perform clinical tasks such as range-of-motion exercises and blood pressure readings. In some states, they may also administer oral medications.

Data Sources

Occupational projections data are from: Pennsylvania Workforce Development, Center for Workforce Information and Analysis, Long-Term Occupational Employment Projections, available at: <http://tinyurl.com/ycaohq6>

Employment and wage data are from: U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics (OES) Program, available at: <http://www.bls.gov/oes/tables.htm>. Inflation adjustments were made using the appropriate regional Consumer Price Index for urban wage earners and clerical workers (1982-84=100), also from the Bureau of Labor Statistics.

Data on independent providers were obtained by special request from the Office of Long Term Living at the PA Department of Public Welfare, and include consumer-employed attendants in Pennsylvania's eight HCBS waiver programs, Act 150 Attendant Care, and the Options Program.

Data on earnings, labor force participation, poverty status, and reliance on public benefits are from PHI analysis of U.S. Census Bureau, Current Population Survey, pooled data from the 2007, 2008, and 2009 Annual Social & Economic (ASEC) Supplements for Pennsylvania.

Health insurance statistics are from a 2008 telephone survey of direct-care workers conducted for the Pennsylvania Center for Health Careers by the Lake Research Group.



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 policy-makers 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.

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