

Women Caring for Women: Coverage is Critical to Care

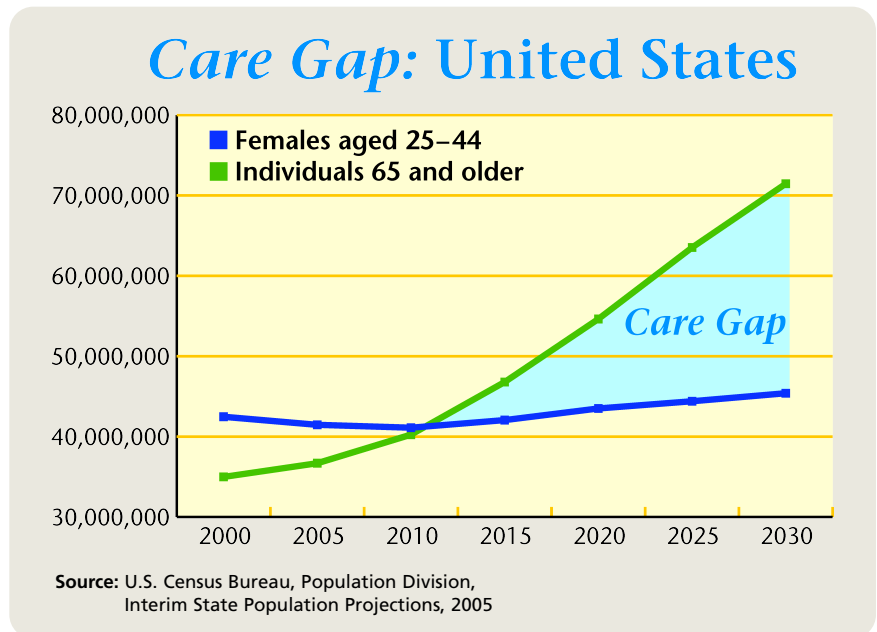
Women are the providers and consumers of long-term care services in the United States.

- Women are 90 percent of the 3.1 million paid, professional caregivers in long-term care. These caregivers 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
- Two thirds (65 percent) of long-term care consumers are women.
- The typical family caregiver is a 46-year-old woman who provides more than 20 hours per week of care and support to her mother.²
- Paid caregivers—direct-care workers—tend to be middle-aged women. Between one quarter and one third are unmarried living with children.
- Nearly one in three direct-care workers lack health insurance coverage.

The growing care gap

As the population ages in this country, we face a crisis in finding qualified and committed staff to provide care to elders and people with disabilities. By 2030, the number of elders will increase by 104 percent. During this same period, the number of women age 25 to 44—the age of most direct-care workers entering the workforce—will grow by only 7 percent.

Given this looming care gap and the challenges already faced by family caregivers, it is important to take a closer look at how, over the next several decades, we will attract people to



direct-care work. There is a simple answer: *improve the quality of caregiving jobs, making direct-care work a viable career.* A quality job is one that offers a livable wage, health insurance, a supportive work environment, and opportunities for advancement. This fact sheet focuses on providing health insurance to this vital workforce.

Unique workforce characteristics

Direct care workers do not share the “typical” profile of working women in America.³ Some of the unique characteristics of this workforce are:

- Of the leading occupations for women, caregiving is the sixth largest in the country.⁴ By 2016, America will need 4 million direct-care workers, more than the number of school teachers needed for grades K-12.⁵
- About one-third of female direct-care workers are women of color. Black women are disproportionately more likely to do direct-care work compared to all female workers.
- Only 38 percent of direct-care workers are married compared to 54 percent of all female workers. They are also more likely to be single parents (25 percent) than all female workers (13 percent). The marital and family status of direct-care workers put them at greater risk of poverty.
- The median hourly wage for direct-care workers is \$9.56, significantly less than the \$13.46 per hour that all female workers earn. In addition, median family income is almost \$30,000 less for direct-care workers than the median family income of the average female worker.

Direct-care workers, thus, belong to demographic groups—women of color and women over 40—who have high levels of chronic conditions or report their health status as poor. In fact, 50 percent of all women over age 45, and 53 percent of African-American women over 45, have a chronic health condition requiring ongoing treatment.⁶ These workers also belong to the demographic group least likely to have health insurance in America—the low-wage workforce.

Insurance Status of Direct-Care Workers

Access to affordable health care coverage is critical to attracting enough direct-care workers to care for aging Americans and those needing support to live independently. Yet direct-care workers are 50 percent more likely than the general population under 65 to lack insurance. When compared to other women in the US, 11 percent more direct-care workers have no health coverage.⁷

- National data show 29 percent of all direct-care workers are uninsured, twice as high as the general population (15.5 percent).
- Among personal and home care aides—the fastest-growing segment of the workforce—35 percent lack coverage.

These figures are particularly worrisome because direct-care work is dangerous, resulting in high levels of injuries.⁸ As compared to all other occupations, direct-care workers in nursing homes have the highest incidence of workplace injuries and illnesses resulting in lost work days. Most are back injuries and muscle strains from lifting.

Workers in home and community based settings—who have to travel to and between clients—face significant risk of automobile accidents just getting back-and-forth to work.

When Workers Can't Care for Themselves

One-third of low-income women report that lack of health coverage influences their access to needed health care services.⁹ This rate is 2.5 times higher than for women with higher incomes. When a direct-care worker is ill or injured and cannot access health care that worker is more likely to miss work—or not return to work at all. Consequently, lack of health coverage affects not only the worker's health status, but the health and continuity of care of millions of Americans who need long-term care.

Health insurance is a motivating factor in whether women accept or stay at a job.¹⁰ The same is true for direct-care workers.

- Health insurance may be more important than wages in reducing turnover and increasing the number of direct-care workers and hours worked.¹¹
- Direct-care workers enrolled in employer-sponsored health insurance plans stay at their jobs twice as long as those who do not have employer coverage.¹²

When direct-care workers cannot continue their work due to health concerns—or are forced to leave the field for better opportunities that allow them to care for themselves and their families—individuals and families who rely on long-term care suffer the consequences.

Why Direct-Care Workers Lack Coverage

Employment is not a guaranteed path to coverage.

- Just over half—52.4 percent—of direct-care workers are covered by employer-sponsored insurance. Others work for employers—most of which are small businesses that cannot purchase affordable plans—that do not offer health coverage.
- A growing number of caregivers are hired directly by consumers and do not have access to employer-based health insurance.
- Of direct-care workers, 34 percent work part-time or have to piece together hours from multiple employers, making them ineligible for employer-sponsored coverage.¹³

Cost is the greatest barrier for direct-care workers getting health coverage.

- Many caregivers cannot afford health insurance even when it is offered by their employer. With annual employer premiums averaging \$4,500 for single coverage, and \$12,106 for family coverage, health insurance is unaffordable for workers who earn, on average, \$9.56 per hour, less than \$20,000 annually.¹⁴

Public insurance programs have restrictive eligibility requirements.

- As is true for other low-wage women workers, Medicaid is an important coverage option for many direct-care workers.¹⁵ One out of three direct-care workers live in households that receive Medicaid. Yet for those workers who do not have children, a disability, or who live in states with restrictive eligibility guidelines, Medicaid is not a viable option.

Solutions

Providing health insurance for direct-care workers requires changes in public policy that increase access to coverage in public programs and/or provides incentives to make employer-sponsored health insurance more affordable. Some states are already making progress in this direction.¹⁶

Health care reform in and of itself, however, will not ensure direct-care workers can access health coverage. The Health Care for Health Care Workers campaign, thus, has identified key principles for insurance coverage will meet the needs of the caregiving workforce. That coverage must be:

- **Accessible** to all individuals regardless of their family status, their employment status, or how many hours they work.
- **Affordable** for all workers and their employers.
- **Adequate**—with a full range of benefits and services to protect older workers, those with chronic health conditions, and injured workers.
- **Simple**, easy to understand and enroll in.

If as a society we are going to be prepared to care for our rapidly aging population, it is incumbent upon policymakers to provide accessible and affordable health coverage to the women who provide that care.

Endnotes:

- 1 Who Are Direct Care Workers? New York, PHI. Available at:
<http://www.directcareclearinghouse.org/download/NCDCW%20Fact%20Sheet-1.pdf>
- 2 National Alliance of Caregiving and AARP (April 2004). "Caregiving in the U.S." Available online at
<http://www.caregiving.org/data/04finalreport.pdf>
- 3 Smith, K., Baughman, R. (September 2007). "Caring for America's Aging Population: A Profile of the Direct-Care Workforce." *Monthly Labor Review*. Available online at: www.bls.gov/opub/mlr/2007/09/art3full.pdf
- 4 Bureau of Labor Statistics (2008). "Twenty Leading Occupations of Employed Women, 2007 Annual Averages." Available online at www.dol.gov/wb/factsheets/20lead2007.htm
- 5 "Occupational Projections for the Direct-Care Workforce, 2006-2016" (May 2008). *Facts 1*. New York: PHI. Available online at: www.directcareclearinghouse.org/download/BLSfactSheet4-10-08.pdf
- 6 Kaiser Family Foundation (2005). "Women and Health Care: A National Profile." Available online at: www.kff.org/womenshealth/whp070705pkg.cfm
- 7 PHI (May 2008). Health Care for Health Care Workers. "The Invisible Care Gap." Available online at: [hchcw.org/archives/invisible-care-gap-caregivers-without-health-coverage](http://www.hchcw.org/archives/invisible-care-gap-caregivers-without-health-coverage)
- 8 Bureau of Labor Statistics, U.S. Dept. of Labor. "Survey of Occupational Injury and Illness." Available at <http://www.bls.gov/iif/oshwc/osh/case/osch0034.pdf>
- 9 Kaiser Family Foundation (2005). "Women and Health Care: A National Profile." Available online at: www.kff.org/womenshealth/whp070705pkg.cfm
- 10 Lake, Celinda (2007). "What Women Want: How to Talk to Women Voters About Health Care." Presentation at the National Women's Law Center, December 12, 2007. Washington, DC.
- 11 For an overview of this literature see "Health Insurance Vital to Job Retention," a PHI/HCHCW fact sheet available at: www.hchcw.org/uploads///pdfs/RetentionFactSheet.pdf
- 12 Rodin, H.A. (2006) *Increasing the supply of certified nursing assistants*. Ph.D. Dissertation. Minneapolis, MN: School of Public Health, University of Minnesota.
- 13 Montgomery, R.J. (2005). "A Profile of Home Care Workers From the 2000 Census: How It Changes What We Know." Available on-line at: <http://gerontologist.gerontologyjournals.org/cgi/content/abstract/45/5/593>
- 14 Kaiser Family Foundation (2007). "Kaiser/HRET Employer Health Benefits Survey." Available online at: www.kff.org/insurance/7672/index.cfm
- 15 Kaiser Family Foundation (2007, October). "Medicaid's Role for Women." *Issue Brief*. Available on-line at: www.kff.org/womenshealth/upload/7213_03.pdf
- 16 Health Care for Health Care Workers (2008). "Coverage Models from the States, Strategies for Expanding Health Coverage to the Direct-Care Workforce." New York: PHI. Available online at www.PHInational.org/clearinghouse or www.coverageiscritical.org



Health Care for Health Care Workers (www.coverageiscritical.org), an initiative of PHI (www.PHInational.org), seeks to expand health coverage for workers who provide support and assistance to elders and people living with chronic conditions and/or disabilities. These consumers need a skilled, reliable, and stable direct-care workforce to provide quality long-term care services. We believe that one way to ensure a quality direct-care workforce is to provide quality direct-care jobs—jobs that offer health coverage and pay a living wage.

This fact sheet is part of a series designed to offer interested stakeholders and policymakers analysis to draw from as they seek to expand health coverage for direct-care workers.

This, and related publications, are available online at the Health Care for Health Care Workers website (www.coverageiscritical.org), or by calling the national campaign office at 718-928-2066.