

Massachusetts' Direct-Care Workforce

Massachusetts' 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.

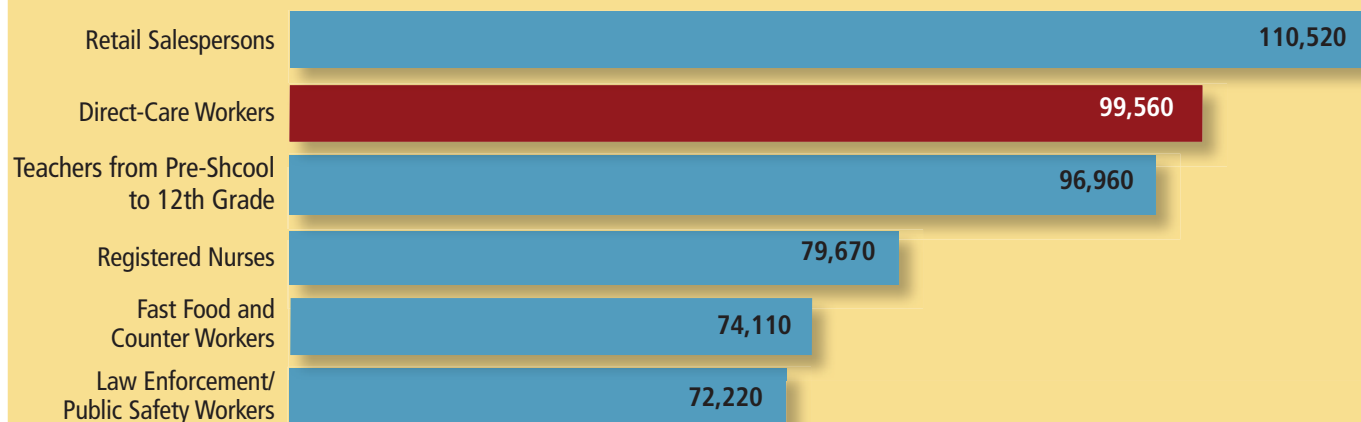
In standardized government surveys of employment and compensation, direct-care workers are officially counted as Personal and Home Care Aides;¹ Home Health Aides;² and Nursing Aides, Orderlies and Attendants.³ The first occupational category also includes direct support professionals—workers who provide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

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

A sizable workforce

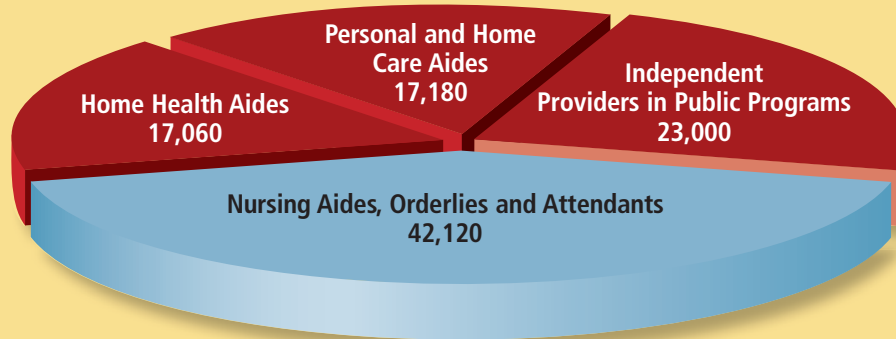
Massachusetts' direct-care workforce today totals about 100,000 workers and is larger than almost any other occupational grouping in the state.

Massachusetts' Largest Occupational Groups



The majority of direct-care workers in Massachusetts (58 percent) are Home Health Aides, Personal and Home Care Aides, and Independent Providers largely employed in home and community-based settings.

Breakdown of Massachusetts' Direct-Care Occupations, 2008



Among the occupations creating the most new jobs

Direct-care occupations, taken as a group, are among the top six occupations in Massachusetts expected to generate the greatest number of jobs. An additional 22,600 new direct-care positions are expected over the period 2006 to 2016.

Occupations Generating the Most Jobs, 2006–2016

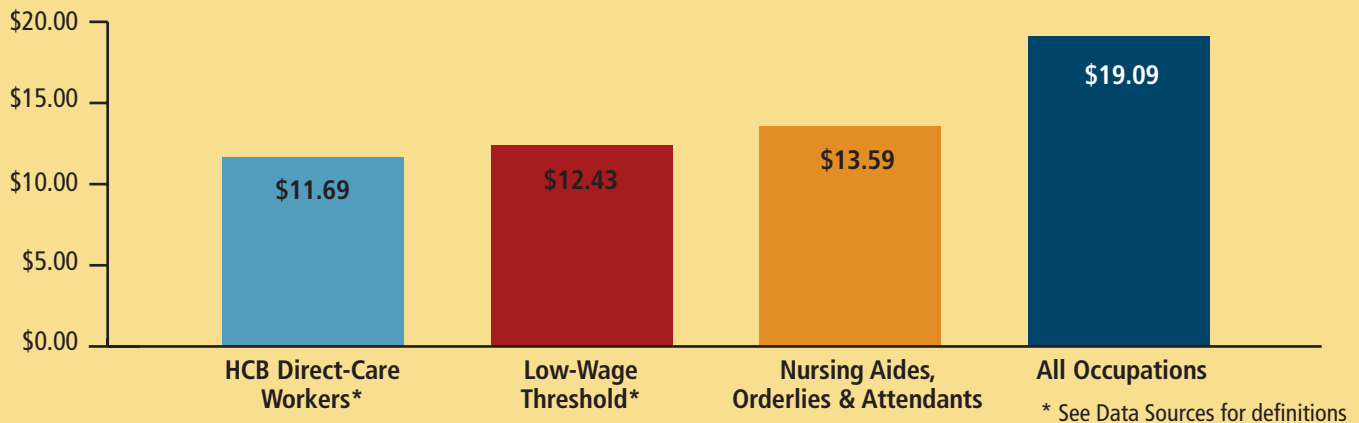
Occupation	Number of positions to be added	Percent change
1 Retail Salespersons	39,380	36%
2 Cashiers	35,780	48%
3 Waiters & Waitresses	33,430	62%
4 Registered Nurses	29,050	37%
5 Customer Service Representatives	23,330	43%
6 All Direct-Care Workers	22,600	32%

In addition, home and community-based direct-care jobs are among the top fifteen fastest-growing occupations in Massachusetts, adding 500 or more jobs annually. Over the period 2006 to 2016, job openings for **Personal and Home Care Aides** are projected to expand by 53 percent and those for **Home Health Aides** by 43 percent, far outpacing the rate of increase in jobs overall in the state (6.3 percent). Jobs for Nursing Aides, Orderlies and Attendants are expected to increase by 22 percent.

Uncompetitive wages for home- and community-based jobs

Home and community-based (HCB) direct-care occupations in Massachusetts are among the state's lowest-paying jobs, paying wages that fall below the state's low-wage threshold of \$12.43. Direct-care workers in nursing care facilities and hospitals fare better, but still earn far below the median hourly wage for all occupations in the state (\$19.09).

Median Hourly Wages Adjusted for Inflation (1999 dollars), 1999–2008



The Commonwealth's booming demand for direct-care workers only amplifies the challenge of making direct-care jobs competitive so that enough workers are attracted to these jobs to meet this increased demand—especially at a time when the state's labor force growth is slowing due to the aging of the population. Over the period 2006 to 2016, demand for 22,600 new direct-care worker positions is expected. But at the same time, **the number of women aged 25-54 projected to enter the Massachusetts labor force is expected to decline by over 40,000.** These workers constitute the core labor pool from which direct-care workers traditionally are drawn.

Inadequate health coverage

Despite the state's 2006 landmark health care legislation, many direct-care workers in Massachusetts either are ineligible for employer-sponsored insurance or cannot afford the insurance offered to them.

A recent survey found significant eligibility disparity across nursing care facilities and home care agencies: an estimated 71 percent of workers in nursing facilities are eligible for employer-sponsored insurance (ESI), compared to 39 percent of workers in home care agencies. Of those eligible for ESI, 46 percent of nursing home workers and 31 percent of home care workers are enrolled. Many direct-care workers report reducing their hours and working part time in order to qualify for more affordable, publicly sponsored plans.

Public subsidies required to meet basic needs

Earnings and labor force participation. Annual earnings for direct-care workers in Massachusetts and other New England states averaged \$20,000 from 2005 to 2007. An estimated 44 percent of direct-care workers in the region are employed part time. About half (52 percent) of independent providers in the state's Personal Care Attendant Program work half time or less.

Poverty status. A third of direct-care workers in Massachusetts and nearby states live in households with incomes at or below 200 percent of the federal poverty line, a near-poverty threshold that typically makes households eligible for public assistance programs.

Reliance on public benefits. Nearly 40 percent of direct-care workers in Massachusetts and surrounding states 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: MA Executive Office of Labor & Workforce Development, Mass Labor Market Information, Massachusetts Employment Projections 2006-16, available at: <http://lmi2.detma.org/lmi/FPLmiforms1.asp>.

Wage and employment data are from the U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics (OES) Program, available at: <http://www.bls.gov/oes/tables.htm>. Home and community-based (HCB) direct-care workers refer to: Home Health Aides, Personal and Home Care Aides, and independent providers in the MA Personal Care Attendant Program. The HCB wage is calculated as a weighted average. The “low-wage threshold” refers to the 25th percentile wage for all occupations in Massachusetts—a wage level that signals very low-wage earnings relative to the rest of wage earners. At the 25th percentile, 25% of the workforce earns less and 75% earns more.

Industry employment data are from MA Executive Office of Labor & Workforce Development, Mass Labor Market Information, Quarterly Census of Employment & Wages (ES-202), available at http://lmi2.detma.org/Lmi/lmi_es_a.asp#PERIOD_LOCATION.

Data on independent providers in the MA Personal Care Attendant Program are from: Massachusetts Personal Care Attendant Workforce Council. Visit: <http://www.mass.gov/pca>.

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 2006, 2007, and 2008 Annual Social & Economic (ASEC) Supplements for the New England Region (CT, MA, ME, NH, RI, VT).

Data on health coverage is from an employer survey conducted by PHI and Tufts University in Spring 2009.



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 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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