



Direct Care Worker Principles for Health Care Reform

We Cannot Reform Health Care without Reforming Direct Care Jobs

Direct care workers are rarely mentioned in discussions about health care reform, but two facts place them at the heart of the issue. First, they are twice as likely as the average American worker to be uninsured. Second, they are the backbone of our nation's long-term care system, providing essential services and support to more than 15 million Americans.

We will not achieve health care reform until America's elders and people with disabilities are sure of receiving the direct care services they need when they need them, delivered by a qualified worker. And that will happen only when direct care workers receive family-sustaining wages, adequate training, health insurance, and other elements of a good job, making direct care a viable career option.

Direct care workers—home health and home care aides, certified nursing assistants, personal care attendants, direct support professionals and other frontline workers—provide crucial health care and assistance with daily activities. In addition, they bring stability, peace of mind, freedom, and positive energy into the lives of the people they support. Many workers talk about what they do as a calling, a spiritually rewarding way of giving and receiving love. But as a way to make a living, it leaves a lot to be desired.

According to PHI's Health Care for Health Care Workers campaign, approximately a quarter of all nursing assistants in nursing homes and a third of all personal and home care aides lack health insurance.

Even those whose employers offer insurance often cannot afford the premiums and copays. The median hourly wage for direct care workers in 2007 was \$10.48,

and 40 percent lived in households that received public benefits such as food stamps, Medicaid, or housing subsidies. Furthermore, some home care workers are excluded from federal Fair Labor Standards Act minimum wage and overtime protection.

Training is generally inadequate as well, leaving many new workers unprepared for the demands of the job. The only direct care workers required by federal law to have any training at all are those who work in Medicaid- or Medicare-certified nursing facilities and home health agencies. Even that training is a mere 75 hours—far less than is required of dog groomers or hairdressers. There are no federal requirements for other direct care jobs, although states often require some minimal training.

Studies show that all these factors contribute to the profession's high turnover rates—which are typically highest during the first six months on the job. Also contributing to high turnover is the lack of career advancement opportunities in direct care, where workers with years of experience or specialized skills are rarely rewarded with higher pay or more responsibility.

We can and must do better.

In the words of *Retooling for an Aging America: Building the Health Care Workforce*, a report by the Institute of Medicine (IOM), "Because direct care workers provide the bulk of paid direct care services for older patients in nursing homes and other settings, it is vitally important that the capacity of this . . . workforce be enhanced in both size and ability to meet the health care needs of older

Americans.” And elders are not the only people who need chronic care services.

According to PHI, there were about three million direct care workers in 2006, and we will need about a million more by 2016. Yet the number of women aged 25-54 entering the labor force—the core of the traditional direct care workforce—is expected to increase very little during that decade.

Clearly, we need to make direct care a career that

appeals to a broader section of the workforce, and that people can afford to commit to long-term.

The IOM report identifies a number of ways to improve recruitment and retention. It groups these strategies into three categories: improving education and training, increasing wages and benefits, and improving the work environment (e.g. empowerment strategies and culture change). These goals should be an integral part of any health care reform discussion.

Health Care Reform Principle I: Assure Living Wage and Overtime Protections

Policymakers should find ways to increase wages for direct care workers. These include

- Establishing payment mechanisms under Medicaid, such as setting wage floors, to ensure a living wage for direct care workers
- Extending federal Fair Labors Standards Act minimum wage and overtime protections to home care workers

Health Care Reform Principle II: Enhance Education and Training

Policymakers should support the expansion of career advancement and educational opportunities for direct care workers. These include

- Increasing federal training requirements for nursing assistants and home health aides to at least 120 hours
- Establishing reasonable state-based standards for personal and home care aides
- Supporting the creation of advanced and specialty certification programs for direct care workers

Health Care Reform Principle III: Expand Access to Quality, Affordable Health Insurance

Policymakers should support efforts to guarantee timely and meaningful access to quality health care for everyone, including direct care workers. This means ensuring that

- No one receives fewer or poorer services, or more limited health care coverage, on the basis of income, race, ethnicity, language, immigration status, health status, gender or gender identity, sexual orientation, age, disability, location, or any other factor
- Health care benefits are comprehensive, with people able to receive the health care they need when they need it
- Coverage is affordable to low wage workers and their families
- Coverage is available to individuals and to employees of small businesses
- Coverage is available to part-time workers and those who do not work regular schedules
- Coverage is portable
- Health reform addresses health disparities based on race, income, and ethnicity

The Direct Care Alliance is the national advocacy voice of direct care workers: the home care and home health aides, personal care attendants, nursing assistants, direct support professionals, and other frontline workers who provide essential care, services, and support to elders

and people with disabilities and chronic conditions. We empower workers to speak out for better wages, benefits, working conditions, and respect, in order to improve their quality of life and to promote direct care as a viable career opportunity.