



2011 Congressional Agenda



Dear Colleagues, Partners and Policymakers –

I am pleased to share with you the Direct Care Alliance Congressional Agenda for 2011. The Direct Care Alliance advocates for a valued, well-trained and stable direct care workforce to ensure that high-quality long-term care is accessible not only to the millions of Americans currently receiving services, but also to ensure that millions of seniors and people with disabilities can get the direct care they will need in the coming years.

Each day, the Direct Care Alliance brings together direct care workers, employers and people of all ages and disabilities who are dedicated to improving our nation's long-term care system. We support and strengthen the direct care workforce, providing essential services that safeguard the dignity, respect, autonomy and opportunity for all to participate in community life.

Improving direct care jobs provides a terrific opportunity for bipartisan policymaking. The number of Americans needing long-term care is expected to double to 27 million by 2050. This reality makes additional direct care jobs an essential component of future job creation initiatives that will stimulate long-term economic growth in America. However, meeting the growing demand for long-term care requires systemic reforms in how we compensate, prepare and retain direct care workers. High turnover rates hinder the overall quality of care being provided and our ability to meet the needs of an aging baby boomer population. This problem of worker retention is the direct result of low wages and limited access to the most basic of benefits.

The policy recommendations outlined in this document will strengthen America's economy and long-term care system by creating a more stable, qualified direct care workforce that enables our seniors and people living with disabilities to lead independent lives with access to the quality care they deserve. I urge you to join the efforts of the Direct Care Alliance by taking the necessary steps in Congress to modernize the direct care workforce, so that together we may better prepare our nation's long-term care system to meet the challenges that confront us today and lie ahead.

Sincerely,

A handwritten signature in black ink that reads "Leonila Vega".

Leonila Vega
Executive Director, Direct Care Alliance

A Stable, Reliable Direct Care Workforce for Our Future

A solution for our economy and our long-term care system. Policymakers have a rare opportunity to contribute to our economic recovery and improve our nation's long-term care system by creating and improving direct care jobs. These are non-exportable jobs that help individuals with chronic conditions and disabilities live with dignity and comfort. According to the Bureau of Labor Statistics, *an additional 1.1 million direct care jobs will be needed between 2008 and 2018, which will make it the second largest occupational group in the U.S. after retail salespersons.*

Our Position

Improve the economic security of direct care workers and strengthen the middle class by creating incentives to provide all direct care workers with fair wages and the same employment protections already afforded to most American workers.

We urge Congress to:

- **Amend the Fair Labor Standards Act to explicitly provide home care workers with the same minimum wage and overtime protections as other workers.** FLSA's "companionship exemption" excludes most home care workers from coverage. Even full-time home care workers are excluded, despite the fact that direct care workers with similar skills and responsibilities in institutional settings are covered. Congress should reintroduce and enact the **Direct Care Job Quality Improvement Act**, which extends FLSA protections to all home care workers except those employed on an irregular or intermittent basis.
- Congress should reauthorize the **Workforce Investment Act, Older Americans Act and Temporary Assistance for Needy Families** in the 112th Congress. Reauthorization of these programs should include an explicit focus on workforce development opportunities and support for low-income families—**such as better wages, training, and career advancement opportunities**—that enable more people to remain in direct care jobs.

Low wages equal high turnover. Each year, between 50 and 70 percent of all direct care workers leave their jobs because of unacceptable working conditions. Unsurprisingly, one of the key contributing factors to these alarmingly high turnover rates is poor wages. In 2008, the average annual income for direct care workers was \$17,000. *Low wages are not only bad for direct care workers, but they are bad for the people they serve, their families, our communities and for our economy.*

More than a "companion." *To live autonomous, dignified lives in their home, our seniors and the disabled need more than "companions;" they need skilled, reliable professionals.* In 1974, Congress amended the Fair Labor Standards Act to exempt domestic service workers who provide companionship services to the "aged and infirm" from wage and overtime protections. The U.S. Department of Labor's interpretation of home care workers as simply "companions," and the subsequent 2007 Supreme Court decision (*Long Island Care at Home, Ltd., et al. v. Coke*) deferring to the Labor Department, has contributed to a home care workforce that is plagued by high turnover and has hindered the quality of care for millions of Americans.

Building a stable, high-quality workforce. We cannot afford to continue undervaluing the direct care workforce and the people that they care for. *We must take action now to ensure that the more than 4.3 million direct care jobs in 2018 are good jobs, that attract highly trained and well-qualified workers, who will be instrumental in strengthening and expanding the middle class.*

The Direct Care Alliance is the national advocacy voice of direct care workers in long-term care. We empower workers to speak out for better wages, benefits and training, so more people can commit to direct care as a career. We also convene powerful allies nationwide to build consensus for change.

Building a Highly-Skilled Direct Care Workforce

Training and education. Federal training requirements for direct care workers fail to ensure that new workers will be prepared to care for the elderly and disabled who will rely on them. *The only direct care workers that have any federal training requirements 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!* It is no surprise then that the Institute of Medicine found that “the education and training of the direct care workforce is insufficient to prepare these workers to

provide quality care to older adults.” Insufficient training also contributes to high turnover and high levels of costly on-the-job injuries.

The need for an intervention. *Existing federal training requirements for certified nursing assistants and home health aides are outdated and, currently, there are no training requirements for the fastest growing segment of the direct care workforce: personal and home care aides.* We need higher training standards for the frontline workers of our long-term care system. In some cases, requirements have not been changed since being established 20 years ago, when the vast majority of care was provided in institutional settings. We must establish training standards for services in home- and community-based settings that reflect the current nature of direct care work.

The path to success. *Direct care workers need training that’s linked to certification and higher wages so they can advance without leaving the profession.* Certificates recognize the knowledge and skills of the workers and serve as a quality indicator to consumers and employers. Quality care for people with chronic conditions and disabilities depends on a stable workforce. With turnover rates ranging from 50 to 70 percent and over 1.1 million additional direct care jobs needed between 2008 and 2018, *we must improve recruitment and retention of this workforce for our long-term care system to be effective.* Improving training and establishing career advancement opportunities for direct care workers will help accomplish these goals.

Our Position

Strengthen the direct care workforce by expanding opportunities for training, education and certification programs to provide direct care workers with opportunities for specialization and career advancement.

We urge Congress to:

- Support demonstration programs that recruit and retain direct care workers by improving training, certification and career advancement opportunities within the field of direct care. The **Direct Care Job Quality Improvement Act**, establishes a grant program to support state initiatives to recruit and retain direct care workers.
- **Increase federal training requirements** for nursing assistants and home health aides to at least 120 hours as recommended by the Institute of Medicine.
- Establish **federal training and certification requirements** for personal and home care aides that integrate competencies that prepare workers to provide quality services in any setting.

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Health Care and Benefits for Direct Care Workers

Compromised care. Many direct care workers aren't able to recover from the emotional and physical demands of this work because they do not have basic benefits, such as health insurance and paid leave. Moreover, it can pose a significant public health risk when a direct care worker becomes ill. The failure to provide direct care workers with paid sick leave and health insurance threatens their economic security and may cause them to work while they are ill—putting the health of the people that they care for at risk.

Health care workers without health care. Direct care workers spend their days (and, for many of them, nights)

providing health care and other services to the elderly, ill, and people living with disabilities. However, direct care workers often do not get health insurance through their jobs, even though their work is crucial to maintaining the health of the people they care for. Despite this vital role they play in maintaining and improving the health of the people they care for, *direct care workers are nearly twice as likely as the overall U.S. population to not have health insurance.*

Poor health and occupational hazards. It's not as if direct care workers need health care less than other people. In fact, they have higher-than-average rates of diabetes, asthma, and other chronic conditions—conditions that become much more serious when they go untreated. *Direct care workers also have one of the nation's highest rates of on-the-job injuries, mostly back and neck injuries caused by lifting people or helping them move from place to place.* These injuries and high rates of chronic conditions can be costly to the workers, to their employers and especially to their patients.

Affordable care for health care workers. *Nearly 1 million direct care workers lack health insurance.* In addition to having negative health consequences, high health care costs disproportionately affect the physical and financial well-being of direct care workers and their families. *Building a stable direct care workforce depends on workers having access to health services to treat injuries, diseases and illnesses.*

Our Position

Direct care workers need basic benefits such as health insurance and paid sick leave to provide quality care and ensure the health of the people they care for.

We urge Congress to:

- Support the **Healthy Families Act** to guarantee paid sick days for workers.
- Support the **implementation of the Patient Protection and Affordable Care Act**. Particularly, those provisions that expand health insurance coverage to low-income families, expand access to home- and community-based services and make investments in workforce development.
- Ensure that Medicaid, other public health insurance programs, and subsidies to purchase health insurance are **easy to access** with minimal paperwork and bureaucracy.

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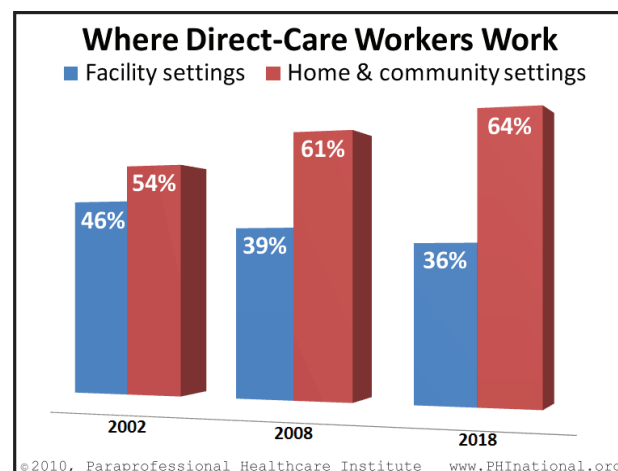
DCA Fact Sheet: Direct Care Workers

Many Titles, One Goal, More than 3 Million on the Job: *“Direct care worker” is an umbrella term that includes certified nursing assistants, home health aides, personal care assistants, direct support professionals, home care workers and other similar occupational titles.* Taken together, direct care workers add up to more than 3 million workers. Direct care workers help care for people who are ill, injured, disabled, elderly or infirm, by providing assistance with activities of daily living and certain health care and rehabilitation services. Regardless of their title, the common thread is that direct care workers have a fundamental role in caring for the more than 13 million Americans who depend on long-term care services every day.

A Foundation of the Health Care System...: *According to the Institute of Medicine, direct care workers are “the linchpin of the formal health care delivery system for older adults.”* Without this linchpin, America’s health care system would quickly grind to a halt. Many people with chronic conditions and disabilities need supports and services to make it through the day, stay on top of treatment and rehabilitation regimes, and remain healthy. Doctors and nurses provide only a limited amount of this direct care and assistance, and it would be vastly inefficient to expect them to provide more.

...and the Economy: Like teachers, firefighters and police officers, direct care workers provide a vital public service. *By 2018, the direct care workforce will be the second largest occupational group in the country, behind only retail salespersons.* Direct care workers perform their duties in a variety of settings: private homes, community-based residential settings such as group homes and assisted living facilities, and institutional settings such as nursing facilities and hospitals.

Making a Difference Every Day in the Lives of Families: Direct care workers make a difference every day in the lives of the people they care for by bringing stability, peace of mind, and freedom into their lives. The services they provide help the individuals they care for and also benefit families and communities. *About two-thirds of us will need some form of long-term care as seniors.* Families and friends provide much of this care, but for a variety of demographic reasons, informal caregiving is less available than it has been in the past. Parents today have fewer children than their parents, and with two-worker families the norm, middle-class adults have less flexibility and availability to care for aging parents and family members. For these reasons, direct care workers are essential to the well-being of the millions of Americans and their families who depend on their care and services.



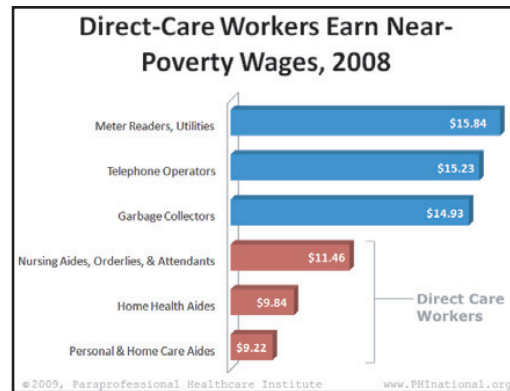
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Sources: Institute on Medicine (2008), *Retooling for an Aging America: Building the Health Care Workforce*. PHI (2010), *Policy Facts No. 3: Who are direct-care workers?* Direct Care Alliance (2009): *Direct Care Worker Principles for Health Care Reform*, available online at: http://blog.directcarealliance.org/wp-content/uploads/2009/04/dca_health_care_reform_principles1.pdf. PHI (2010), Charts available online at: <http://phinational.org/policy/>. For more information, email dward@directcarealliance.org.

DCA Fact Sheet: The Financial Realities for Direct Care Workers

Hard Work But Poor Pay: Despite undertaking hard work requiring considerable skills and functioning as essential care providers in the health care system, direct care workers are among the most poorly compensated of all workers:

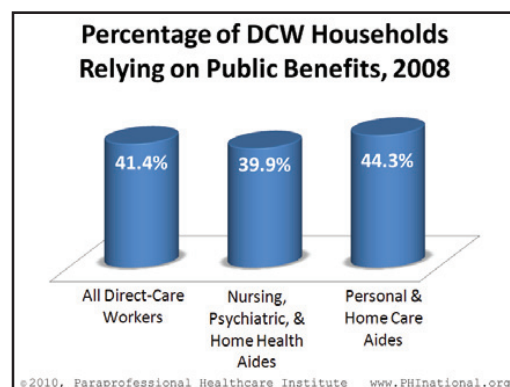
- Half of the more than 1.4 million **nursing aides** in the United States earned less than \$11.46 an hour in 2008. A parent working full-time and supporting a family of four on this wage would have earned \$23,850, less than half of the income of the typical American family of four that year.
- Half of the more than 900,000 **home health aides** earned less than \$9.84 an hour in 2008. A parent working full-time and supporting a family of four on this wage would have earned \$21,440 that year. The typical home health aid is paid less per hour than the typical veterinary assistant and laboratory animal caretaker.
- Half of the more than 800,000 **personal and home care aides** earned less than \$9.22 an hour in 2008. A parent working full-time and supporting a family of four on this wage would have earned \$19,180 that year. This is over \$1 an hour less than the typical telemarketer.



A Stable, Reliable Workforce: Most workers receive wage and overtime protections through the Fair Labor Standards Act. However, contributing to the low pay is the exclusion of home care workers from these basic protections. This means that many workers are not compensated for overtime, time and travel expenses between client visits, or for overnight stays at a client's home.

Low Pay Means High Turnover: Turnover rate estimates for direct care workers vary, but one thing is certain: the rates are dangerously high. A 2005 PHI report found that 40 to 60 percent of home health aides left the job after less than one year, and that 80 to 90 percent left within two years. Another study found that in nursing homes, the turnover rate for certified nursing assistants averages 71 percent per year. A recent Institute of Medicine report concluded that poor compensation is a major factor driving high turnover.

Direct Care Workers are Breadwinners: 90 percent of direct care workers are women, and they are often the primary or sole breadwinner in the family. *Earning such low wages with little or no health insurance means that 46 percent of direct care workers live in households that rely on one or more government programs such as food stamps, Medicaid, housing, child care, energy, or transportation assistance.*



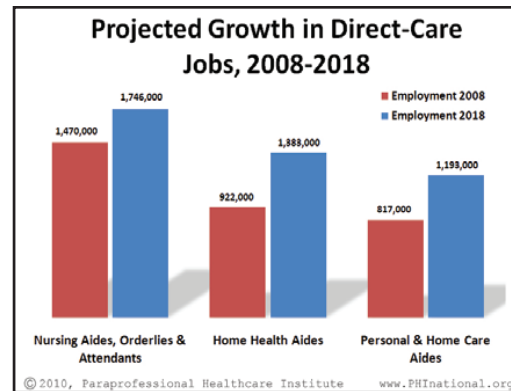
The Direct Care Alliance, Inc.

Sources: U.S. Department of Labor, Bureau of Labor Statistics Occupational Outlook Handbook, 2010-11 Edition, *Home Health Aides and Personal and Home Care Aides; Nursing and Psychiatric Aides*. PHI (2010), Charts available online at: <http://phinational.org/policy/>. Direct Care Alliance (2009): *Direct Care Worker Principles for Health Care Reform*, available online at: http://blog.directcarealliance.org/wp-content/uploads/2009/04/dca_health_care_reform_principles1.pdf. PHI (2005), *Workforce Strategies 3: The Role of Training in Improving the Recruitment and Retention of Direct-Care Workers in Long-Term Care*. PHI (2010), *Policy Facts No. 3: Who are direct-care workers?* For more information, email dward@directcarealliance.org.

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DCA Fact Sheet: The Growing Demand For Direct Care Workers

More than 3 Million Workers: According to the Federal Labor Department, more than 3.2 million workers were employed in the three main direct care occupational categories in 2008. This estimate undercounts the number of direct care workers by a significant amount because it does not include many of the workers who are hired privately by patients and their families. But even using the official figures, the size of the direct care workforce outnumbers nearly all other U.S. occupations. *If the three categories were combined in a single occupational group, they would be the third largest occupation in the United States.*



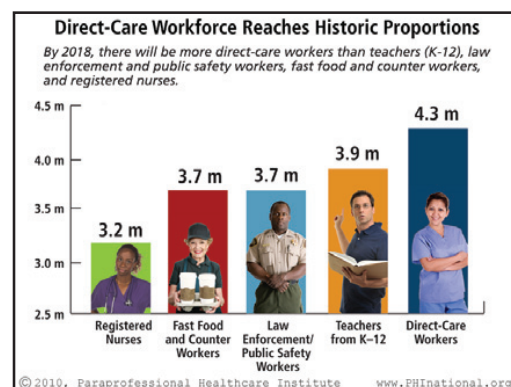
Increases in the Elderly Population ...: Many baby boomers will begin to reach age 65 in 2011, swelling the ranks of the elderly. Between 2005 and 2030, the number of adults 65 and older is expected to nearly double, from 37 million to over 70 million. Moreover, the number of adults 80 and over—the segment most likely to require long-term care—is also expected to nearly double, from 11 million to 20 million.

...Mean that Direct Care Work Has Been and Will Remain One of the Fastest Growing Occupations:

Despite the current economic downturn, the direct care workforce is projected to add 1.1 million new jobs over the next decade:

- Between 2008 and 2018, the number of **home health aides and personal and home care aides** is projected to grow by 48 percent (836,700 workers), from 1,738,800 workers in 2008 to 2,575,600 workers in 2018.
- Between 2008 and 2018, the number of **nursing aides** is projected to grow by 18 percent (279,600 workers) from 1,532,300 workers in 2008 to 1,811,800 workers in 2018.

The Care Gap: According to the Labor Department, at the current compensation levels the number of direct care job openings will exceed the number of job seekers. In an optimally functioning employment market for direct care workers, compensation for workers would adjust upward until the number of openings was roughly equal to the number of persons seeking direct care work. However, the fact that personal and home care aides' wages fell by 4 percent after adjusting for inflation suggests that the employment market for direct care workers is not functioning efficiently.

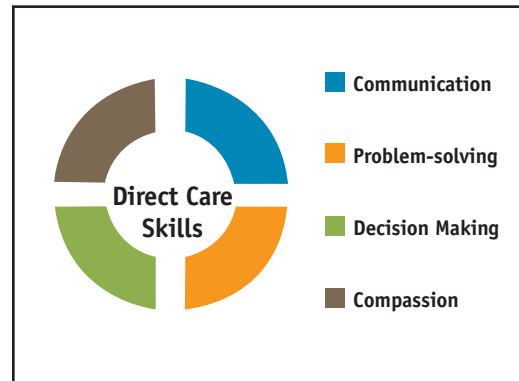


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DCA Fact Sheet: Training and Certification for Direct Care Workers

Direct Care Work is Skilled Work: The skills required to ensure quality direct care services are wide ranging. They include: 1) **monitoring** vital signs and reporting abnormal changes in body functioning; 2) **understanding** the physical, emotional and developmental characteristics of the people served; 3) **mental health and social service skills**, such as responding to behavioral issues and engaging their family to be a source of support; 4) the skills required to **care for cognitively impaired persons**, including persons with dementia and other profound impairments; and 5) **infection-control and other emergency procedures**.



More than Routine Clinical Tasks are Involved in Direct Care Work: Current training requirements tend to treat

direct care work as if it were just a series of clinical tasks, ignoring the communication, problem-solving, and decision-making skills needed to do the job well. These requirements are outdated and, in some cases, have not been changed since they were established 20 years ago when the vast majority of care was provided in institutional settings. *The trend towards community-based care makes it important to have training standards reflect the personal nature of direct care work, as well as the different settings in which it is delivered.*

Lack of Quality Training: According to the Institute of Medicine, current training requirements for direct care workers are insufficient in terms of both the quality of content and quantity of training hours. Federal law only requires 75 hours of training—including at least 16 hours of supervised practical training—for direct care workers employed in Medicaid- or Medicare-certified nursing facilities and home health agencies.

There are no federal training requirements for personal and home care aides, even though they are the fastest growing occupational category of the direct care workforce. Only half the states and the District of Columbia require training above this threshold, but the additional hours required are generally modest. Only 12 states and the District of Columbia require more than 100 hours of training. States require more training for cosmetologists and manicurists than for direct care workers. For example, in California, a cosmetologist's license requires 1,600 hours of training, and a manicurist's license requires 400 hours of study.

The Value of Recognizing Good Work: The absence of certification standards for personal and home care workers is particularly alarming when considering the following realities of care provided in home- and community-based settings: workers are generally unsupervised when caring for people in their homes, there is no reliable quality indicator for consumers that self-employ, and demand for in-home care is the fastest growing setting that care is being provided.

Training and Certification is Fundamental to Quality Care: Direct care workers do not receive enough professional development and recognition for their expertise. This contributes to why turnover rates for direct care occupations often exceed 50 percent. *The lack of specialized training that's linked to certification and higher wages means there are limited opportunities for direct care workers to advance without leaving the profession. The failure to provide direct care workers with incentives to remain in this field diminishes the quality of care for millions of elderly and people with disabilities.*

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Sources: Institute on Medicine (2008), *Retooling for an Aging America: Building the Health Care Workforce*. Direct Care Alliance (2009): *Direct Care Worker Principles for Health Care Reform*, available online at: http://blog.directcarealliance.org/wp-content/uploads/2009/04/dca_health_care_reform_principles1.pdf. PHI (2010), *National Policy Agenda: Training and Support*, available online at: <http://phinational.org/wp-content/uploads/2008/11/policyagendatraining.pdf>. For more information, email dward@directcarealliance.org.

DCA Fact Sheet: A Lack of Health Care and other Basic Benefits

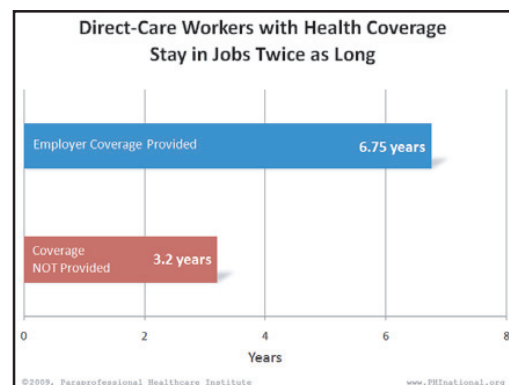
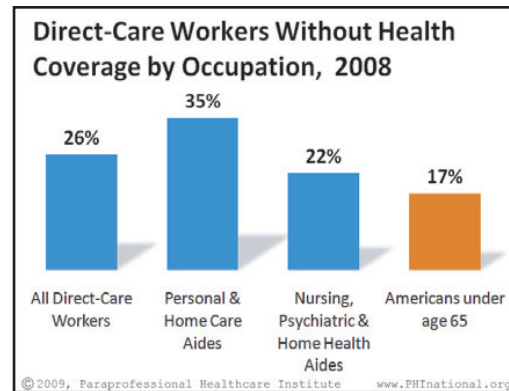
The Demands of Direct Care Work: Like most other health care professions, direct care work isn't desk work. It is often physically and mentally demanding. Direct care workers spend much of their days on the job standing and walking. They commonly have to move patients into and out of bed or help them stand or walk. They also face health hazards on a daily basis, such as infection and disease.

High Rates of On-the-Job Injuries and Chronic Health Conditions: Direct care workers have higher than average rates of diabetes, asthma and other chronic conditions that become much more serious when they go untreated. They also have one of the nation's highest rates of on-the-job injuries, mostly back and neck injuries caused by lifting people or helping them move from place to place. These injuries often cause permanent impairments and pain that require ongoing medical treatment at high costs.

The lack of basic benefits such as health care and paid sick leave hinders many direct care workers' ability to recover from the demands of this work. Furthermore, the absence of paid sick days often forces workers to face the alarming proposition of losing wages or exposing the people in their care to illness.

Health Care Workers without Health Care Insurance: According to the most recent estimates, over one in four (26 percent) of direct care workers—some 800,000—were not covered by health insurance in 2008. Uninsurance was especially high for personal and home care aides—about one out of every three lacked coverage in 2008. These rates are much higher than the uninsurance rates for all Americans in 2008 (15.4 percent) and for working-age adults who were employed during the year (18.7 percent).

Access to Health Care and Other Benefits are Essential to Building a Stable, High-Quality Workforce: While many employers do the right thing and provide affordable health insurance and benefits to the direct care workers they employ, many others do not. Other factors that contribute to direct care workers' limited access to health care include: unaffordable premiums and co-pays, insufficient hours available to qualify for the company plan, and many simply cannot afford health insurance in the individual market.



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Sources: Institute on Medicine (2008), *Retooling for an Aging America: Building the Health Care Workforce*. Direct Care Alliance (2009): *Direct Care Worker Principles for Health Care Reform*, available online at: http://blog.directcarealliance.org/wp-content/uploads/2009/04/dca_health_care_reform_principles1.pdf. PHI (2009), *Health Care For Health Care Workers: Health Care Coverage for Direct Care Workers: 2008 Data Update*. For more information, email dward@directcarealliance.org.