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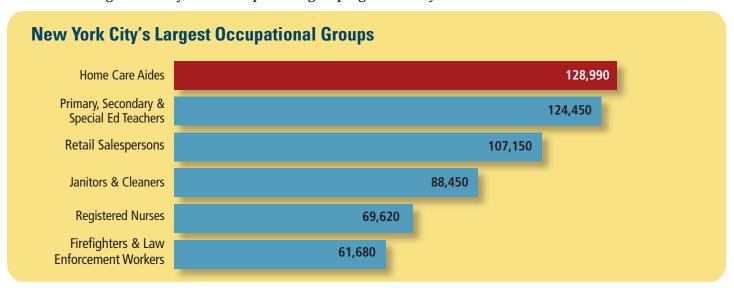
New York City's Home Care Workforce

ew York City is home to one of the largest home care workforces in the country. Each day, approximately 130,000 personal attendants and home health aides provide essential 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.¹

Responsible for 70 to 80 percent of paid hands-on care, these workers attend to the health and safety of their clients or patients in their own homes or in community settings, helping them bathe, dress, and eat. In addition, home care aides assist with tasks that are critical to remaining in the community such as shopping, light housekeeping, and managing medications. These workers also serve as the "eyes and ears" for licensed professionals, including nurses and physical therapists, and provide critical support for family members seeking to balance employment with caregiving for a family member.

A sizeable workforce

Accounting for nearly 60 percent of the state's home care workers, the City's home care workforce is larger than any other occupational grouping in the City.



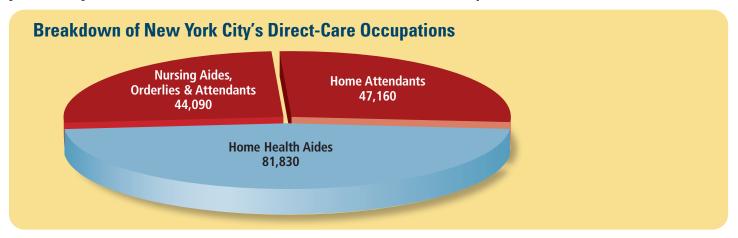
The City's home care workforce is divided into two distinct segments:

• More than 80,000 **home health aides** employed primarily by licensed home care services agencies (LHCSAs) that contract with certified home health agencies (CHHAs), Long Term Home Health Care Programs, Medicaid Managed Care Plans, and commercial insurers.

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• Roughly 47,000 **home attendants**—known as "personal care aides" elsewhere in the state—employed by LHCSAs that contract with the City's personal care program.

The City's home care workforce is substantially larger than the direct-care workforce employed in nursing facilities. This reflects longstanding state and city policies to expand and enhance home and community-based care as well as the City's housing density and easily accessible public transportation. This urban infrastructure facilitates this service delivery model.



Among the fastest-growing occupations

Home care jobs in New York City—officially counted as Personal and Home Care Aides and Home Health Aides—top the list of occupations expected to generate the greatest number of new jobs. Nearly 50,000 new home care positions are expected between 2006 and 2016 due to growth alone.

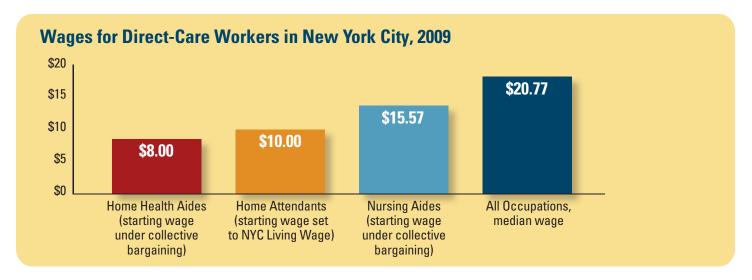
Occupation	No. of positions to be added	Percent change
Home Health Aides	33,400	41%
Personal and Home Care Aides	16,200	34%
Retail Salespersons	13,300	12%
Customer Service Representatives	9,600	15%
Accountants and Auditors	9,400	16%
Registered Nurses	9,300	13%

In addition, Home Health Aides and Personal and Home Care Aides are expected to be the second and third fastest-growing jobs in the City, increasing by 41 percent and 34 percent, respectively, and far outpacing the rate of increase in jobs overall in the City (7.4 percent).

Lack of equity in home care wages

More than one in seven low-wage workers in New York City is a home care worker. Moreover, within the City's home care workforce, there is a significant "wage inversion": home health aides are paid up to \$2.00 less per hour than home attendants, despite receiving longer training that allows them to perform more tasks. Home attendants receive higher wages because of their

early unionization, and because they work under a city government contract that ties their wages to the City's living wage (now set at \$10 per hour). Home health aides began to unionize only recently, and since they do not work directly for the City, no "wage floor" applies other than the state's current minimum wage (\$7.25 per hour). For home health aides covered by collective bargaining, the current entry-level wage is approximately \$8.00.²



Compensation disparities among the City's home care workers are a problem because they lead to recruitment difficulties and elevated turnover for home health aides. Home attendant workers as a group are significantly more stable than home health aides with turnover among the former estimated at only 12 percent compared to rates of 40 to 60 percent commonly experienced by many home care agencies across the country.

Uneven and vulnerable health coverage

An analysis of health coverage for all home care workers across the entire state shows that these workers are twice as likely as the general population to be uninsured (27 percent vs. 15 percent). In New York City, unionization of these workers has enabled more home health aides and home attendants to secure health coverage. However, while home attendants have access to comprehensive coverage with no premium sharing, home health aides have access only to limited individual coverage capped at \$6,500 in annual medical expenses. Home health aides who do not work for a unionized employer may have no access to health insurance through their employer.

Moreover, health coverage for all home care workers is vulnerable. Coverage can be lost if a worker becomes sick or fails to work the needed hours to maintain eligibility (for home health aides, 120 hours per month; for home attendants, 80 hours per month for coverage for a mother and child).

Growing economic role of eldercare/disability services

Direct-care jobs constitute the employment core of eldercare/disability services, far outnumbering doctors, nurses, and other professional health care workers. This industry has assumed a pivotal role in the New York City economy.

Eldercare/disability services in New York City account for a striking 42 percent of overall health care and health assistance employment in the City.³ They also constitute one of the fastest-growing industry groups in the City. Jobs in this sector increased by 21 percent from 2000 to 2007, generating nearly 40,000 new jobs.

Within eldercare/disability services, the fastest-growing industry in terms of employment has been Home Health Care Services, which increased 90 percent over the last seven years. Employment in the City's nursing care facilities actually declined by 3.5 percent during this same period.

Endnotes

- 1 A growing number of direct-care workers are independent providers working directly for consumers. These workers tend to be heavily undercounted by government surveys.
- 2 About 50 percent of the City's home health aides are unionized compared to almost all home attendants (a few city agencies employ non-unionized attendants).
- 3 Services provided through the eldercare/disability services industry span both the conventional health care sector and health assistance services. **Health care** is traditionally defined to include three industry groupings: Hospitals, Ambulatory Health Care, and Nursing and Residential Care Facilities. **Health assistance** services refer to non-residential and non-medical personal and social assistance services and supports delivered in homes and settings such as day programs that complement health-oriented services and assist people with essential activities of daily living.

Data Sources

Employment and occupational projections data are from: New York State Department of Labor (NYS DOL), Long-Term Occupational Employment Projections, 2006-16, available at: http://www.labor.state.ny.us/stats/lsproj.shtm. Projections include both growth and replacement needs. Baseline employment data is for 2006.

Industry employment data are from: NYS DOL, Quarterly Census of Employment and Wages, available at: http://www.labor.state.ny.us/stats/lsqcew.shtm.

Wage data are from: 1199 SEIU collective-bargaining agreements and NYS DOL, Occupational Employment Statistics, available at: http://www.labor.state.ny.us/stats/lswage.shtm.

Turnover rate information for home attendants is from: Home Care Council of New York City, 2005 Membership Survey. For other sources, see Institute of Medicine (2008) *Retooling for an Aging America*, Washington, DC: The National Academies Press, p. 209.

Data on health insurance coverage is from: PHI (May 2009) *Is New York Prepared to Care? A Comprehensive Coverage Solution for Home Care Workers*, available at: http://tinyurl.com/dcp2ul.



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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