Direct Care Workforce: The Shift towards Nonmedical Services

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ABSTRACT  

Purpose: A shift in the direct care workforce from aides trained to provide medical services to those trained only to provide nonmedical services impacts both providers and consumers of long-term care. Between 2013 and 2014, data from the U.S. Census Bureau show that the number of nursing, psychiatric, and home health aides (who provide medical services) has declined while the number of personal and home care aides (who provide nonmedical services) has increased. This study explores the potential reasons for these trends by comparing these two groups of aides, using data from the 2013 and 2014 American Community Survey (ACS).

Design and Methods: Data were taken from the 1% Public Use Microdata Sample (PUMS) from the 2014 ACS. Logistic regression was used to compare demographic and employment characteristics of nursing, psychiatric, and home health aides versus personal and home care aides. Results: Compared to personal and home care aides, nursing, psychiatric, and home health aides are more likely to be under age 25, female, African American, year-long full-time employees, to have recently married, to be foreign-born, to have moved within the last year, and to have health insurance through their employer. These aides are also less likely to be over age 65, other race, widowed, a non-U.S. citizen, non-English speaking, in poverty, to be Medicare-eligible, to directly pay for health insurance, and to have a disability. Implications: These changing characteristics of the direct care workforce are particularly relevant to staffing concerns, given population aging as well as industry trends.

INTRODUCTION

The goal of our study is to track the recent shift in the direct care workforce from medical to nonmedical services by generating profiles of workers in several settings (i.e., hospitals, nursing homes, home health agencies, home care agencies). We prepared the profiles using data from the Public Use Microdata Sample (PUMS) of the 2014 American Community Survey (ACS) and compared them using profiles similar to those presented by Montgomery, et al. (2005). This detailed information about the direct care workforce and the conditions of employment serves several purposes. First, it allows local planners and policy makers to anticipate worker needs. Second, detailed information about characteristics of existing workers is useful in targeting potential workers for future recruitment efforts. Third, knowledge about job characteristics (e.g., types of employers and differential pay scales) provides useful information in developing strategies for attracting, training, and retaining workers in specific industries that employ direct care workers.

DEFINING THE WORKFORCE

In this study we use the definition of the direct care workforce that was developed by Montgomery and her colleagues (Montgomery, Holley, Deichert, & Jason, 2010). The Census Bureau did not consider to be part of the direct care workforce such cooks who work in an industry that does not provide direct care services. Similarly, there are occupations that may not consider to be part of the direct care workforce such as cooks who work in nursing care facilities. Similarly, there are occupations that may not consider to be part of the direct care workforce such as cooks who work in nursing care facilities, without nursing; outpatient care centers; home health care facilities; and other care occupations that we include in this analysis: (1) personal and home care aides and (2) nursing, psychiatric, and home health aides. We do not include other health care support occupations in this definition of the direct care workforce because they either provided more temporary services or required more specialized training.

RESULTS AND DISCUSSION

There are two occupation codes used by the Census Bureau for health care support occupations that we include in this analysis: (1) personal and home care aides and (2) nursing, psychiatric, and home health aides. We do not include other health care support occupations in this definition of the direct care workforce because they either provided more temporary services or required more specialized training.

The industries that we use in our identification of the direct care workforce include: hospitals; nursing care facilities; residential care facilities; nursing homes; and 3 demonstrate, the growth since 2000 in the direct care workforce has been greater in home care than in any other long-term care industry (i.e., hospitals, nursing homes).

REFERENCES
