

Maine's Direct-Care Workforce

Maine's 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 working directly for consumers. These workers tend to be heavily undercounted by government surveys.

A sizeable workforce

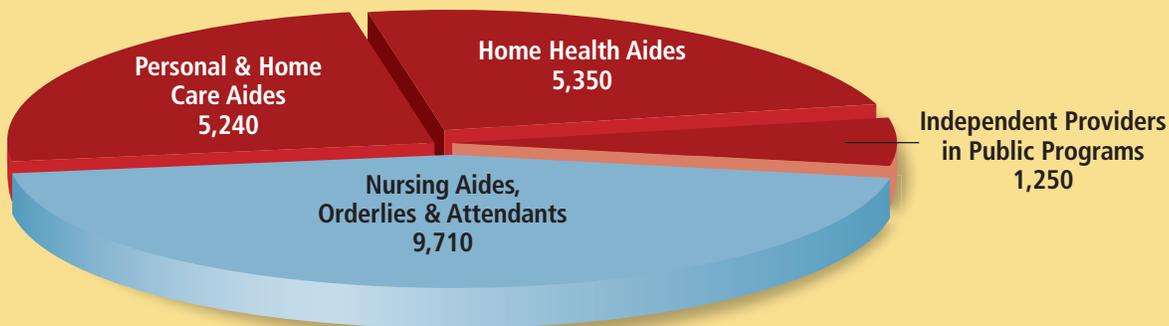
Maine's direct-care workforce today totals about 22,000 workers and is larger than almost any other occupational grouping in the state.

Maine's Largest Occupational Groups



The majority of direct-care workers in Maine (55 percent) are Home Health Aides, Personal and Home Care Aides, and Independent Providers largely employed in home and community-based settings.

Breakdown of Maine's Direct-Care Occupations, 2008



Among the occupations creating the most new jobs

Direct-care occupations, taken as a group, are among the top five occupations in Maine expected to add the most new positions over the decade.

Occupations Generating the Most Jobs, 2006–2016

Occupation	Number of positions to be added	Percent change
1 Cashiers	7,550	48%
2 Waiters & Waitresses	6,800	62%
3 Retail Salespersons	6,770	35%
4 Direct-Care Workers	5,920	28%
5 Registered Nurses	5,320	38%

Projected demand estimated by the Maine Department of Labor calls for an **additional 5,920 new direct-care positions over the period 2006 to 2016. The resulting workforce will total just under 30,000 workers.**

The fastest-growing direct-care jobs in Maine are in home and community settings. From 2006 to 2016, positions for **Personal and Home Care Aides** are projected to increase by 45 percent and those for **Home Health Aides** by 29 percent, far outpacing the rate of increase in jobs overall in the state (5.0 percent). Jobs for Nursing Aides, Orderlies and Attendants are expected to increase by 17 percent.

Home and Community-Based Jobs Growing the Fastest

Occupation	Number of positions to be added	Percent change
Personal & Home Care Aides	2,790	45%
Home Health Aides	1,450	29%
Nursing Aides, Orderlies & Attendants	1,680	17%
All Direct-Care Workers	5,920	28%

Uncompetitive wages for home and community-based jobs

The median hourly wage for all occupations in Maine was \$14.78 in 2008. In sharp contrast, **wages for Personal and Home Care Aides in Maine fall between 150 percent (\$7.50) and 200 percent (\$10.00) of the federal poverty level for a single person.** The 200 percent poverty level is low enough to qualify households for many state and federal assistance programs. Wages for Nursing Aides are higher, yet still far below the state's median wage.

Median Wages for Direct-Care Workers in Maine, 2005–2008

Occupation	2005	2006	2007	2008
Personal & Home Care Aides	\$8.58	\$8.86	\$8.98	\$9.30
Home Health Aides	\$9.61	\$9.99	\$10.52	\$10.67
Nursing Aides, Orderlies & Attendants	\$10.08	\$10.44	\$10.78	\$11.15
All Occupations	\$13.30	\$13.76	\$14.28	\$14.78

Inadequate health coverage

A survey of Maine's direct-care workers in four eldercare/disability service settings conducted in 2006 found that nearly a third of home care workers—both those working for agencies and under consumer-directed programs—were uninsured. In contrast, only 10 percent of direct-care workers in mental retardation waiver programs were uninsured, while 16 percent of workers in nursing and residential care facilities had no insurance. Up to a quarter of workers surveyed in some settings were on MaineCare (Medicaid).

To address the state's commitment to affordable coverage for direct-care workers, Maine recently applied for and was awarded an \$8.5 million federal grant to expand health coverage to this workforce through Maine's Dirigo Health Agency. Beginning in January 2010, uninsured direct-care workers in agencies with more than 50 employees will receive vouchers to purchase coverage.⁴

Public subsidies required to meet basic needs

Earnings and labor force participation. Annual earnings for direct-care workers in Maine and neighboring New England states averaged \$20,484 during the period 2006 to 2008. Two in five direct-care workers in this region (43 percent) are employed part time.

Poverty status. Nearly a third of direct-care workers in Maine and nearby states (32 percent) live in households with incomes at or below 200 percent of the federal poverty line.

Reliance on public benefits. Nearly 40 percent of direct-care workers in Maine and surrounding states (37 percent) 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.
- 4 Maine's 2009 grant award under the State Health Access Program operated by US Department of Health and Human Services is eligible for renewal funds for each of five years, up to a total of \$42.5 million. Part-time and seasonal employees in other industries are also eligible for subsidies through this program. More information is available at: <http://tinyurl.com/ne4ew8>.

Data Sources

Occupational projections data are from Maine Department of Labor, Labor Market Information, Occupational Employment and Projections, available at: <http://www.maine.gov/labor/lmis/>. Counts include positions due to replacement needs and new growth.

Employment and wage data are from U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics (OES) Program, available at: <http://www.bls.gov/oes/tables.htm>.

The count of independent providers (Personal Assistants) employed in public programs is from Alpha One, Maine's Center for Independent Living, which serves as the employer-of-record for personal assistants employed by consumers through Maine's Consumer Directed Waiver program.

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 2007, 2008, and 2009 Annual Social & Economic (ASEC) Supplements for the New England Region (CT, MA, ME, NH and VT).

Health insurance coverage data are from Maine Department of Health & Human Services (2007) Study of Maine's Direct Care Workforce, Report to the 123rd Maine Legislature, available at: www.mecep.org/direct_care_worker_coalition.asp.



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.

For more information contact:

Carol Regan, PHI Government Affairs Director • 301.587.1225 • cregan@PHInational.org

Alexandra Olins, PHI Northern New England Regional Director • 802.655.4615 • aolins@PHInational.org



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