Challenge of the Decade

Nancy Muller, MBA, Executive Director
National Association For Continence

The Paraprofessional Healthcare Institute (PHI) recently reported on projections from the National Employment Matrix released by the Bureau of Labor Statistics (BLS), highlighting the significant growth in demand for direct care workers in the decade ahead.1 With increasing longevity and the lives of persons with chronic illnesses being extended by technological advances both in diagnostics and treatment, we are on the precipice of either a disaster — facing a serious shortage of qualified, paid caregivers — or the opening of a bright, new day of improved quality in home care and patient safety. The choice is ours in how we engage from this day forward in delivering the resources needed to appropriately meet this heightened demand.

Over the period 2008–2018, the BLS forecasts a 48% increase in demand for hands-on, direct care workers in home health-care, from 1,739,000 to 2,576,000 individuals. A slightly sharper increase is projected in the category of home health aides, expected to rise by 50% over the period, versus that of personal and home care aides, forecast to increase by 46%. Given state budget pressures limiting costly nursing home beds and the frequent desire of individuals to maintain their independent, private homes even to the point of living alone and with frailty, this projection is not surprising.

In general, home health aides and personal and home care aides have similar job duties. However, some seemingly small but important differences exist, according to the federal definition.2 Home health aides typically work for certified home health or hospice agencies that receive government funding; therefore, they must keep record of services performed because they work under the direct supervision of a medical professional to receive payment. They also may provide some basic health-related services, such as recording a person’s pulse rate, temperature, and respiration rate. They may well help with simple prescribed exercises and administer medications. Occasionally, they change simple dressings, give massages, provide skin care, or assist with braces and artificial limbs. With special training, experienced home health aides also may assist with medical equipment such as ventilators.

Personal and home care aides — also called homemakers, caregivers, companions, and personal attendants — work for various public and private agencies that provide home care services. They work independently, with only periodic visits by their supervisors. Some aides are hired, supervised, and assigned tasks directly by the client or the client’s family. The median hourly pay rate differs only slightly, by 62 cents, or 6%, between the two categories. These workers are not typically paid for travel time, and job benefits are often limited or nonexistent.

According to the US Department of Labor’s Occupational Outlook Handbook,2 home health aides must receive formal training and pass a competency test to work for certified home health or hospice agencies that receive reimbursement from Medicare or Medicaid. However, personal and home care aides face a wide range of requirements that vary from state to state. In fact, neither home health aides nor personal and home care aides are generally required to have a high school diploma. They usually are trained on the job and instructed on how to cook for a client, including for those on special diets. Additionally, they may be trained in basic housekeeping tasks. Generally, they are taught how to respond to an emergency, when to call 911, and about basic safety techniques.

Although the PHI views such demand patterns positively as an opportunity for its traditionally low-wage constituents, this situation also represents a challenge and even a threat to quality of care and patient safety depending on how quickly we as a nation prepare for the decade of demand unfolding. Although Harvard University economist Lawrence Katz sees this heightened demand as an opportunity for its traditionally low-wage constituents, technological advances both in diagnostics and treatment, we are on the precipice of either a disaster — facing a serious shortage of qualified, paid caregivers — or the opening of a bright, new day of improved quality in home care and patient safety.

In general, home health aides and personal and home care aides have similar job duties. However, some seemingly small but important differences exist, according to the federal definition.2 Home health aides typically work for certified home health or hospice agencies that receive government funding; therefore, they must keep record of services performed because they work under the direct supervision of a medical professional to receive payment. They also may provide some basic health-related services, such as recording a person’s pulse rate, temperature, and respiration rate. They may well help with simple prescribed exercises and administer medications. Occasionally, they change simple dressings, give massages, provide skin care, or assist with braces and artificial limbs. With special training, experienced home health aides also may assist with medical equipment such as ventilators.

Personal and home care aides — also called homemakers, caregivers, companions, and personal attendants — work for various public and private agencies that provide home care services. They work independently, with only periodic visits by their supervisors. Some aides are hired, supervised, and assigned tasks directly by the client or the client’s family. The median hourly pay rate differs only slightly, by 62 cents, or 6%, between the two categories. These workers are not typically paid for travel time, and job benefits are often limited or nonexistent.

According to the US Department of Labor’s Occupational Outlook Handbook,2 home health aides must receive formal training and pass a competency test to work for certified home health or hospice agencies that receive reimbursement from Medicare or Medicaid. However, personal and home care aides face a wide range of requirements that vary from state to state. In fact, neither home health aides nor personal and home care aides are generally required to have a high school diploma. They usually are trained on the job and instructed on how to cook for a client, including for those on special diets. Additionally, they may be trained in basic housekeeping tasks. Generally, they are taught how to respond to an emergency, when to call 911, and about basic safety techniques.

Although the PHI views such demand patterns positively as an opportunity for its traditionally low-wage constituents, this situation also represents a challenge and even a threat to quality of care and patient safety depending on how quickly we as a nation prepare for the decade of demand unfolding. Although Harvard University economist Lawrence Katz sees this heightened demand as an opportunity for its traditionally low-wage constituents, technological advances both in diagnostics and treatment, we are on the precipice of either a disaster — facing a serious shortage of qualified, paid caregivers — or the opening of a bright, new day of improved quality in home care and patient safety.

In general, home health aides and personal and home care aides have similar job duties. However, some seemingly small but important differences exist, according to the federal definition.2 Home health aides typically work for certified home health or hospice agencies that receive government funding; therefore, they must keep record of services performed because they work under the direct supervision of a medical professional to receive payment. They also may provide some basic health-related services, such as recording a person’s pulse rate, temperature, and respiration rate. They may well help with simple prescribed exercises and administer medications. Occasionally, they change simple dressings, give massages, provide skin care, or assist with braces and artificial limbs. With special training, experienced home health aides also may assist with medical equipment such as ventilators.

Personal and home care aides — also called homemakers, caregivers, companions, and personal attendants — work for various public and private agencies that provide home care services. They work independently, with only periodic visits by their supervisors. Some aides are hired, supervised, and assigned tasks directly by the client or the client’s family. The median hourly pay rate differs only slightly, by 62 cents, or 6%, between the two categories. These workers are not typically paid for travel time, and job benefits are often limited or nonexistent.

According to the US Department of Labor’s Occupational Outlook Handbook,2 home health aides must receive formal training and pass a competency test to work for certified home health or hospice agencies that receive reimbursement from Medicare or Medicaid. However, personal and home care aides face a wide range of requirements that vary from state to state. In fact, neither home health aides nor personal and home care aides are generally required to have a high school diploma. They usually are trained on the job and instructed on how to cook for a client, including for those on special diets. Additionally, they may be trained in basic housekeeping tasks. Generally, they are taught how to respond to an emergency, when to call 911, and about basic safety techniques.

Although the PHI views such demand patterns positively as an opportunity for its traditionally low-wage constituents, this situation also represents a challenge and even a threat to quality of care and patient safety depending on how quickly we as a nation prepare for the decade of demand unfolding. Although Harvard University economist Lawrence Katz sees this heightened demand as an opportunity for its traditionally low-wage constituents, technological advances both in diagnostics and treatment, we are on the precipice of either a disaster — facing a serious shortage of qualified, paid caregivers — or the opening of a bright, new day of improved quality in home care and patient safety.

In general, home health aides and personal and home care aides have similar job duties. However, some seemingly small but important differences exist, according to the federal definition.2 Home health aides typically work for certified home health or hospice agencies that receive government funding; therefore, they must keep record of services performed because they work under the direct supervision of a medical professional to receive payment. They also may provide some basic health-related services, such as recording a person’s pulse rate, temperature, and respiration rate. They may well help with simple prescribed exercises and administer medications. Occasionally, they change simple dressings, give massages, provide skin care, or assist with braces and artificial limbs. With special training, experienced home health aides also may assist with medical equipment such as ventilators.

Personal and home care aides — also called homemakers, caregivers, companions, and personal attendants — work for various public and private agencies that provide home care services. They work independently, with only periodic visits by their supervisors. Some aides are hired, supervised, and assigned tasks directly by the client or the client’s family. The median hourly pay rate differs only slightly, by 62 cents, or 6%, between the two categories. These workers are not typically paid for travel time, and job benefits are often limited or nonexistent.

According to the US Department of Labor’s Occupational Outlook Handbook,2 home health aides must receive formal training and pass a competency test to work for certified home health or hospice agencies that receive reimbursement from Medicare or Medicaid. However, personal and home care aides face a wide range of requirements that vary from state to state. In fact, neither home health aides nor personal and home care aides are generally required to have a high school diploma. They usually are trained on the job and instructed on how to cook for a client, including for those on special diets. Additionally, they may be trained in basic housekeeping tasks. Generally, they are taught how to respond to an emergency, when to call 911, and about basic safety techniques.