



COMMONWEALTH of VIRGINIA
Department for the Aging

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AAA TUESDAY E-MAILING
February 24, 2009

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Note: The web addresses (links) in this document may change over time. The Department for the Aging does not attempt to refresh the links once the week has passed. However, this document is maintained on the web for a period of time as a reference. Some links may require registration.

1610 Forest Avenue, Suite 100, Richmond, Virginia 23229
Toll-Free: 1-800-552-3402 (Voice/TTY) • Phone: 804-662-9333 • Fax: 804-662-9354
E-mail: aging@vda.virginia.gov • Web Site: www.vda.virginia.gov



COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Ellen M. Nau

DATE: February 24, 2009

SUBJECT: Kinship Care

From Melissa Adle, UMaine Center on Aging - RAPP

If you facilitate a support group for grandparents raising their grandchildren and/or parenting relatives, then please consider participating in our *free upcoming e-seminar*:
Online Seminar and Conversation for Support Group Facilitators

Facilitators: Barbara Kates and Bette Hoxie

Wednesday February 25, 2009 12:00pm-4:00pm EST

There is no cost to attend to attend this event.

Open to all interested support group leaders/ facilitators!

This is a great opportunity to talk with seasoned group facilitators about the nuts and bolts of starting and maintaining a group as well as challenges that arise along the way. You may also find out that you are not the only one thinking about specific issues that arise in facilitating a group!

This is the first program in a series of e-seminars designed for support group leaders and facilitators who run groups for grandparents raising their grandchildren and/or parenting relatives.

Registration Instructions:

Please visit www.mainecenteronaging.org/moodle to create an online account and access the e-seminar you would like to join. Those who wish to participate will need a

SUBJECT: Kinship Care

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computer with internet access and a web browser (Internet Explorer, Firefox, AOL, etc.). All seminar activities happen online in a message board format (no audio) with no other special equipment or computer programs needed!

View the e-conversation series flyer at:

<http://www.umaine.edu/mainecenteronaging/documents/Facilitatore-seminarfeb2009.pdf>

For more information or technical assistance, please contact:

Melissa Adle

UMaine Center on Aging

207-262-7931 melissa.adle@umit.maine.edu

Generations United Photography Contest

Now is the time to submit your best pictures to the Generations United Intergenerational Photography Contest! The popular contest, made possible with generous support from MetLife Foundation, recognizes the work of amateur photographers over the age of 50 and under the age of 23. Deadline for entries will be April 1, 2009 Go to

http://www.gu.org/IG_Photo_Contest.asp for more information!

Grandparents.com

Grandparents.com has a new service called [Storyteller](#). Storyteller allows you to record a message for a grandchild who can listen to it at their convenience from a computer. It's great for saying good-night, telling a story, connecting long-distance or in the next room! And you can use it as many times as you wish – even on a daily basis!

It's easy:

1. Click on the link
<http://www.grandparents.com/gp/storyteller/getstarted1/index.html>
2. **Click on "Try it Now"**
3. Dial the phone number that will appear on your screen, then enter the pin number provided.
4. Record your message, story, song or simply say "I love you" — and send it to as many grandchildren as you want! An email with a link to your recording will be sent to the email addresses you provide and your grandchildren will be able to listen to your voice as many times as they'd like!



COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

AND: Nutrition Directors
Health Promotion and Disease Prevention Coordinators

FROM: Elaine S. Smith, MS, RD
Program Coordinator

DATE: February 24, 2009

SUBJECT: Exercise and Physical Activity Resources

Exercise & Physical Activity: Your Everyday Guide from the National Institute on Aging!

The National Institute on Aging has released a guide for older adults to help them take charge of an important part of their health. This is updates the information in the "purple book" that was distributed a number of years ago. *Exercise & Physical Activity: Your Everyday Guide from the National Institute on Aging!* discusses the benefits of exercise and physical activity, and shows older adults how to get started, reduce risks, and reward their progress. It contains sample exercises and charts to record their activities. The guide also has tips for getting back on track if there's a break in routine, as well as tips for healthy eating. Personal stories are also interspersed throughout the guide that can serve as inspirations to be more active every day. To learn more and download a PDF version of the guide, please see:

<http://www.nia.nih.gov/HealthInformation/Publications/ExerciseGuide/> You may also order a maximum of 25 print copies without charge from the website.

2008 Physical Activity Guidelines for Americans

In October 2008, the Federal Government published comprehensive physical activity guidelines for the first time. The U.S. Department of Health and Human Services

SUBJECT: Exercise and Physical Activity Resources

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released the *2008 Physical Activity Guidelines for Americans* designed to provide information and guidance on the types and amounts of physical activity that provide substantial health benefits for Americans aged 6 years and older. Developed with health professionals and policymakers in mind, the Physical Activity Guidelines describe (1) a total amount of activity per week that allows people to design their own way of meeting the Guidelines and (2) a range of physical activity options that emphasizes the more you do, the more health benefits you gain. Recommendations are made for groups such as children and adolescents, adults, older adults, persons with disabilities, pregnant and postpartum women, and persons with some chronic conditions. To complement the Guidelines, HHS has developed a Toolkit that can help you get the word out about the new Guidelines and encourage Americans to be physically active. More information and 2008 Physical Activity Guidelines for Americans materials are available online at: <http://www.health.gov/paguidelines/>



COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

AND: Nutrition Directors
Health Promotion and Disease Prevention Coordinators

FROM: Elaine S. Smith, MS, RD
Program Coordinator

DATE: February 24, 2009

SUBJECT: Exercise Training and Arthritis Advocacy Opportunities

Following are flyers for exercise instructor training and other opportunities for advocacy for older adults, particularly those with arthritis. There is also a Tai Chi Training opportunity. Please contact the Arthritis Foundation as noted for costs and scholarship information.

Dear Instructor/Wellness Partner,

Need re-certification, training for a new sub , or want to certify as a leader for another program? Training opportunities are coming up!

Please visit www.arthritis.org, keyword: Virginia, and click on "Teach a Class" to download the forms you'll need to sign up before the trainings are full! As always, give us a call if you are having challenges getting your class started or have any other questions!

Judy Yoder
Vice President, Community Outreach
Arthritis Foundation, Virginia Chapter

Instructor Training **Spring 2009**

Do you need Re-certification or want to be Certified in another AF Program?

When you attend a training, you'll receive up-to-date information as well as marketing materials for your program. And remember, your Aquatic and Exercise training hours are **CE-eligible** through AEA.

For more information, please call (800) 456-4687. For Aquatic, dial ext. 301, Linda Leslie; Exercise, dial ext. 307, Dana Mayo; Tai Chi, dial ext. 303, Judy Yoder.

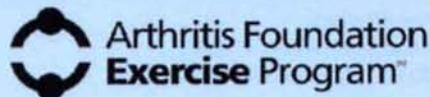


March 21, 2009

Powell Wellness Center • Culpeper
Registration deadline: *March 6*

April 4, 2009

Southside Family YMCA • Petersburg
Registration deadline: *March 20*



March 7, 2009

Dunlop House • Colonial Heights
Registration deadline: *February 20*

March 28, 2009

Our Lady of Perpetual Help
Health Center • Virginia Beach
Registration deadline: *March 13*



***NEW* Arthritis Foundation Tai Chi Program:**

This ancient discipline has been proven to reduce pain and stiffness.

Mark your calendar and sign up now!

March 21-22, 2009

RF Wilkinson YMCA • Williamsburg
Registration deadline: *March 6*

**Trainee scholarships may be available. Please inquire prior to registration!*

VOLUNTEER • TAKE ACTION TODAY!

National E-Advocacy Network

Click for a Cure
Join Us!

*46 million reasons,
one opportunity to make a difference*

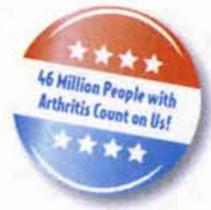
Forty-six million Americans, including 300,000 children, suffer from some form of arthritis. As the most common cause of disability in the U.S., arthritis has a significant impact on our nation's economy. Yet, despite years of research and treatment advances, there is still no cure for this painful and debilitating disease.

Join the Arthritis Foundation's National E-Advocacy Network and let Congress know more needs to be done for people with arthritis ---more research, more public education and more doctors for kids with arthritis. As an E-Advocate, you'll receive exclusive access to Arthritis Agenda, AF's online grassroots newsletter, delivered to your inbox so it's ready when you are. You'll also gain important insights and advocacy tools to help you:

- ❖ Arm yourself with important information and updates on arthritis legislation;
- ❖ Take critical action with AF's special Action Alerts; and
- ❖ Lend your voice to our collective strength to let Congress know it's time to cure and find better treatments and strategies for arthritis.

Sign-up today, and together we'll work to make arthritis history!

Complete the form on this page and drop it off or mail/fax it to your local Arthritis Foundation Chapter: or complete our form online at <http://capwiz.com/arthritis/mlm/signup/>



Yes! I want to become an E-Advocate.

First Name _____

Last Name _____

Mailing Address _____

City _____

State _____ Zip _____

Home Phone _____

Work Phone _____

Fax _____

E-Mail (required) _____

**HELP US TELL
CONGRESS
THE TIME
IS NOW TO
PREVENT
CONTROL
CURE
ARTHRITIS**



National E-Advocacy Network



2009 Arthritis Walks

Join us for a 5k or 1-mile walk option



Richmond— Saturday, April 25th

The Peninsula—Saturday, April 25th

South Hampton Roads— Saturday, May 2nd

Williamsburg— Saturday, May 2nd

Charlottesville— Saturday, May 2nd

Loudoun County— Saturday, May 16

Winchester— Saturday, May 16th

Fredericksburg— Saturday, May 2nd

Prince William County— Fall 2009, TBD

For more information or to register online, go to:
Letsmovetogether.org



COMMONWEALTH of VIRGINIA
Department for the Aging

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Ellen M. Nau, Human Services Program Coordinator

DATE: February 24, 2009

SUBJECT: National Family Caregiver Support Program

Older Americans Month 2009 Theme

Each year the Administration on Aging (AoA) issues a theme for Older Americans Month which takes place in May. This year's theme "Living Today for a Better Tomorrow" reflects AoA's focus on programs throughout the country that help older adults have better health as they age. For more information about Older Americans Month 2009, please visit: <http://www.aoa.gov/PRESS/Observances/oam/oam.aspx>

From Greg Link at AoA:

Thank you to all of you who have supported the National Alzheimer's Contact Center Linking Campaign! Related to this initiative, last year the U.S. Administration on Aging (AoA) and the Alzheimer's Association - National Office offered a series of conference calls that took place during March & early April 2008 to promote the National Alzheimer's Contact Center, for which AoA has been providing funding support since 2003. Each call offered the opportunity to learn about what the Contact Center offers to assist persons with Alzheimer's disease and other dementias, family caregivers, and professionals via:

- 24/7 live telephone support,
- Message boards in English & Spanish on a wide variety of topics,
- Interactive on-line screening tools & resources, and more.

SUBJECT: National Family Caregiver Support Program

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Based on feedback we received, **AoA is again partnering to promote a similar series of conference calls in 2009! All are invited – especially new staff / interns / volunteers, or those just interested in getting a refresher.**

Learn how you can use these resources to complement other aging network programs and initiatives. Individuals with Information & Referral/Assistance, Aging & Disability Resource Centers, Title III-E Family Caregiver Support Program, and/or responsibilities, including those at State Units on Aging, Area Agencies on Aging, Tribes and other organizations, as appropriate, are welcome to participate.

To participate in a call, please RSVP to Amy Wiatr, AoA, at amy.wiatr@aoa.hhs.gov with your name & date of the session you wish to join to ensure the appropriate number of call-in lines are available. Please arrange to be at a computer with internet access to the www.alz.org site. Each call will follow the same basic outline to provide a guided tour of some of the on-line Contact Center tools, as well as a brief overview of the Contact Center's history, current operations, and ideas for collaborations.

Please see the schedule with dates and times below. The Dial-in number: 866-316-2054 & Passcode: 2624425328 are the same for all calls.

Date	Time
Tuesday, March 10	2:30 - 4 PM Eastern / 1:30 - 3 PM Central / 12:30 – 2 PM Mountain / 11:30 AM – 1 PM Pacific
Tuesday, March 31	Note: this call is specially scheduled to allow participation from those in relative time zone extremes 5 – 6:30 PM Eastern / 4 – 5:30 PM Central / 3 – 4:30 PM Mountain / 2 – 3:30 PM Pacific / 1 – 2:30 PM Alaska / 12 – 1:30 PM Hawaii-Aleutian / 11 AM – 12:30 PM American Samoa <i>And 4/1/09 8 – 9:30 AM Chamorro (Guam & CNMI)</i>
Wednesday, April 1	3 – 4:30 PM Eastern / 2 – 3:30 PM Central / 1 – 2:30 PM Mountain / 12 – 1:30 PM Pacific

AoA has been providing grant funding support for the National Alzheimer's Contact Center since 2003. The goal of the project is to improve the quality of life of people with Alzheimer's and their caregivers through an integrated network of information specialists and care consultants who provide personalized information, support, care consultation and crisis intervention by telephone and electronically, 24 hours a day, 7 days a week and 365 days a year. The Contact Center operates through one 800 number and provides services throughout the country in partnership with the Association's chapter network. The Contact

Center (central location in Chicago) handles over 10,000 calls per month, with an additional over 11,000 calls per month being handled at the local chapters (throughout the country). The Contact Center also offers support via Message Boards and a number of on-line tools.

Visit http://www.alz.org/we_can_help_24_7_helpline.asp to see more about the Contact Center. You may also contact your local Alzheimer's Association chapter for more information.

We look forward to your participation!

Amy Wiatr, MSW
Aging Services Program Specialist
U. S. Administration on Aging
Chicago Regional Support Center
233 N. Michigan Ave., Suite 790
Chicago, IL 60601
Phone: 312-886-8536
Fax: 312-886-8533
Email: amy.wiatr@aoa.gov

National Alliance for Caregiving

The National Alliance for Caregiving is currently seeking *innovative and promising practices* undertaken by various coalitions and organizations to support single parent caregivers who are caring for dependent children while also caring for an aging, sick, or disabled family member. The Alliance is in the process of developing a database to equip coalitions and organizations with information and practice ideas that can be used to improve resources and services and to promote quality and innovative programs.

The Alliance is also looking for innovative and promising practices in the areas of: respite initiatives, caring for the caregiver; development and education, underrepresented caregiver populations, and evidence-based programs.

If your organization is working on an exciting, innovative project related to single parent caregivers or any of the other topic areas listed above, please contact Angelia Bowman at angelia@caregiving.org or 301/718-8444.

Paraprofessional Healthcare Institute (PHI)

PHI released a new fact sheet, "Who Are Direct Care Workers?," detailing the demographic, employment and income characteristics of the workers who provide the majority of paid hands-on long-term care and personal assistance to older adults and others with chronic conditions. The fact sheet reveals that 88% of these workers are female, 52% are minority, 21% are foreign born, 27% have no health insurance, and the

median annual earnings of direct care workers is \$17,000. For more information see attachment to this email.

Study Examines Effects of Bereavement and Caregiver Support on Dementia Caregiver Depression

An article in *The Gerontologist* (Volume 48, Number 6) examines the joint effects of bereavement and caregiver intervention on caregiver depressive symptoms. The article, "Long-Term Effects of Bereavement and Caregiver Intervention on Dementia Caregiver Depressive Symptoms" by Dr. William Haley and colleagues, reveals that dementia caregivers who received enhanced caregiver support interventions prior to the death of the care recipient had lower depressive symptoms before and after the death compared to the caregivers who had not received the intervention. However, the death of a care recipient did lead to reductions in depressive symptoms for both groups of dementia caregivers. For more information, visit: [The Gerontologist](#)

"Elder Care an Issue for Workers"

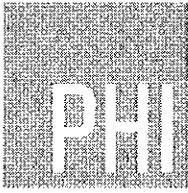
A recent article in the *Atlanta Journal-Constitution* highlighted the challenges many workers face in balancing their jobs and caregiving responsibilities and how many companies are responding with employee services that help workers manage eldercare. Some companies encourage managers to be flexible with employees facing an elder care crisis, and many offer employee assistance programs that help workers find and even pay for limited in-home care services for an older parent. For more information, visit: [Atlanta Journal-Constitution](#)

Correction to Catholic Charities of Southeastern Virginia Respite Program

Debra Cook covers the respite program in Hampton and Newport News. Debra's phone number is: (757) 875-0060. Erin Milliken is handling the Norfolk, Chesapeake and Portsmouth areas. Erin Milliken's telephone number is 757-456-2366. Nancy Allan, Respite Care Coordinator, Senior Adult Services at the Virginia Beach Department of Human Services reports that that her agency provides respite care for Virginia Beach residents sixty years and older. They have a sliding scale from \$3 - \$8 an hour. Nancy Allan can be reached at 757-385-4135.

Alzheimer's Association

The Alzheimer's Association and the Lynmoore Assisted Living and Memory Care in Richmond, Virginia are sponsoring a workshop for social workers – Transitions in Memory Care "When Families Need to Reach Out for Care Outside the Home" – on Friday, March 20, 2009 at 12:00 P.M. Lunch will be provided. There is no charge for the workshop but registration is required. Call 804-967-2580 to register.



Quality Care
THROUGH
Quality Jobs

Facts

3

Who are direct-care workers?

Direct-care workers provide an estimated 70 to 80 percent of the paid hands-on long-term care and personal assistance received by Americans who are elderly or living with disabilities or other chronic conditions. These workers help their clients bathe, dress, eat, and negotiate a host of other daily tasks. They are a life-line for those they serve, as well as for families struggling to provide quality care. Direct-care workers also constitute one of the largest and fastest-growing workforces in the country, playing a vital role in job creation and economic growth, particularly in low-income communities.

Job titles and responsibilities

Direct-care workers fall into three categories: Nursing Assistants (usually known as Certified Nursing Assistants or CNAs), Home Health Aides, and Personal and Home Care Aides:

- **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 activities of daily living (ADLs) such as eating, dressing, bathing, and toileting. They also perform clinical tasks such as range-of-motion exercises and blood pressure readings. In some states, they may also administer oral medications.
- **Home Health Aides** provide essentially the same care and services as nursing assistants, but they assist people in their homes or in community settings under the supervision of a nurse or therapist. They may also perform light housekeeping tasks such as preparing food or changing linens.
- **Personal and Home Care Aides** may work in either private or group homes. They have many titles, including personal care attendant, home care worker, personal assistant, and direct support professional (the latter work with people with intellectual and developmental disabilities). In addition to providing assistance with ADLs, 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 rather than working for an agency. These workers may provide some clinical assistance as well.

The federal government requires training only for nursing assistants and home health aides who work in Medicare- and Medicaid-certified nursing homes and home health agencies. However, states and individual employers may require training and/or certification for other types of direct-care workers.

The direct-care worker at a glance (2007)

Demographic Characteristics

Gender

Female: 88%
Male: 12%

Average Age

All direct-care workers: 41
In nursing care facilities: 38
In home health care: 43
Self-employed or working directly for private households: 49

Race/Ethnicity

Minority: 52%
African American, non-Hispanic: 30%
Spanish, Hispanic or Latino: 14%

Immigration Status

Foreign born: 21%

Education

High school diploma or less: 58%
Some college or advanced degree: 42%

Head of Household

Single parent, grand-parent or caretaker: 18%

Number of workers and where they work

Current employment. In 2006, over 3 million direct-care workers were employed in the three categories of direct-care workers tracked by the U.S. Bureau of Labor Statistics (BLS).

- Nursing Aides, Orderlies and Attendants: 1,447,233
- Home Health Aides: 787,315
- Personal and Home Care Aides: 767,257

Wide range of settings. Direct-care workers are employed in a range of settings including:

- The consumer's or family's home
- Institutional settings such as nursing facilities, hospitals, and large facilities for persons with intellectual and developmental disabilities
- Community-based residential settings ranging from group homes to assisted living facilities, plus a wide range of non-residential day programs and other community support services

Home- and community-based jobs dominate direct-care employment. The majority of direct-care workers are now employed in home- and community-based settings, and not in institutional settings such as nursing care facilities or hospitals. By 2016, home- and community-based direct-care workers are likely to outnumber facility workers by nearly two to one.

The role of independent providers. A growing number of direct-care workers work directly for consumers and their families rather than being employed through an agency. According to the BLS Employment Projections Program, nearly a quarter of Personal and Home Care Aides in 2006 (168,874 workers) were either directly employed by private households or provided caregiving services as self-employed independent contractors.

Though substantial, this figure still significantly underestimates the number of independent providers of direct-care services. We know, for example, that over 400,000 direct-care workers across the country work as independent providers under the aegis of state or county public authorities. This suggests that the Bureau of Labor Statistics figure of 3 million direct-care workers in 2006 is too low.

What direct-care workers earn: wages, benefits, and household economic sufficiency

Wages. In 2007, the median hourly wage for all direct-care workers was \$10.48. This is significantly less than the median wage for all US workers (\$15.10). Inflation-adjusted wages for the direct-care workforce show that, over the past eight years, while Nursing Aides, Orderlies and Attendants have seen a modest increase in their real wages to just over \$9.00 (measured in 1999 dollars), real wages for Home Health Aides and Personal and Home Care Aides have both declined and are under \$8.00 an hour (see graph on page 3).

Earnings. Assuming full-time, year-round employment, median annual earnings in 2007 were:

- \$23,160 for Nursing Aides, Orderlies and Attendants
- \$20,010 for Home Health Aides
- \$18,480 for Personal and Home Care Aides

The direct-care worker at a glance (2007)

Employment and Income Characteristics

Employment Status

Employed full-time year-round: 57%

Employed part-time or full-time part of the year: 43%

Median Annual Earnings (accounting for part-time hours)

All direct-care workers: \$17,000

Personal & home care aides: \$14,000

Nursing, psychiatric & home health aides: \$18,502

Health Insurance Status

All direct-care workers, uninsured: 27%

Uninsured in nursing care facilities: 24%

Uninsured in home health care services: 36%

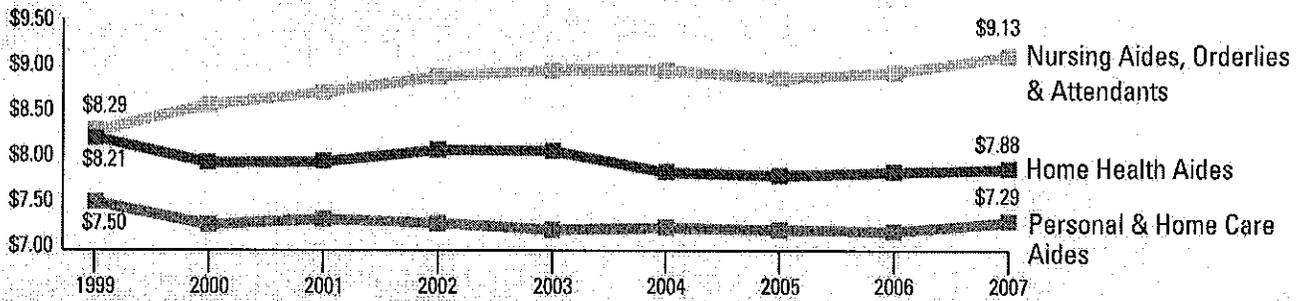
Family Poverty Status & Reliance on Public Benefits

In households under 100% of the federal poverty line: 15%

In households under 200% of federal poverty line: 45%

In households receiving public benefits such as Medicaid or food stamps: 41%

Direct-Care Worker Median Wages Adjusted for Inflation (1999 dollars), 1999–2007



Part-time work and income instability. Annual earnings figures based on full-time work overstate what many workers earn in these jobs, since a significant proportion of the direct-care workforce is employed part time.

In 2007, 43 percent of direct-care workers worked less than full-time, year-round. Over half of Personal and Home Care Aides (54 percent) worked part-time or full-time for only part of the year.

Health coverage. One in every four nursing home workers and nearly a third of Personal and Home Care aides lack health coverage. While two-thirds of Americans under age 65 receive health coverage through an employer, only about half of direct-care workers (53 percent) have employer-based coverage.

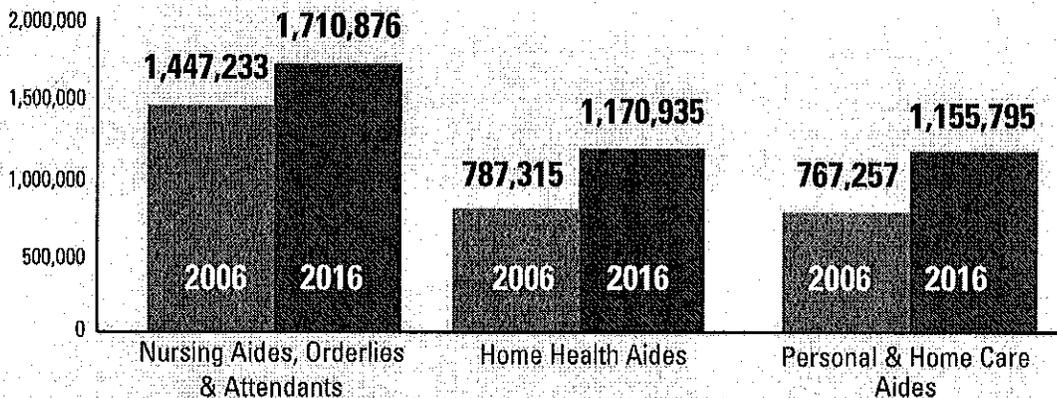
Poverty status. About 45 percent of direct-care workers live in households earning below 200 percent of the federal poverty level income, making them eligible for most state and federal public assistance programs.

Reliance on public benefits. Two in five direct-care workers live in households that receive one or more public benefits such as food stamps; Medicaid; or housing, child care, energy, or transportation assistance.

Growing demand for direct-care jobs

One million new jobs. The latest 2006 employment estimate for the direct-care workforce surpasses the 3 million mark. Projected demand calls for an additional 1 million new positions by 2016.

Projected Growth in Direct-Care Jobs, 2006–2016



Among the fastest-growing occupations. Personal and Home Care Aides and Home Health Aides are projected to be the second and third fastest-growing occupations in the country between 2006 and 2016, increasing by 51 percent and 49 percent, respectively. Nursing Aides, Orderlies and Attendants are expected to increase by 18 percent.

Historic proportions. At 4 million in 2016, the direct-care workforce will reach historic proportions, exceeding: teachers from kindergarten through high school (3.8 million), all law enforcement and public safety workers (3.6 million), fast food and counter workers (3.5 million), cashiers (3.4 million), registered nurses (3.1 million), and all child care workers and pre-school teachers (2.2 million).

For more information on the direct-care workforce, contact National Policy Director Steve Edelstein at sedelstein@PHInational.org or Director of Policy Research Dr. Dorie Seavey, at dseavey@PHInational.org.

Facts is a series of short issue briefs and fact sheets on the national and regional status of the direct-care workforce. For more information about PHI and to access other PHI publications see www.PHInational.org

© Paraprofessional Healthcare Institute, January 2009

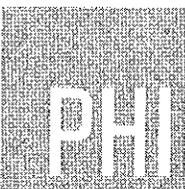
Data Sources

Direct-care occupational categories are defined by the Standard Occupational Classification (SOC) system developed by the Bureau of Labor Statistics at the U. S. Department of Labor. Definitions of the three standard direct-care occupations—Nursing Aides, Orderlies & Attendants; Home Health Aides; and Personal & Home Care Aides—can be found at: <http://www.bls.gov/SOC>.

Current employment/industry statistics and occupational projections data are taken from U.S. Department of Labor, Bureau of Labor Statistics, Employment Projections Program, 2006-16 National Employment Matrix, available at: <http://www.bls.gov/emp/emiols.htm>. See also: PHI (April 2008) *Occupational Projections for Direct-Care Workers 2006-2016*, Facts 1, Bronx, NY: PHI, available at: <http://www.directcareclearinghouse.org/download/BLSfactSheet4-10-08.pdf>.

Figures on annual earnings for full-time employment are taken from the May 2007 estimates of the U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics (OES) program, available at: http://www.bls.gov/oes/current/oes_nat.htm. Figures on hourly median wages for 1999-2007 are taken from the current and archived estimates of the OES program; inflation adjustments are made using the Consumer Price Index for urban wage earners and clerical workers (1982-84=100), also from the Bureau of Labor Statistics.

Statistics relating to direct-care worker demographics and employment and income characteristics are based on PHI analysis of the U.S. Census Bureau, Current Population Survey, 2008 Annual Social and Economic (ASEC) Supplement, with statistical programming and data analysis provided by Carlos Figueiredo.



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 policymakers 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.



www.phi-qcqi.org