



CENTERS OF EXCELLENCE
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ENVIRONMENTAL SCAN

**ALLIED HEALTH STUDY:
HOME HEALTH AIDES AND
PERSONAL AND HOME CARE AIDES**

South Central Region

DECEMBER 2008



**CENTER OF EXCELLENCE
South Central Region**

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An Initiative of





Mission: The Centers of Excellence, in partnership with business and industry, deliver regional workforce research customized for community college decision making and resource development.

Vision: We aspire to be the premier source of regional economic and workforce information and insight for community colleges.

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Centers of Excellence, Economic and Workforce Development Program

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The demand for Home Health Aides and Personal and Home Care Aides in the South Central Region is expected to increase by 22% adding over 1,700 new and replacement jobs through 2012.

– Source: EMSI Complete Employment, Spring 2008 Release v.2

Executive Summary

The healthcare industry in the South Central Region employs over 72,000 workers, accounting for five percent of all healthcare jobs in the state of California and seven percent of all jobs in the region. Healthcare is a stable industry providing a wide variety of employment and career opportunities. Entry level wages are comparable to other entry level occupations; career path opportunities in healthcare significantly increase future professional development and earning potential. New jobs in healthcare in the South Central Region are projected to grow by 11 percent for almost 6,000 new jobs through 2012; new and replacement jobs bring that total to over 10,500 jobs (19 percent growth) through this same time period.¹

This is a study of the healthcare industry in the South Central Region with emphasis on specific allied health occupations – home health aides and personal and home care aides. These particular occupations were selected as part of a group of allied health occupations of interest in the region. They account for 12 percent of all healthcare jobs in the region and nearly 7,800 workers.² People are living longer increasing the need for home and residential care services. Growth in these occupations is projected to be much faster than average³ adding over 1,700 new and replacement jobs through 2012.⁴ Certified nursing assistants (CNAs) have been widely used to provide home and residential direct care service. Recent years have seen a downturn of workers in this occupation as many CNAs are completing this training as a prerequisite for Licensed Vocational Nursing or Registered Nursing training programs and are not actually entering the workforce. As a result, there is an even greater need for skilled home health aides. Personal and home care aides, unlike home health aides, are unregulated and in great demand to provide home care services that are not medically necessary. Both of these occupations provide entry level employment in the healthcare industry with career path potential.

All of the eight colleges in the South Central Region provide training and education in healthcare related fields. Four of the eight colleges have Home Health Aide training programs. South Central regional colleges can create opportunities for students and employers by: creating and promoting potential career path opportunities in the healthcare industry to include home health aides and personal and home care aides as entry level positions; piloting fee based or credit, short term training programs; partnering with employers to place workers; and partnering with Workforce Investment Boards to identify and implement services to contribute to student success.

¹ EMSI Complete Employment, Spring 2008 Release v.2

² EMSI Complete Employment, Spring 2008 Release v.2

³ Bureau of Labor Statistics (BLS) 2008-09 Occupational Outlook Handbook, www.bls.gov/OCO

⁴ EMSI Complete Employment, Spring 2008 Release v.2

Introduction

The Economic and Workforce Development Program, through the Center of Excellence initiative identifies industries and occupations with unmet employee development needs and provides community colleges information to allow for a response to industry workforce needs. The mechanism for providing information is through environment scanning – gathering both internal (college) and external (industry and workforce organizations) data to help colleges make informed decisions about their program offerings and use of resources.

This is an occupational study of non-nursing, allied health occupations with specific focus on home health aides and personal and home care aides. These particular occupations were selected because:

- They currently account for 12 percent of all healthcare jobs in the South Central Region⁵;
- They are projected to grow much faster than average adding almost 1,700 new and replacement jobs in the region through 2012;
- With nearly 350 annual openings, they provide entry level employment opportunities in healthcare;
- They offer career path opportunities;
- Regional educators have expressed an interest in these occupations.

Home health aides and personal and home care aides work in a variety of healthcare settings to include the following:

INDUSTRY DESCRIPTION	NAICS CODE
Home Health Care Services	621600
Private households; primary and secondary jobs	814100
Services for the elderly and persons with disabilities	624120
Community care facilities for the elderly	632300
Residential mental retardation facilities	623210
Vocational rehabilitation services	624300
Nursing care facilities	623100

These particular sectors were selected because they employ home health aides and personal and home care workers and nearly all of them project significant job growth through 2012.

This report will present general information about the healthcare industry in the South Central Region. It will also provide an overview of the two occupations referenced above and the industry sectors that employ them. Finally, this report will suggest that South Central colleges may be able to partner with regional healthcare employers to create a pipeline of skilled workers and help students interested in healthcare employment develop career and educational plans starting with entry level employment as home health aides and/or personal and home care aides.

⁵ EMSI Complete Employment, Spring 2008 Release v.2

Industry Overview

As the largest industry in 2004, healthcare provided 13.5 million jobs in the United States. More new wage and salary jobs – about 19 percent, or 3.6 million – created between 2004 and 2014 will be in healthcare than in any other industry. Healthcare jobs are found throughout the country, but they are concentrated in the largest states; California is one of those states.

In 2004, jobs in healthcare in the state of California totaled over 1.3 million, accounting for over nine percent of all healthcare jobs in the United States. Similarly, in 2004, jobs in healthcare in the South Central Region totaled over 69,000, accounting for over five percent of all healthcare jobs in the state.

In 2007, the healthcare industry in the South Central Region accounted for over 72,000 jobs, maintaining a five percent share of all healthcare jobs in the state and almost seven percent of all jobs in the region. New jobs in healthcare are expected to grow by 7,790, or 11 percent through 2012.

Allied health is a major sub-sector of the healthcare industry. Allied health professionals are employed across all healthcare industry sectors and, in 2007 represented over 56,000 jobs in the South Central Region. Almost 6,000 new allied health jobs (11 percent increase) are projected through 2012; an additional estimated 4,600 replacement jobs bring the total to over 10,600 through 2012 for a total of almost 67,000 allied health jobs.

Home health aides and personal and home care aides are allied health occupations and the focus of this report. Long term health care is an increasingly important and rapidly growing sector of the healthcare industry, or healthcare system. In 2004, the Paraprofessional Healthcare Institute reported that nearly 4 million long-term care consumers were relying, at least in part, on paid caregivers. The Health Insurance Association of America predicts that this number will swell to 12 million by 2020.⁶

Industry Make-Up and Growth Projections

In 2006, 83 percent of direct care workers associated with long-term health were employed by the Health Care and Social Assistance industry supersector of the North American Industry Classification System (NAICS). Within that sector, direct-care workers were concentrated in seven main industries.⁷ The same employment pattern holds true for the South Central Region. Seven primary industry sectors in the South Central Region employ home health aides and personal and home care aides. Table 1 presents these industries with job growth projections through 2012.

The healthcare industry employs 72,000 workers in the South Central Region. It is expected to grow 11 percent through 2012.

-- Source: EMSI

⁶ Oregon Employment Department, "Is the Long-Term Health Care Industry in Crisis?" July 2004 (<http://www.qualityinfo.org.olmisj/ArticleReader?itemid=00002579>)

⁷ Paraprofessionals Health Institute, BLS Fact Sheet 4-08 (<http://www.directcareclearinghouse.org/download/BLSfactsheet4-10-08.pdf>)

Table 1 – Top Industries with Growth Projections

6-digit NAICS	NAICS Description	2007 Jobs	2012 Jobs	Change	% Change
621600	Home health care services	2,205	2,842	637	29%
814100	Private households; primary and secondary jobs	1,660	1,817	157	9%
624120	Services for the elderly and persons with disabilities	1,111	1,393	282	25%
623300	Community care facilities for the elderly	804	1,004	200	25%
623210	Residential mental retardation facilities	339	217	-122	-36%
624300	Vocational rehabilitation services	253	300	47	19%
623100	Nursing care facilities	208	209	1	0%
Total		6,580	7,782	1,202	

Source: EMSI Complete Employment – Spring 2008, Release v.2

In 2007 the healthcare industry in the South Central Region employed nearly 7,100 home health aides and personal and home care aides accounting for 12 percent of all regional healthcare industry jobs. The seven sectors referenced in Table 1 employ 84 percent of these workers. Significant growth is projected in three primary healthcare industry sectors: home health care services (29 percent); services for the elderly and persons with disabilities (25 percent); and community care facilities for the elderly (25 percent).⁸

Increased Demand – Critical Need for Qualified Workers

Long-term health care demand is expected to rise significantly over the next couple of decades as the baby boomers age. National demographic highlights include the following:

- The first baby boomers born between 1946 and 1964 will turn 65 in 2011;
- Some 77 million people will turn 65 in 2011;
- The last baby boomers born between 1946 and 1964 will turn 65 around 2030;
- The number of U.S. residents 65 and older is expected to double between 2000 and 2030; and
- By 2040, the number of those 85 and older will more than triple to 14 million.⁹

Arnold Bresky, Doctor of Gerontology believes, “that it’s time to sound the public health alarm.”

⁸ EMSI Complete Employment – Spring 2008, Release v.2

⁹ Institute for the Future of Aging Services, Better Jobs Better Care Program, *The Long-Term Care Workforce Crisis*

“We are in a caregivers crisis of earthquake proportions in this country, and it is only going to get worse as the population ages. . . 200,000 new caregivers a year will be needed ‘starting right now’ to meet the looming burden.”

-- Dr. Arnold Bresky, Ventura County Star, July 7, 2008

The long-term care industry is facing a growing and critical need for qualified workers. Contributing factors include the following:

- The projected doubling of the population over 65 years of age by the year 2030;
- A lower growth rate in the population segment that traditionally cares for seniors;
- The increasing number of mothers participating in the workforce further reducing the numbers of traditional care givers for seniors and youth;
- An increasing trend toward geographic separation of immediate family members;
- The retirement of aging, experienced caregivers; and
- The existence of competing, less strenuous occupations.¹⁰

The need for home health aides and personal and home care aides is expected to increase by 29 percent through 2012 in the home health care industry sector; that number swells to 55 percent through 2017. Similarly, the need for these workers is expected to increase by 25 percent in community care facilities for the elderly through 2012, with a projected increase of 46 percent through 2017. While not as dramatic, growth in the services for the elderly and persons with disabilities sector follows a similar pattern – 27 percent through 2012 and 39 percent through 2017.

Occupational Overview

Paraprofessional or direct care workers are the backbone of the formal long-term care system. These workers include nursing assistants, **home health aides**, and **personal and home care aides**. They provide necessary care and support to elderly people with functional limitations as well as younger people with chronic diseases and disabilities. These workers are often described as being the “eyes and ears” of the long-term care system. They have intimate daily contact with the clients in their care, providing valuable input to the entire care-taking team of nurses, doctors and other healthcare professionals. The healthcare industry faces a critical shortage of these direct care workers, a shortage that is projected to increase in the South Central Region 16 percent (over 1,200 new jobs) through 2012, and 27.5 percent over (2,100 new jobs) through 2017. Table 2 presents this growth data.

¹⁰ California Employment Development Department (EDD), *The Quest for Caregivers – Helping Seniors Age with Dignity*, April 2001

**Table 2: Home Health Aides and Personal and Home Care Aides
New Job Growth Projections 2007-12 and 2007-17**

Occupational Title	2007 Jobs	2012 Jobs		2017 Jobs	
		Number	% Growth	Number	% Growth
Home Health Aide	3,850	4,497	17%	5,042	31%
Personal & Home Care Aide	3,942	4,562	15%	4,893	24%
Total	7,792	9,059	16%	9,935	28%

EMSI Complete Employment, Spring 2008 Release v.2

While these growth figures lag behind national projections, they do out pace state growth both in the near term and through 2017. Please see Appendix B for additional growth projection data tables.

Home health and personal and home care aides are projected to be the **second and third fastest growing occupations** through 2016, increasing (nationally) 51 percent and 49 percent respectively. Additionally, these same two occupations are on the list of the **top ten occupations** projected to register the largest numeric growth across the entire economy **adding 773,000 jobs through 2016**.¹¹ Please see Appendix C for national employment trends, across the state of California and in the South Central Region during this same ten year time frame.



Personal and home care aides assist elderly and disabled clients with daily tasks, like housekeeping and personal hygiene. Job opportunities are expected to be excellent because of rapid growth in home health care and high replacement needs.

*Bureau of Labor Statistics
Occupational Outlook Handbook 2008-09*

Home health aides help elderly, convalescent, or disabled persons live in their own homes instead of healthcare facilities. Numerous job openings and excellent job opportunities are expected.

*Bureau of Labor Statistics
Occupational Outlook Handbook 2008-09*



¹¹ Bureau of Labor Statistics (BLS) Occupational Outlook Handbook 2008-09

Based on educational requirements and compensation, home health and personal and home care aides can be considered entry-level positions. They have minimal skill and educational requirements; the pay is low. Both occupations require short-term on-the-job training. One distinguishing factor between the two occupations is the required certification of home health aides. The California Employment Development Department's Labor Market Information Division (EDD/LMID) cites the following employment criteria:

Home Health Aides (SOC 31-1011.00)

- Home Health Aide certificate issued by the State Department of Health Service.
- Desire to help others.
- Emotional stability.
- Ability to work with others in a personal setting.
- Valid California Driver's License.
- Access to an automobile.
- Fingerprint clearance.

Personal and Home Care Workers (SOC 39-9021.00)

- Understand and follow written and verbal instructions exactly.
- Empathy to share feelings of others.
- Desire to help the elderly, sick and disabled.
- Physical stamina.
- Ability to talk and relate to sick and disabled people.
- Fingerprint clearance may be required by employer.

Home health aides and personal and home care aides perform similar services to patients in their homes or place of residence. While similar in nature, there is a subtle distinction between these two occupations that is demonstrated by the fact that they are classified under two different occupational categories under the nationally recognized Standard Occupation Classification system (SOC). Home health aides are categorized under Healthcare Support Occupations; personal and home care aides are classified under Personal Care and Service Occupations.

Home health aides are employed by private and public health care agencies to provide home care for the aged or disabled. Home health aides assist patients with bathing, dressing, grooming, and moving about.¹² Personal and home care aides assist elderly or disabled adults with daily living activities at the person's home or in a daytime non-residential facility. Duties performed at a place of residence may include keeping house (making beds, doing laundry, washing dishes) and preparing meals. Personal and home care aides may also advise families, the elderly, and disabled on such things as nutrition, cleanliness, and household utilities.¹³

¹² EDD/LMID, Healthcare Careers (<http://www.calmis.ca.gov/file/healthcare>)

¹³ O*NET Online (<http://online.onetcenter.org>)

O*NET Online, the Occupation Information Network, provides comprehensive occupational profiles of these two occupations. That information can be found in Appendix D of this report.

As of the first quarter of 2008, the annual mean salary for Home Health Aides in California is \$22,164. The annual mean salary for Home Health Aides in the South Central Region ranges from \$21,611 in Ventura County to \$23,424 in San Luis Obispo County. Similarly, the annual mean salary for Personal and Home Care Aides in California is \$21,754; the range in the South Central Region is \$20,924 in Los Angeles County to \$24,531 in Santa Barbara County.¹⁴ (Please see Appendix E for more detailed wage data.) Average hourly earnings for Home Health and Personal and Home Care Aides in the South Central Region are \$11.08 and \$12.38 respectively.¹⁵

The Employment Development Department outlines possible career paths for both Home Health Aides and Personal and Home Care Aides. A graphic depiction of these potential career paths can be found in Appendix F. Following a career path in these healthcare occupations can result in jobs paying as much as \$34 per hour, or nearly \$71,000 annually. The table in Appendix G provides data relative to these career path occupations.

Employer Needs and Challenges

As of 2008, the national direct care workforce surpassed the 3 million mark and the projected demand calls for an additional 1 million new positions by 2016. At 4 million, the size of the workforce will exceed: registered nurses (3.1 million), teachers from kindergarten through high school (3.8 million), cooks and food prep workers (3.3 million), fast food and counter workers (3.5 million), waiters and waitresses (2.6 million), and cashiers (3.5 million).¹⁶ Unless policy makers and employers can make these jobs competitively attractive compared to other occupations, demand is going to dramatically outpace supply into the foreseeable future. Barriers and employer challenges include:

- Generally low wages
- Diminishing labor pool – lack of pipeline of new workers
- High turnover rate – 40-100% nationally¹⁷
- Increased demand – people living longer, baby boomers retiring
- Physically demanding working conditions
- Communication skills – limited English speaking

South Central Regional employers were surveyed to provide local industry data to support this environmental scan report. A total of 220 surveys were distributed to employers across the South Central Region to include San Luis Obispo, Santa Barbara, Ventura, and north Los Angeles Counties. Thirty-six employers, representing a total of nearly 3,000 employees responded to the survey for an overall response rate of 16%. At least one response was received from an employer in all eight South Central regional college service areas.

¹⁴ Employment Development Department, Labor Market Information, 1st Quarter 2008

¹⁵ EMSI Complete Employment, Spring 2008 Release v.2

¹⁶ BLS Fast Sheet, 4-10-08 (<http://www.directcareclearinghouse.org>)

¹⁷ BLS Fact Sheet, 4-10-08 (<http://www.directcareclearinghouse.org>)

The survey was divided into four sections: 1) Contact Information and Total Employees; 2) Entry-level Skills; 3) Current Employees and Expected Hires; and 4) Vocational and Technical Training. Key highlights include the following:

Table 3 – Entry Level Skills Found Lacking

SKILL	# OF RESPONDERS	PERCENTAGE
English	27	75%
Reading	12	33%
Math	3	8%
Spelling	13	36%
Writing	23	64%
Employability	22	61%

Survey respondents were asked to indicate how many new employees they expect to hire in each of the occupations over the next two years. They were also asked to indicate the level of difficulty they experience in finding qualified applicants. Responses ranged from “not very difficult” (1) to “very difficult” (5). Employers reporting the highest level of difficulty in finding qualified applicants (level 4 and 5 responses) are represented in the following table.

Table 6 – Expected Hires Over the Next Two Years

OCCUPATION	# OF RESPONDERS	EXPECTED HIRES	“4” or “5” Responses	
			Number	%
Home Health Aides	11	50	9	82%
Personal and Home Care Aides	22	93	14	64%

Employers reported hiring requirements ranging from no training and experience required to certification plus experience. Five employers specifically stated that they use Certified Nursing Assistants (CNAs); an additional six employers reported that they require high school/GED education and certification. Only three employers specifically stated that they hire home health aides. And three employers reported that they require certification plus at least one year of experience. Additional miscellaneous employer comments included the following:

- Need for more emphasis on employability skills
- Shortage of applicants is driving costs up – there is a need for more expedited training programs for nursing aides
- Need for 20-40 hour home care aide certificate program.

Several employers cited a challenge in finding qualified CNAs and attributed it to the fact that colleges are now requiring nursing assistant certification as a prerequisite for LVN and RN training programs. Consequently, the pipeline of working CNAs is impacted as these individuals pursue higher level healthcare occupations.

Follow up phone calls to employers generally supported the survey findings relative to the ongoing and future need for personal care givers. With the aging population and the need for hospitals to reduce costs, there will be an increased need for home health aides to provide home care and home hospice. Home health aides are certified to provide services that are medically necessary; personal and home care aides generally provide services that are not medically necessary. Medicare requires home health aide level of service for some reimbursements which will maintain the need for home health aides.

According to one industry expert interviewed, there is a larger and growing need for personal care – care that is needed that is not medically necessary. As people are living longer there is an increasing need for basic home assistance, the type of service provided by personal and home care aides. While the home health aide industry is well regulated, the personal care industry is totally unregulated and growing exponentially. Current demand and dynamics of personal care may well result in the need for regulatory measures.

College Response and Issues

The South Central Region Center of Excellence serves the eight colleges in San Luis Obispo, Santa Barbara, Ventura and north Los Angeles Counties. All eight colleges offer programs in healthcare fields. Four of the eight colleges have Home Health Aide Certificate programs listed in their college catalogs. Two of the four colleges offer home health aide certificate training in conjunction with their nursing assistant programs; the other two colleges are focusing their resources on stand alone nursing assistant programs.

There are circumstances in place that suggest a response to the needs of the home health care industry may be warranted by South Central regional colleges. There is an industry need for home health aides and personal and home care workers that is expected to increase significantly through 2012 and beyond; CNAs are opting to continue their education rather than work, which is creating an increased demand for skilled home health aides; the need for personal and home care aides is growing exponentially. Some employers hire only certified home health aides; many will hire individuals with minimal training and education. Regional colleges can explore a variety of delivery mechanisms to provide an entre into the healthcare industry with emphasis on education and training for home health aides and personal and home care aides. Community colleges can create opportunities for students and employers by:

- Creating and promoting potential career path opportunities in the healthcare industry to include home health aides and personal and home care workers as entry level positions;
- Offering a fee based Home Health Aide training program as a means to pilot viability in today's market;
- Developing a short term training credit and/or fee based program for personal and home care aides;
- Offering training programs for home health aides and personal and home care aides that provide workers the basic skills they need to be successful in these occupations;
- Partnering with regional employers to pilot training programs and place workers; and
- Partnering with Workforce Investment Boards to identify and implement support services to contribute to student success.

Conclusion and Recommendations

The healthcare industry is strong and stable and the source of good paying jobs in the South Central Region, employing some 72,000 workers in 2007. Home health and personal care is a sector of the industry that is projected to grow exponentially through 2012 and beyond. There is a significant and growing need for home health aides and personal and home care aides. New and replacement jobs are expected to exceed 1,700 through 2012 for 22 percent growth. While these are relatively low-skill, low-wage occupations, their contribution to the healthcare industry is vital. They also provide entry level opportunities for individuals interested in a career in the healthcare industry.

Four of the eight community colleges in the South Central Region have Home Health Aide training programs. The majority of regional colleges offer CNA programs, which serve as prerequisite training for LVN and RN programs. This, in turn, is negatively impacting the pipeline of CNA workers who are actually entering the workforce and, thereby increasing the need for home health aides.

Some Medicare reimbursement for home care is predicated on the fact that services are provided by a certified home health aide. Home health aides are needed to provide home and residential care facility services that are deemed medically necessary. Personal and home care workers generally provide services that are not medically necessary – both occupations will have a strong presence in the workforce of tomorrow.

South Central regional colleges have the opportunity to offer home health aide and personal and home care aide training programs. Based on employer input, these programs can be offered on a not-for-credit, fee based basis. Home health aides must meet certification requirements; South Central regional colleges have approved programs. Beyond the training in these specific occupations, South Central regional colleges have the opportunity to help students create and develop career plans for successful and ongoing professional development in the healthcare industry.

References

- Better Jobs Better Care, Can Older Adults Help Stem the Workforce Shortage
(<http://bjbc.org/page.asp?pgID=153>)
- Better Jobs Better Care, Labor Force Expansion Through Retention of Related Caregivers, June 2006.
(http://www.bjbc.org/content/docs/ExecSummary_UCLA_FINALCOLOR8-06.pdf)
- Better Jobs Better Care, The Long-Term Care Workforce Crisis
(<http://www.bjbc.org/page.asp?pgID=31>)
- Better Jobs Better Care, The Public Policy Journal, March/April 2007
(http://www.bjbc.org/content/docs/FA_FLAT.BJBCPublicPolicyJournal_V6N2.pdf)
- Better Jobs Better Care, Training That Really Works, March/April 2007
(http://www.bjbc.org/content/docs/FA_FLAT_TrainingThatReallyWorks_V6N2.pdf)
- California State EDD LMID (www.labormarketinfo.edd.ca.gov)
- O*NET Online, Summary Report for Home Health Aides
(<http://online.onetcenter.org/link/summary/31.1011.00>)
- O*NET Online, Summary Report for Personal and Home Care Aides
(<http://online.onetcenter.org/link/summary/39-9021.00>)
- Paraprofessional Healthcare Institute, Occupational Projections for Direct-Care Workers 2006-2016 (<http://www.directcareclearinghouse.org/download/BLSFactSheet4-10-08.pdf>)
- U.S. Bureau of Labor Statistics, Occupational Handbook 2008-09, Nursing, Psychiatric, and Home Health Aides
- U.S. Bureau of Labor Statistics, Occupation Handbook 2008-09, Personal and Home Care Aides
- U.S. Department of Labor ETA – Occupational Outlook (www.doleta.gov)
- USA Today, Elder Care Shifting Away from Nursing Homes, Sandra Block
(http://www.usatoday.com/money/perfi/eldercare/2007-06-24-elder-care-costs_N.htm)

Appendix A: How to Utilize this Report

This report is designed to provide current industry data to:

- Define potential strategic opportunities relative to an industry's emerging trends and workforce needs;
- Influence and inform local college program planning and resource development;
- Promote a future-oriented and market responsive way of thinking among stakeholders; and,
- Assist faculty, Economic Development and CTE administrators, and Community and Contract Education programs in connecting with industry partners.

The information in this report has been validated by employers and also includes a listing of what programs are already being offered by colleges to address those workforce needs. In some instances, the labor market information and industry validation will suggest that colleges might not want to begin or add programs, thereby avoiding needless replication and low enrollments.

About the Centers of Excellence

The Centers of Excellence (COE), in partnership with business and industry, deliver regional workforce research customized for community college decision making and resource development. This information has proven valuable to colleges in beginning, revising, or updating economic development and Career Technical Education (CTE) programs, strengthening grant applications, assisting in the accreditation process, and in supporting strategic planning efforts.

The Centers of Excellence Initiative is funded in part by the Chancellor's Office, California Community Colleges, Economic and Workforce Development Program. The total grant amount (grant number 07-305-011 for \$205,000) represents funding for multiple projects and written reports through the Center of Excellence. The Centers aspire to be the premier source of regional economic and workforce information and insight for California's community colleges.

More information about the Centers of Excellence is available at www.coecc.net.

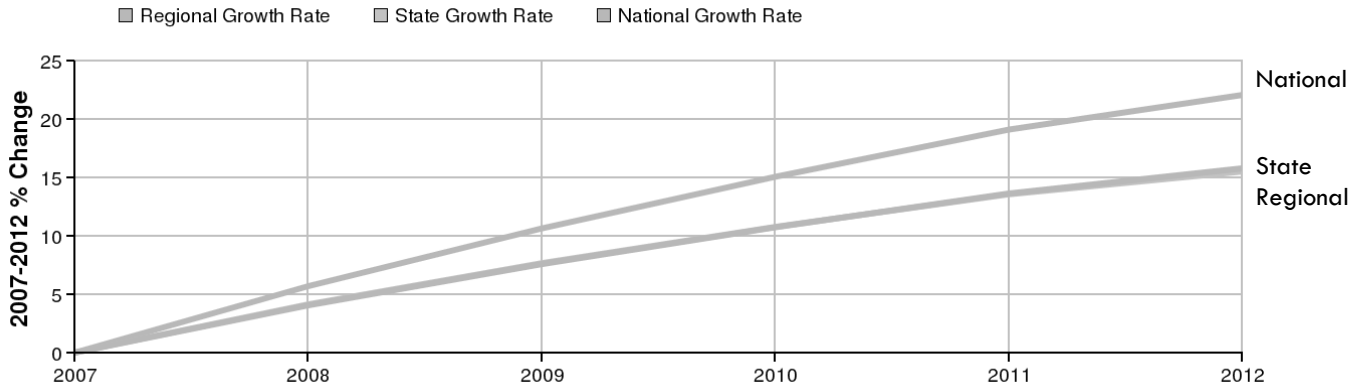
Important Disclaimer

All representations included in this report have been produced from primary research and/or secondary review of publicly and/or privately available data and/or research reports. Efforts have been made to qualify and validate the accuracy of the data and the reported findings; however, neither the Centers of Excellence, COE host District, nor California Community Colleges Chancellor's Office are responsible for applications or decisions made by recipient community colleges or their representatives based upon components or recommendations contained in this study.

Appendix B: Job Growth Projections

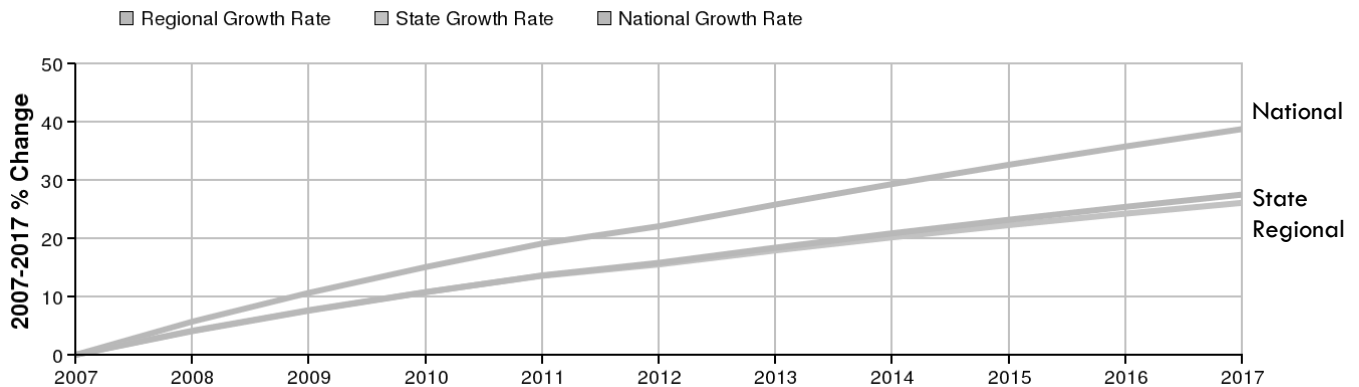
Outlook for Home Health Aides and Personal and Home Care Aides

Occupational Change Summary 2007-2012 and 2007-2017



Region	2007 Jobs	2012 Jobs	Change	% Change	2007 Median Hourly Earnings
Regional Total	7,793	9,022	1,229	16%	\$11.74
State Total	122,293	141,251	18,958	16%	\$12.15
National Total	1,747,704	2,133,147	385,443	22%	\$10.33

Regional job growth is expected to keep pace with state growth through 2017.



Region	2007 Jobs	2017 Jobs	Change	% Change	2007 Median Hourly Earnings
Regional Total	7,793	9,935	2,142	27%	\$11.74
State Total	122,293	154,170	31,387	26%	\$12.15
National Total	1,747,704	2,424,592	676,888	39%	\$10.33

Source: EMSI Complete Employment – Spring 2008 Release v.2

The following tables present top industries that employ Home Health and Personal and Home Care Aides. Employment opportunities in residential mental retardation facilities and nursing care facilities are projected to remain flat or decrease; growth is projected in all other sectors.

Top Industries for Home Health Aides and Personal and Home Care Aides

NAICS Code	Name	2007 Jobs	2012 Jobs	Change	% Change
621600	Home health care services	2,205	2,842	637	29%
814100	Private households; primary and secondary jobs	1,660	1,817	157	9%
624120	Services for the elderly and persons with disabilities	1,111	1,393	282	25%
623300	Community care facilities for the elderly	804	1,004	200	25%
623210	Residential mental retardation facilities	339	217	-122	-36%
624300	Vocational rehabilitation facilities	253	300	47	19%
623100	Nursing care facilities	208	209	1	0%
TOTALS		6,580	7,782	1,202	

NAICS Code	Name	2007 Jobs	2017 Jobs	Change	% Change
621600	Home health care services	2,205	3,405	1,200	54%
814100	Private households; primary and secondary jobs	1,660	1,843	183	11%
624120	Services for the elderly and persons with disabilities	1,111	1,527	416	37%
623300	Community care facilities for the elderly	804	1,171	367	46%
623210	Residential mental retardation facilities	339	152	-187	-55%
624300	Vocational rehabilitation services	253	344	91	36%
623100	Nursing care facilities	208	212	4	2%
TOTALS		6,580	8,654	2,074	

Source: EMSI Complete Employment – Spring 2008 Release v.2

The need for home health aides and personal and home care aides is expected to increase by 29 percent through 2012 in the home health care services industry sector; that number swells to 55 percent through 2017. Similarly, the need for these workers is expected to increase by 25 percent in community care facilities for the elderly through 2012, with a projected increase of 46 percent through 2017. While not as dramatic, growth in the services for the elderly and persons with disabilities sector follows a similar pattern – 27 percent through 2012 and 39 percent through 2017.

Appendix C: National Employment Trends for Home Health Aides and Personal and Home Care Aides 2006-2016

Home health aides and personal and home care aides will be the **second and third fastest growing** occupations in the United States through 2016. Additionally, they are among the top ten occupations to register the **largest numeric growth** across the entire economy.

Fastest Growing

Top Ten Fastest-Growing Occupations, 2006–2016

	Occupation	Growth rate
1	Network systems and data communications analysts	53.4%
2	Personal and home care aides	50.6%
3	Home health aides	48.7%
4	Computer software engineers	44.6%
5	Veterinary technologists/technicians	41.0%
6	Personal financial advisors	41.0%
7	Makeup artists	39.8%
8	Veterinarians	35.0%
9	Substance abuse and behavioral disorder counselors	34.3%
10	Skin care specialists	34.3%

Largest Growing

Top Ten Occupations with the Largest Job Growth, 2006–2016

	Occupation	No. positions to be added
1	Registered nurses	587,000
2	Retail salespersons	557,000
3	Customer service representatives	545,000
4	Combined food prep & serving workers (includes fast food)	452,000
5	Office clerks, general	404,000
6	Personal & home care aides	389,000
7	Home health aides	384,000
8	Postsecondary teachers	382,000
9	Janitors & cleaners, except maids & housekeeping cleaners	345,000
10	Nursing aides, orderlies, and attendants	264,000

Appendix D: O*NET Occupational Profiles

The following presents definitions, representative tasks and detailed knowledge, skills and abilities for Home Health Aides and Personal and Home Care Aides. This information can be found at O*NET Online (<http://online.onetcenter.org>). NOTE: The information presented below is taken directly from the O*NET website.

Summary Report for:

31-1011.00 - Home Health Aides

Provide routine, personal healthcare, such as bathing, dressing, or grooming, to elderly, convalescent, or disabled persons in the home of patients or in a residential care facility.

Sample of reported job titles: Home Health Aide (HHA), Residential Counselor, Certified Nursing Assistant (CNA), Home Health Provider, Habilitation Training Specialist, Caregiver, Direct Support Person, Personal Care Attendant, Residential Assistant (RA)

Tasks

- Maintain records of patient care, condition, progress, or problems to report and discuss observations with supervisor or case manager.
- Provide patients with help moving in and out of beds, baths, wheelchairs or automobiles, and with dressing and grooming.
- Provide patients and families with emotional support and instruction in areas such as caring for infants, preparing healthy meals, living independently, or adapting to disability or illness.
- Change bed linens, wash and iron patients' laundry, and clean patients' quarters.
- Entertain, converse with, or read aloud to patients to keep them mentally healthy and alert.
- Plan, purchase, prepare, or serve meals to patients or other family members, according to prescribed diets.
- Direct patients in simple prescribed exercises or in the use of braces or artificial limbs.
- Check patients' pulse, temperature and respiration.
- Change dressings.
- Perform a variety of duties as requested by client, such as obtaining household supplies or running errands.

Knowledge

Customer and Personal Service — Knowledge of principles and processes for providing customer and personal services. This includes customer needs assessment, meeting quality standards for services, and evaluation of customer satisfaction.

English Language — Knowledge of the structure and content of the English language including the meaning and spelling of words, rules of composition, and grammar.

Skills

Active Listening — Giving full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times.

Reading Comprehension — Understanding written sentences and paragraphs in work related documents.

Writing — Communicating effectively in writing as appropriate for the needs of the audience.

Coordination — Adjusting actions in relation to others' actions.

Service Orientation — Actively looking for ways to help people.

Social Perceptiveness — Being aware of others' reactions and understanding why they react as they do.

Monitoring — Monitoring/Assessing performance of yourself, other individuals, or organizations to make improvements or take corrective action.

Instructing — Teaching others how to do something.

Speaking — Talking to others to convey information effectively.

Abilities

Oral Comprehension — The ability to listen to and understand information and ideas presented through spoken words and sentences.

Oral Expression — The ability to communicate information and ideas in speaking so others will understand.

Problem Sensitivity — The ability to tell when something is wrong or is likely to go wrong. It does not involve solving the problem, only recognizing there is a problem.

Speech Recognition — The ability to identify and understand the speech of another person.

Speech Clarity — The ability to speak clearly so others can understand you.

Near Vision — The ability to see details at close range (within a few feet of the observer).

Inductive Reasoning — The ability to combine pieces of information to form general rules or conclusions (includes finding a relationship among seemingly unrelated events).

Information Ordering — The ability to arrange things or actions in a certain order or pattern according to a specific rule or set of rules (e.g., patterns of numbers, letters, words, pictures, mathematical operations).

Static Strength — The ability to exert maximum muscle force to lift, push, pull, or carry objects.

Written Comprehension — The ability to read and understand information and ideas presented in writing.

Summary Report for:

39-9021.00 - Personal and Home Care Aides

Assist elderly or disabled adults with daily living activities at the person's home or in a daytime non-residential facility. Duties performed at a place of residence may include keeping house (making beds, doing laundry, washing dishes) and preparing meals. May provide meals and supervised activities at non-residential care facilities. May advise families, the elderly, and disabled on such things as nutrition, cleanliness, and household utilities.

Sample of reported job titles: Certified Nursing Assistant (CNA), Caregiver, Personal Care Assistant (PCA), Community Living Specialist, Companion, Direct Service Provider, Habilitation Training Specialist, Individual Service Staff (ISS), Personal Care Provider (PCP), Personal Home Care Aide

Tasks

- Perform health care related tasks, such as monitoring vital signs and medication, under the direction of registered nurses and physiotherapists.
- Administer bedside and personal care, such as ambulation and personal hygiene assistance.
- Prepare and maintain records of client progress and services performed, reporting changes in client condition to manager or supervisor.
- Perform housekeeping duties, such as cooking, cleaning, washing clothes and dishes, and running errands.
- Care for individuals and families during periods of incapacitation, family disruption or convalescence, providing companionship, personal care and help in adjusting to new lifestyles.
- Instruct and advise clients on issues such as household cleanliness, utilities, hygiene, nutrition and infant care.
- Plan, shop for, and prepare nutritious meals, or assist families in planning, shopping for, and preparing nutritious meals.
- Participate in case reviews, consulting with the team caring for the client, to evaluate the client's needs and plan for continuing services.
- Transport clients to locations outside the home, such as to physicians' offices or on outings, using a motor vehicle.
- Train family members to provide bedside care.

Knowledge

Customer and Personal Service — Knowledge of principles and processes for providing customer and personal services. This includes customer needs assessment, meeting quality standards for services, and evaluation of customer satisfaction.

English Language — Knowledge of the structure and content of the English language including the meaning and spelling of words, rules of composition, and grammar.

Skills

Active Listening — Giving full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times.

Social Perceptiveness — Being aware of others' reactions and understanding why they react as they do.

Coordination — Adjusting actions in relation to others' actions.

Service Orientation — Actively looking for ways to help people.

Monitoring — Monitoring/Assessing performance of yourself, other individuals, or organizations to make improvements or take corrective action.

Time Management — Managing one's own time and the time of others.

Critical Thinking — Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.

Speaking — Talking to others to convey information effectively.

Reading Comprehension — Understanding written sentences and paragraphs in work related documents.

Learning Strategies — Selecting and using training/instructional methods and procedures appropriate for the situation when learning or teaching new things.

Abilities

Oral Comprehension — The ability to listen to and understand information and ideas presented through spoken words and sentences.

Problem Sensitivity — The ability to tell when something is wrong or is likely to go wrong. It does not involve solving the problem, only recognizing there is a problem.

Speech Clarity — The ability to speak clearly so others can understand you.

Oral Expression — The ability to communicate information and ideas in speaking so others will understand.

Speech Recognition — The ability to identify and understand the speech of another person.

Deductive Reasoning — The ability to apply general rules to specific problems to produce answers that make sense.

Written Comprehension — The ability to read and understand information and ideas presented in writing.

Written Expression — The ability to communicate information and ideas in writing so others will understand.

Information Ordering — The ability to arrange things or actions in a certain order or pattern according to a specific rule or set of rules (e.g., patterns of numbers, letters, words, pictures, mathematical operations).

Inductive Reasoning — The ability to combine pieces of information to form general rules or conclusions (includes finding a relationship among seemingly unrelated events).

Appendix E: Wage Data

The following tables present wage and salary data for Home Health Aides and Personal and Home Care Aides in the South Central Region. This information is provided by the California Employment Development Department, Labor Market Information Division and reports on 1st quarter 2008 earnings.

Home Health Aides

Area	Annual Mean	Annual Salary by Percentile		
		25 th Percentile	Median	75 th Percentile
California	\$22,164	\$18,045	\$20,381	\$24,429
Los Angeles	\$22,482	\$17,819	\$19,797	\$24,552
Ventura	\$21,611	\$18,444	\$21,621	\$24,193
Santa Barbara	\$22,267	\$18,465	\$21,682	\$25,146
San Luis Obispo County	\$23,424	\$20,217	\$23,158	\$26,263

EDD/LMID 2008

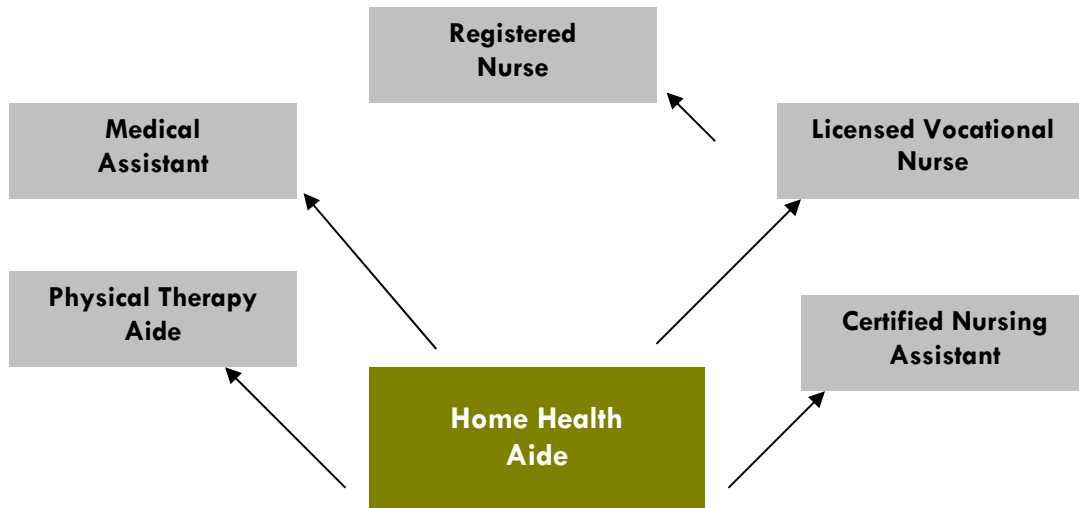
Personal and Home Care Aides

State/County	Annual Mean	Annual Salary by Percentile		
		25 th Percentile	Median	75 th Percentile
California	\$21,754	\$18,496	\$21,027	\$24,080
Los Angeles	\$20,924	\$17,953	\$19,889	\$22,851
Ventura	\$21,918	\$19,285	\$21,928	\$24,234
Santa Barbara	\$24,531	\$20,832	\$23,455	\$26,632
San Luis Obispo County	\$21,529	\$19,715	\$21,416	\$23,414

EDD/LMID 2008

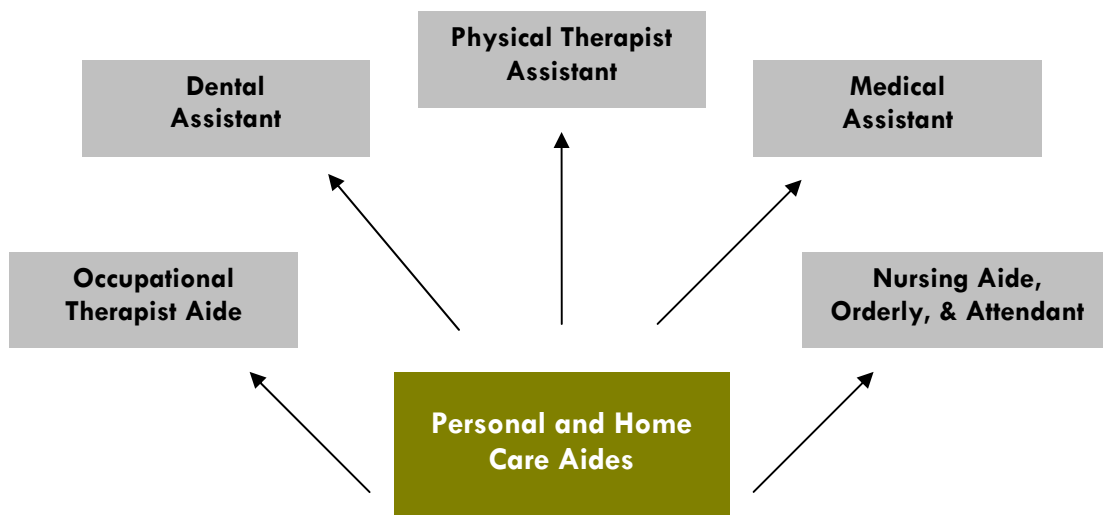
Appendix F: Career Path Illustrations

Home Health Aides



Source: EDD/LMID

Personal and Home Care Aides



Source: EDD/LMID