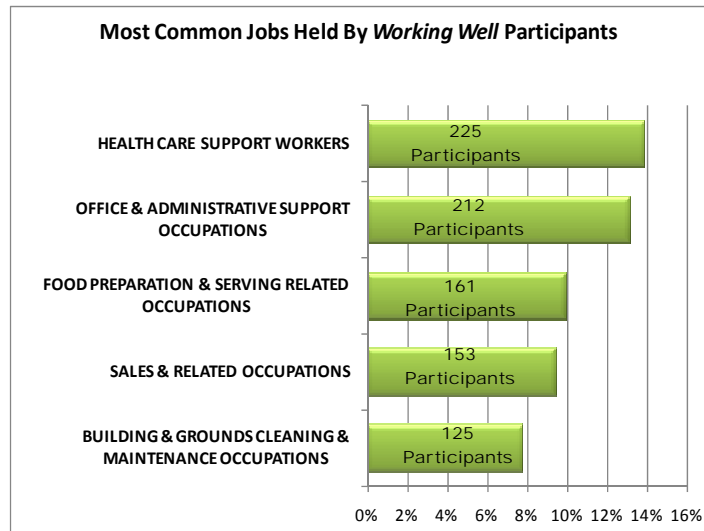


Working Well, the Texas Demonstration to Maintain Independence and Employment is a research study that measures the effect of access to health and employment benefits on working people with major health conditions who are at risk of becoming disabled. To join the study, participants must currently be working and have a serious mental illness (bi-polar disorder, schizophrenia, or major depression) or a combination of mental and physical health conditions.

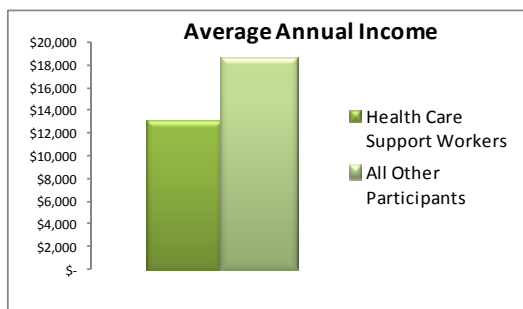


Health care support workers comprise the **largest single occupational group in Working Well**. They include personal care attendants, home health workers, nursing aides, and nursing facility workers. Health care support workers perform a key role by assisting a growing segment of the US population that is aging, disabled, or at risk of losing independence. Understanding how to keep these workers employed is thus an issue of national importance. This brief compares the characteristics of health care support workers participating in the study to those of other study participants.

Background

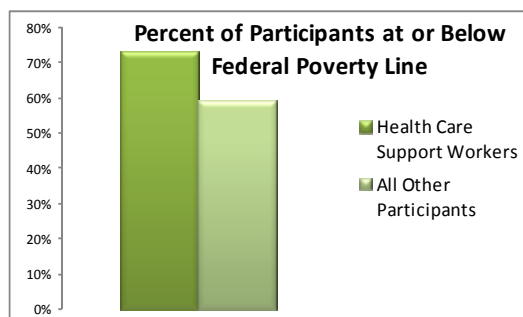
Nationally, over 3 million people in the US work in health care support positions, which provide the bulk of hands-on health care in the country. Compared to workers in other occupations, health care support workers have lower wages, fewer benefits, and higher turnover (half leave their jobs each year).¹ Additionally, these workers suffer a higher incidence of injuries and illness, requiring more days away from work than any other occupational category in the country.² For example, a recent study found there were 10 workplace injuries or illnesses per 100 full time workers in nursing and residential care facilities, compared to 7 per 100 workers in the construction industry, and 5 per 100 workers in all private workplaces.³ The Bureau of Labor Statistics projects the need for an additional 1 million new health care support positions by 2016, with home health workers projected to be one of the fastest growing occupations over the next 10 years.⁴ At the same time, the number of people who traditionally fill these positions is not growing at the same rate as the demand, leaving a major gap.⁵

Health Care Workers Compared to Other *Working Well* Participants



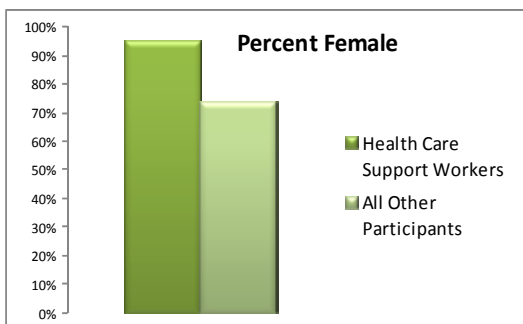
Income

Health care support workers had an average household income of \$13,064 compared to \$18,681 for *Working Well* participants in other jobs. Lower wages for health care support workers compared to workers in other jobs is consistent with national trends. Nationally, these workers made about \$18,940 to \$23,920 compared to \$40,690 for all other workers in the United States.⁶



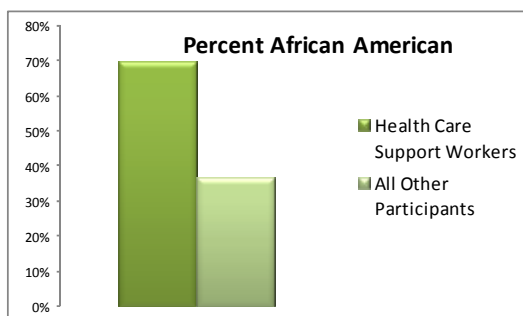
Poverty

73% of health care support workers in *Working Well* are at or below the federal poverty level. This is significantly higher than the percentage of other participants who are at or below the federal poverty level (59%). This is not surprising, given that nationally, health care support workers make about half as much as other workers in the US.



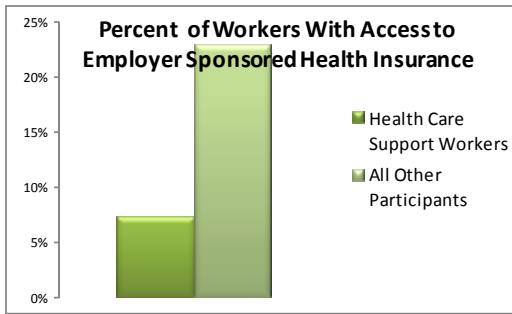
Gender

Health care support workers in *Working Well* are almost all female (95%), compared to other participants (74%). Nationally, female workers in this field make up the overwhelming majority of the health care support workforce. Women between the ages of 22 and 45 make up over 90% workers in this field.⁷



Race

Health care support workers are predominantly African American (70%), compared to other *Working Well* participants (37%). Nationally, over one-fifth of all African American women work within the health care field. Most of these positions are health care support jobs.⁸



Access to Health Insurance

Health care support workers were much less likely to have access to employer sponsored health insurance (7%) than all other *Working Well* participants (23%). Nationally, health care support workers are uninsured at a rate that is 50 percent higher than the general population under age 65.⁹

Self-Reported Health Conditions

During annual interviews, participants rated their physical health problems. Health care support workers were more likely to report high blood pressure, arthritis, and chronic back or neck pain compared to other *Working Well* participants. When asked to rate their overall physical and mental health upon enrollment in *Working Well*, health care support workers were significantly more likely to consider themselves only “fair” or “poor” as compared to the other workers in the study.

Self Reported Health Condition	Health Care Support Workers	All Other <i>Working Well</i> Participants
High Blood Pressure	65%	55%
Arthritis	55%	40%
Chronic Back or Neck Pain	54%	43%

Activities of Daily Living

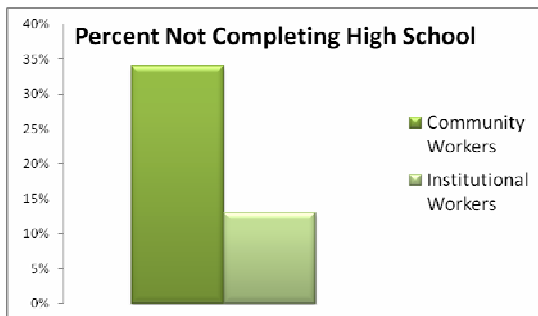
Forty-six percent of health care support workers report at least one limitation in Activities of Daily Living (such as bathing, dressing, eating, walking, toileting), and 52% report at least one limitation in Instrumental Activities of Daily Living (such as meal preparation, grocery shopping, money management, using the telephone, housework, managing medications).

Physical Health Diagnoses

Based on their medical records, health care support workers had similar rates of physical health disorders as other workers in the study. Seventy-two percent of health care support workers had a musculoskeletal disorder, such as backaches or neck pain; fifty percent had respiratory disorders, such as acute asthma or chronic bronchitis; twenty-five percent had neurological disorders such as sleep apnea, and twenty-nine percent had diabetes.

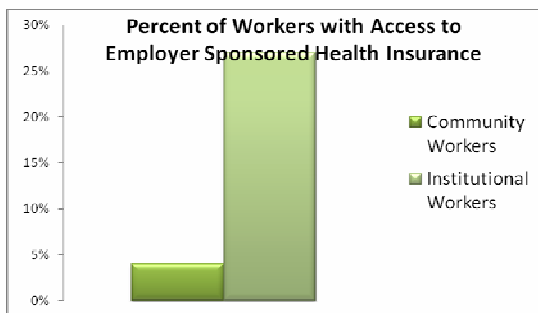
Institutional vs. Community Workers

Nationally, institutional care workers such as nursing facility aides have higher pay, better access to health insurance, and better working conditions than community based health workers such as personal care attendants and home health aides.¹⁰ Major differences between these groups in the *Working Well* study are reported here.



Education

Community based health workers had lower levels of education than institutional workers. 34% of community based health workers had not completed high school, compared to 13% of institutional care workers.



Access to Health Insurance

Community based health workers were much less likely to have access to employer sponsored health insurance (4%) than institutional care workers (27%).

Summary

Health care support workers constitute the largest single employment category among *Working Well* participants. Individuals in this field provide the bulk of health care in the US, yet by several measures, they are only a few steps away from disability themselves. They fare worse in measures of income, quality of life, physical health conditions, and access to health insurance than most *Working Well* participants in other job categories. This puts them at greater risk for losing health and independence and potentially exacerbates the shortage of these workers.

Working Well is a randomized controlled field trial. The study will compare participants receiving interventions to a control group of similar people who do not get the interventions. **Working Well** interventions include employment services, health care (medical, dental, vision, mental health and substance abuse treatment services) and case management to help participants meet their health and employment goals.

Working Well is sponsored by a grant from the Centers for Medicare and Medicaid Services and is administered by the Texas Department of State Health Services. The project is operated at the local level by the Harris County Hospital District. The University of Texas at Austin Center for Social Work Research is the independent evaluator and assisted with preparing this policy brief. For more information, contact the State Project Director, Dena Stoner at Dena.Stoner@dshs.state.tx.us.

Visit our website at <http://www.dshs.state.tx.us/mhsa/workingwell>

Coming Next: How **Working Well** Participants Compare with People on Disability

References

1. D. Seavey, October 2004, "The Cost of Frontline Turnover in Long Term Care," Better Jobs Better Care Policy Report (Washington, DC: IFAS/AAHSA).
2. Bureau of Labor Statistics, U.S. Department of Labor, Survey of Occupational Injuries and Illnesses. Available at <http://www.bls.gov/iif/oshwc/osh/case/osch0034.pdf>
3. AARP Public Policy Institute, 2005, Direct Care Workers in Long Term Care. Citing: US Department of Labor, "Workplace Injuries and Illnesses in 2003," December 14, 2004.
4. U.S. Department of Labor, Bureau of Labor Statistics, National Employment Matrix, 2006 and projected 2016 for SOC 31-1011, 31-1012, 31-1013, and 39-9021.
5. Ibid.
6. U.S. Department of Labor, Bureau of Labor Statistics, May 2007 National Occupational Employment and Wage Estimates for SOC 39-9021, 31-1011, 31-1012, and 00-000.
7. Direct Care Alliance, August 2008. Retrieved from http://www.directcarealliance.org/sections/who_are.htm.
8. Ibid.
9. Case et al., March 2002, "No Care for the Caregivers: Declining Health Insurance Coverage for Health Care Personnel and Their Children, 1988-1998," American Journal of Public Health (Vol. 92, No.3).
10. Nursing Workforce: Recruitment and Retention of Nurses and Nurse Aides is a Growing Concern (Testimony of William J. Scanlon before United States General Accounting Office)