

Eldercare in New Hampshire

Labor Market Trends and their Implications



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Eldercare in New Hampshire

Labor Market Trends and their Implications

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Introduction to Eldercare

The changing profile of New Hampshire’s population and families will have dramatic impacts on health care for the elderly. In an attempt to highlight the issues involved, the Economic and Labor Market Information Bureau (ELMI) has assembled information that defines the pertinent labor market and demographic elements. This report focuses on the following occupations related to Eldercare services:

- Personal and home care aides
- Home health aides
- Nursing aides, orderlies and attendants

Health care issues have risen to the forefront in recent years. Practically every day we see headlines and research articles about the cost of health care, shortages of various categories of health care workers, medical technology breakthroughs, and more.

- Health care costs, according to the Consumer Price Index, have risen over twice as fast as all items. From the base period 1982-84 to January 2006, the All Items Consumer Price Index has risen 98.3 percent, while the Medical care group has increased 229.5 percent.¹ To the extent that the elderly population requires more medical care, they are disproportionately affected by these price increases.
- Higher education institutions in New Hampshire have joined forces to create innovative education program linkages to train students as Registered nurses to respond to the nursing shortage in New Hampshire.²
- Research institutions like the Rand Corporation and the National Bureau of Economic Research are among those who study health care, including the impact of medical technology on longevity, quality of life, and cost of health care.³

In general, these issues raise concerns about the future availability of medical support services.

New Hampshire’s population is aging. According to U.S. Census Bureau estimates, New Hampshire’s population 65 years of age and over is expected to more than double between 2000 and 2030, growing to 21.4 percent of the State’s population compared to only 12.0 percent in 2000. Health care issues, when combined with an aging population, take on additional importance.

This paper is limited to one aspect of health care – eldercare – and some of the labor market issues involved. In the following pages we have tried to present a sense of the wide range of data available that will influence the demand for and supply of Eldercare services.

¹ Go to www.bls.gov/cpi/home.htm for access to the Bureau of Labor Statistics Consumer Price Index page.

² For examples: www.unh.edu/news/news_releases/2004/may/sk_20040505nursing.html, “UNH Launches Graduate Program to Address Nursing Shortage – Master’s Program Open to Those With Non-Nursing Bachelor’s Degrees”, and www.unh.edu/news/news_releases/2005/april/em_050420nursing.html, “UNH and NH Community Technical College Offer Dual Admission Program For Nursing Students”.

³ For examples: www.rand.org/, whose research areas include Population & Aging, and Health & Health Care; and www.nber.org/ for their Economics of Aging Program.

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The increased demand will create employment opportunities. Nursing aides, orderlies and attendants are projected to have 258 annual openings on average over the next ten years, Personal and home care aides are projected to have 134 annual openings on average, and Home health aides are projected to have 98 average annual openings. These estimated counts include openings from growth as well as openings available because of replacement of current workers that leave one of the occupations either due to retirement or to pursue another career.

Different industries compete for the workers in these three eldercare occupations. Current staffing patterns show that these occupations most likely are found in Ambulatory health care services (which includes Home health care services), Nursing and residential care facilities and Social assistance. In addition, one of every five Nursing aides works in private hospitals.

In order to determine the supply of workers available to fill the demand, ELMI collected data on current New Hampshire active licenses. However, in New Hampshire only Licensed nursing assistants (LNA's) and Certified nursing assistants (CNA's) are required to be licensed. These two job titles are included within the Standard Occupational Code (SOC) for Nursing aides, orderlies and attendants.

As the labor force age 18-64 is projected to become a smaller share of the total population over the next couple of decades, it may become more difficult to recruit workers to provide Eldercare services. Hence, it is important to consider alternative labor pools as a potential supply of workers. Unemployed persons, dropouts and retirees should be included as a part of the potential labor pool.

Workers in declining industries or occupations could also be viewed as a potential source. Retraining of workers dislocated from production-related occupations might be feasible since the selected eldercare occupations for this study generally require short-term on-the-job training. In some instances there might be a discrepancy in wages and benefits and there may be a cultural barrier for some workers, transferring from a traditional male-oriented occupation to a female-oriented occupation. Some of the occupations projected to experience a decline have comparable hourly wages to the Nursing aides, orderlies and attendants, Home health aides and Personal and home care aides (see Appendix C). Examples are Sewing machine operators, File and mail clerks and Tellers.

A comparison of skills and abilities needed for performing the job duties in any of the three selected eldercare occupations show a great deal of overlap. Common skills for the three occupations are Active listening, Coordination, Critical thinking, Monitoring, Reading comprehension, Service orientation, Speaking, and Social perceptiveness.

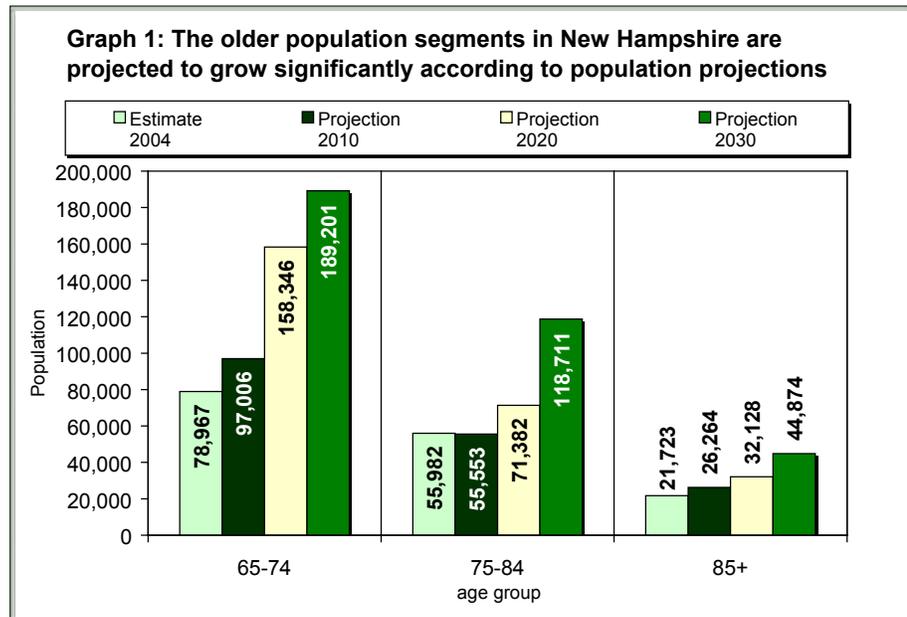
Due to the similarities in required skills and abilities, the Bureau of Labor Statistics (BLS), U.S. Department of Labor, classifies the three occupations as requiring the same broad definition of job training and education. The common requirements are Short-term on-the-job training and in general requiring at least a high school diploma. Nonetheless, individual states may have more specific job training and educational requirements. For example, in New Hampshire a LNA (listed under the occupational code for Nursing aides, orderlies and attendants) is required to graduate from a New Hampshire Board of Nursing-approved nursing education program or demonstrate comparable nursing educational preparation recognized by the Board.

Demand for Eldercare Services

Population Trends

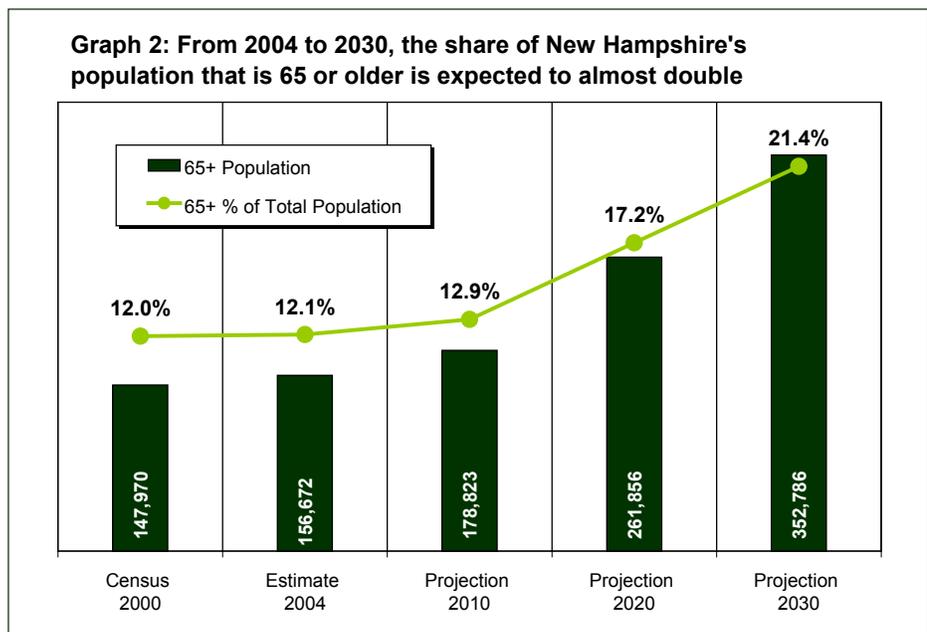
The demand for Eldercare services will be driven by population changes. The total New Hampshire population is growing year by year, but it is also growing older year by year. This means that the age group 65 and over is growing larger in number and in proportion to total population.

- New Hampshire population age 65 and older is projected to grow by 125 percent from 2004 to 2030



Source: US Census Bureau, Population Division, Interim State Population Projections, 2005 . Internet release date: April 21, 2005

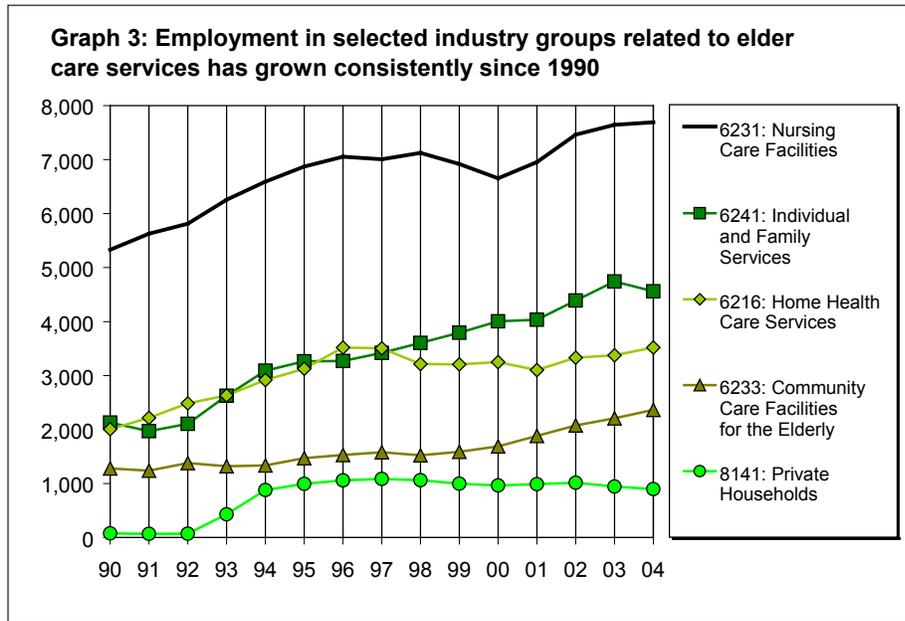
- The share of New Hampshire's population age 65 and older will grow from 12.0 percent in 2000 to 21.4 percent in 2030



Source: US Census Bureau, Population Division, Interim State Population Projections, 2005 . Internet release date: April 21, 2005

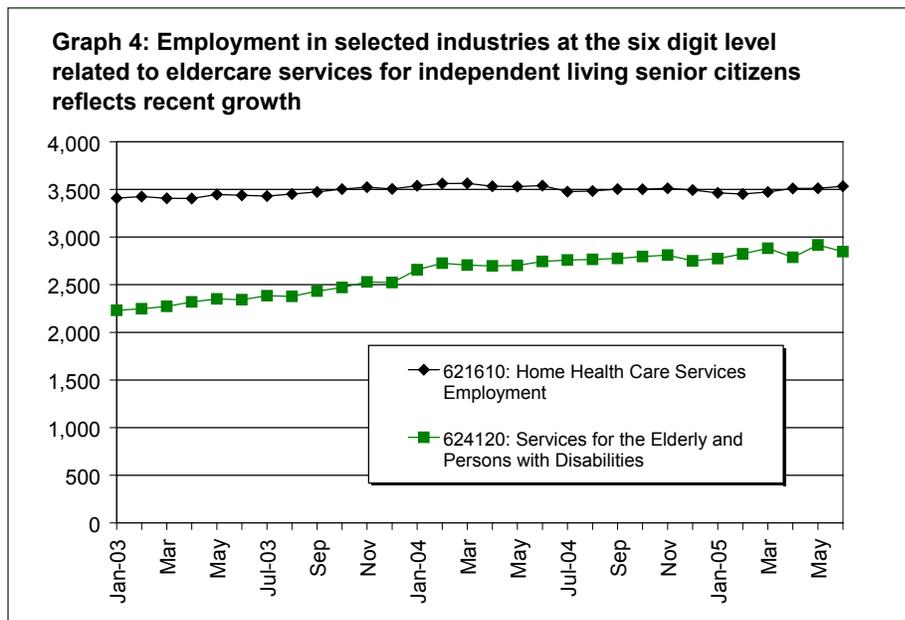
Current and Historic Industry Demand

Care providers work in a variety of industries. Among the largest industries are Nursing care facilities, Individual and family services, and Home health care services industries. Historical trends are shown in Graphs 3 and 4.



- Since 1990, employment in eldercare related industries has experienced tremendous growth

Source: Quarterly Census of Employment and Wages, Economic and Labor Market Information Bureau, New Hampshire Employment Security



- Growth in Services for the elderly and persons with disabilities, over the last couple of years, reflects the demand for independent living services for senior citizens

Source: Quarterly Census of Employment and Wages, Economic and Labor Market Information Bureau, New Hampshire Employment Security

The main difference between the two health industries related to independent living senior citizens is that businesses and organizations in Home health care services⁴ are primarily performing medical services whereas businesses and organizations in the Services for the elderly and persons with disabilities⁵ are performing non-medical services.

⁴ 621610 Home Health Care Services

This industry comprises establishments primarily engaged in providing skilled nursing services in the home, along with a range of the following: personal care services; homemaker and companion services; physical therapy; medical social services; medications; medical equipment and supplies; counseling; 24-hour home care; occupation and vocational therapy; dietary and nutritional services; speech therapy; audiology; and high-tech care, such as intravenous therapy. Eg. Home care of elderly, medical; Home health care agencies; Home nursing services (except private practices); Hospice care services, in home; Nursing agencies, primarily providing home nursing services; Visiting nurse associations.

⁵ 624120 Services for the Elderly and Persons with Disabilities

This industry comprises establishments primarily engaged in providing nonresidential social assistance services to improve the quality of life for the elderly, persons diagnosed with mental retardation, or persons with disabilities. These establishments provide for the welfare of these of individuals in such areas as day care, nonmedical home care or homemaker services, social activities, group support, and companionship. Eg. Activity centers for disabled persons, the elderly, and persons diagnosed with mental retardation; Community centers (except recreational only), adult; Companion services for disabled persons, the elderly, and persons diagnosed with mental retardation; Day care centers for disabled persons, the elderly, and persons diagnosed with mental retardation; Disability support groups; Home care of elderly, non-medical; Homemaker's service for elderly or disabled persons, non-medical; Self-help organizations for disabled persons, the elderly, and persons diagnosed with mental retardation; Senior citizens activity centers; Senior citizens centers.

Demand for Eldercare Services and Part-Time Employment

Some people are working part-time because of taking care of a family member. The Bureau of Labor Statistics publishes data each year describing each State's labor force. One dimension is the extent of part-time employment and the reasons for working part-time. Other family or personal obligations is one category of reasons. This would include care for family members, some of which would be for eldercare; the category does not include persons working part-time because of child-care problems.

From Table 1 at right it can be estimated that approximately 30,000 New Hampshire residents are working part-time because of Other family or personal obligations.

Table 1: Reasons for working less than 35 hours in New Hampshire

	Working part-time	Other family or personal obligations^a	Men	Women
1994	114,000	33,000	1,000	31,000
1995	108,000	28,000	1,000	27,000
1996	103,000	28,000	2,000	26,000
1997	113,000	33,000	1,000	32,000
1998	112,000	35,000	2,000	33,000
1999	125,000	38,000	2,000	36,000
2000	124,000	35,000	2,000	33,000
2001	N/A	N/A	N/A	N/A
2002	121,000	34,000	1,000	33,000

^a Child-care problems as a reason for working part-time is not included in Other family obligations because it is a separate category.

Source: Geographic Profile of Employment and Unemployment, US Department of Labor, Bureau of Labor Statistics, Bulletin 2486, various years

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Projected Market for Workers in Eldercare Services

Long-term (2002-2012) projections (Table 2) indicate that each of these occupations should grow faster than the average (17.6 percent) for all occupations in the State. This is the latest available data.

According to NH Employment Projections, 2002-2012, employment for:

- Personal and home health care aides will increase 46 percent (from 2,160 to 3,150)
- Home health aides will increase 51 percent (from 1,540 to 2,320)
- Nursing aides, orderlies, and attendants will increase 28 percent (from 6,340 to 8,080)

In addition to openings from growth, numerous openings will be available to replace workers who permanently leave these occupations.

Table 2. Projected Employment for Selected Eldercare Occupations

2002 Employment	2012 Projected	Change	Percent Change	Training Requirement	Total Openings	Average Annual Openings	Total Openings	Average Annual Openings	Total Openings	Average Annual Openings
					Growth		Replacement		Growth + Replacement	
Projection of Employment for Personal and Home Care Aides (39-9021)										
2,164	3,152	988	45.7%	Short-term on-the-job training	989	99	347	35	1,336	134
Projection of Employment for Home Health Aides (31-1011)										
1,540	2,318	778	50.5%	Short-term on-the-job training	778	78	202	20	980	98
Projection of Employment for Nursing Aides (31-1012)										
6,339	8,083	1,744	27.5%	Short-term on-the-job training	1,745	175	830	83	2,575	258

Prepared by: Economic and Labor Market Information Bureau, New Hampshire Employment Security, Concord, New Hampshire 03301, (603) 228-4124

Current Staffing Patterns — Where Can These Occupations Be Found?

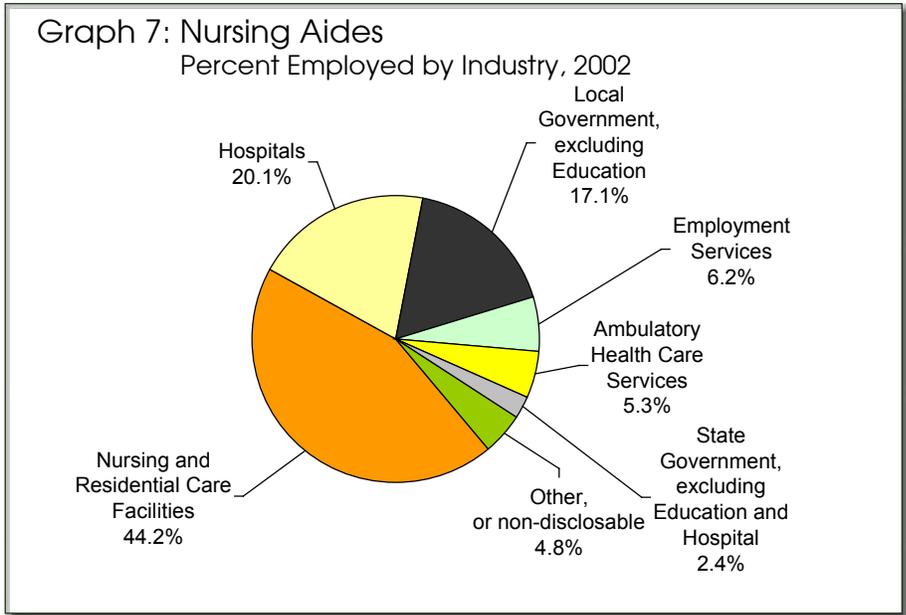
Personal and home care aides are mostly found in Ambulatory health care services (which includes Home health care services), Nursing and residential care facilities and in social assistance entities (which includes individual family services). Some are found in Private households and there is a small number of self-employed.

Home health aides are also found in Ambulatory health care services, Nursing facilities, and Social assistance, with a small number in Local government (county nursing homes).

Nursing aides, in addition to the industry groups named above, also work in Private hospitals, State government (at the State hospital), Nursing homes, and for Temporary employment agencies.

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Percentages are based on 2002 data as published in ELMI's Job Locator publication. Employment distribution in this format for 2004 will be available later this year; it is not expected to differ significantly from 2002. Differences would be attributed in part to variations in the surveys over the time periods due to the similarity of the occupations (a Home health aide in one survey year could be considered by a survey respondent as a Personal and home care care aide in another).



Source: Occupational Employment Statistics, Economic and Labor Market Information Bureau, New Hampshire Employment Security



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Occupational Employment Statistics Breakout

Another way to look at employment distributions is to consider the employment by occupation given a specific industry. Table 3 lists the leading occupations related to eldercare in selected industries. In the interest of brevity, only a few occupations are listed, but in fact each industry employs hundreds of other occupations including managers, financial personnel, and janitorial and other support workers. Employment is based on the November 2004 OES survey, the latest available, and is rounded to the nearest ten.

Examples:

- Of all Nursing aides, 20.1 percent were employed in Hospitals in 2002.
- In Community care facilities for the elderly, Nursing aides, orderlies and attendants account for 21.4 percent of employment.

Table 3. percent Employed by Occupation in Eldercare and Related Industries

based on Occupational Employment Survey November 2004

	Employment	Percent
Home health care services		
Registered nurses	780	22.1%
Home health aides	750	21.2%
Nursing aides, orderlies, and attendants	370	10.5%
Personal and home care aides	320	9.1%
Physical therapists	120	3.4%
Licensed practical and licensed vocational nurses	110	3.1%
General medical and surgical hospitals		
Registered nurses	6,400	28.1%
Nursing aides, orderlies, and attendants	1,440	6.3%
Nursing care facilities		
Nursing aides, orderlies, and attendants	2,520	32.6%
Registered nurses	840	10.9%
Licensed practical and licensed vocational nurses	590	7.6%
Community care facilities for the elderly		
Nursing aides, orderlies, and attendants	510	21.4%
Home health aides	320	13.4%
Licensed practical and licensed vocational nurses	180	7.6%
Maids and housekeeping cleaners	150	6.3%
Registered nurses	120	5.0%
Residential mental retardation, mental health and substance abuse facilities		
Social and human service assistants	400	22.3%
Personal and home care aides	230	12.9%
Rehabilitation counselors	220	12.3%
Home health aides	190	10.6%

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Supply of Workers Available for Eldercare Services

Current Employment in Eldercare and Potential Licensed Workforce

Supply of workers for these occupations can be represented by the number of active licenses. Of the three occupations, only Nursing aides require licensing or certification in New Hampshire. An individual may maintain a license, but not be currently employed in the occupation. As shown below, out of more than 12,000 licenses for nursing assistants, only 6,820 were employed in that job in November 2004.

Table 4: Comparison of employment estimates by health care occupation and licensure data.

SOC	Occupational Title	November 2004 Employment Estimate	Licensed, Certified & Registered Occupations	NH active licenses ^c
39-9021	Personal and home care aides	2,520		
31-1011	Home health aides	1,880		
31-1012	Nursing aides, orderlies and attendants	6,820	Certified nursing assistants (CNA's) and Licensed nursing assistant (LNA's) ^a	12,360
			Medication nursing assistant (MNA) ^b	360

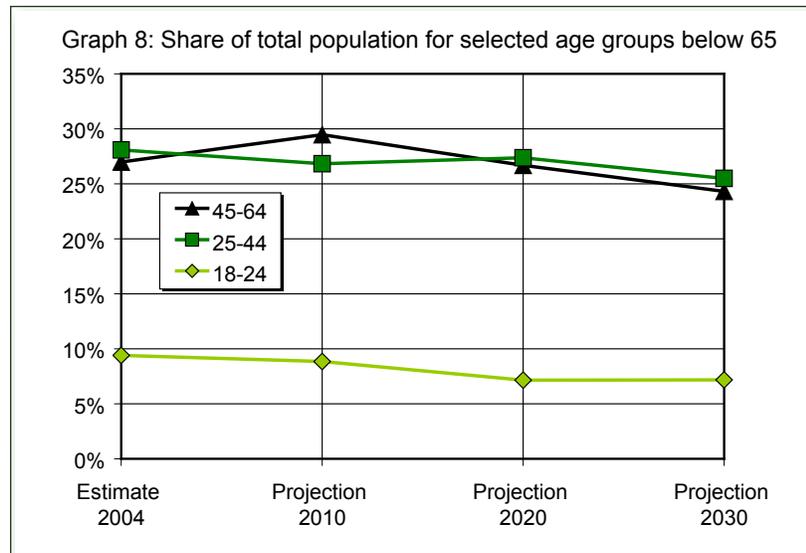
^a Licensed nursing assistants and Certified nursing assistants have the same licensing requirements in New Hampshire

^b Medication nursing assistants are included in the LNA count

^c New Hampshire Board of Nursing data from January 2006

Potential Supply of Workers

The potential supply of workers in these occupations may be limited due to total population and other demographic trends. Over time it may become more difficult to recruit workers from younger age cohorts in New Hampshire.



Source: U.S. Census Bureau, Population Division, Interim State Population Projections, 2005 Internet Release Date: April 21, 2005

- Despite that the workforce is projected to grow overall as a percentage of total population, the workforce may diminish after 2010.
- Of the three age groups in the workforce, the 45-64 cohort is the only one expected to grow by 2010, but even this cohort loses relative share by 2020 and 2030 (Graph 8).

Declining Occupations as a Potential Source

- Workers in declining industries or occupations can be looked at as a potential source. While some declining occupations require high levels of training, some can be entered with short-term on-the-job training.
- Clerks, Tellers, Data entry keyers, Computer operators, Word processors, and Telephone operators are projected to decline in employment according to 2002-2012 projections for New Hampshire. In most cases, their wages are comparable to the health care occupations in this study.
- Many of the declining occupations are in production-related occupations. It may be a stretch to consider these occupations as part of the potential pool, but retraining would be relatively easy.

Competition in Recruiting — What Occupations Will Be Competing for Workers at the Same Wage Level?

It is important to look at occupations with comparable wages because these jobs will be competing with the kinds of eldercare jobs in this study.

- Two of the largest occupations in the State (in number), Retail salespersons and Cashiers, could be potential sources of workers. Retail salespersons have an average wage of \$11.45, which is comparable to the \$11.74 average for Nursing aides. Cashiers average \$8.65, which is lower than the average wage for Home health aides and Personal and home care aides.
- Health-related occupations with similar wages are Veterinary technicians, Pharmacy technicians, and Pharmacy aides.
- Some occupations in the same wage range (\$8.50 to \$12.00) may have non-monetary benefits or be considered more “glamorous” or attractive to younger potential workers: bartenders, manicurists, and recreational workers are some examples.
- Childcare workers have a lower wage, on the average, than any of the three occupations focused on in this study. Those workers looking for a change from childcare could be considered part of the potential pool.



See Appendix C for a complete list of occupations with comparable wages.

Occupational Characteristics

Skills and Abilities Needed (Top Ten as Identified by O*Net Importance Factor)

The three occupations have a great deal of overlap in the skills required, and share a common core of ability traits.

Table 6. Principal Skills Required for Occupations

(Top ten skills are grouped alphabetically for occurrence in common for the three occupations, not necessarily in rank order of individual importance for each occupation).

Nursing Aides, Orderlies, & Attendants	Home Health Aides	Personal & Home Care Aides
Active Listening	Active Listening	Active Listening
Coordination	Coordination	Coordination
Critical Thinking	Critical Thinking	Critical Thinking
Monitoring	Monitoring	Monitoring
Reading Comprehension	Reading Comprehension	Reading Comprehension
Service Orientation	Service Orientation	Service Orientation
Speaking	Speaking	Speaking
Social Perceptiveness	Social Perceptiveness	Social Perceptiveness
<i>Instructing</i>	<i>Instructing</i>	
<i>Time Management</i>		<i>Time Management</i>
		<i>Learning Strategies</i>
	<i>Writing</i>	

Note: *Italicized characteristics are not common to all three occupations*



Table 7. Principal Abilities Characteristics Required for Occupations

(Top ten knowledge characteristics are grouped alphabetically for occurrence in common for the three occupations, not necessarily in rank order of individual importance for each occupation).

Nursing Aides, Orderlies, & Attendants	Home Health Aides	Personal & Home Care Aides
Oral Comprehension	Oral Comprehension	Oral Comprehension
Oral Expression	Oral Expression	Oral Expression
Problem Sensitivity	Problem Sensitivity	Problem Sensitivity
Speech Clarity	Speech Clarity	Speech Clarity
Speech Recognition	Speech Recognition	Speech Recognition
Written Comprehension	Written Comprehension	Written Comprehension
<i>Arm-Hand Steadiness</i>		
<i>Deductive Reasoning</i>		<i>Deductive Reasoning</i>
	<i>Inductive Reasoning</i>	<i>Inductive Reasoning</i>
	<i>Information Ordering</i>	<i>Information Ordering</i>
<i>Near Vision</i>	<i>Near Vision</i>	
<i>Static Strength</i>	<i>Static Strength</i>	
		<i>Written Expression</i>

Note: *Italicized characteristics are not common to all three occupations*

Training and Education

Given the fact that many of the same skills and knowledge characteristics are shared by the three occupations highlighted here, it is no surprise that in O*Net these occupations are classified as requiring the same kind of job training and education. Specifically:

Job Training – Employees in these occupations need anywhere from a few months to one year of working with experienced employees.

Education – Usually require a high school diploma. (May also require some vocational training or job-related coursework. In some cases, an associate’s or bachelor’s degree could be needed.)

Within a given standard occupational classification (SOC) code, there may be different occupational titles that require additional training, education, or certification. The Bureau of Labor Statistics, U.S. Department of Labor assesses occupational requirements, and places an occupation into one of 11 categories that best describes the education or training needed by most workers to become fully qualified in the occupation. According to the BLS, for instance, the most significant source of postsecondary training or education for SOC code 31-1012, Nursing aides, orderlies, and attendants, is Short-term on-the-job training. However, Licensed nursing assistant is a job title which is included within this occupational code, yet the training or education required in this State is to graduate from a New Hampshire Board of Nursing-approved nursing education program or demonstrate comparable nursing educational preparation recognized by the Board.

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Again , according to BLS the most significant source of postsecondary education or training for Nursing aides is identified as Short-term on-the-job training. The typical educational attainment for Nursing aides is identified as High school/some college (HS/SC). Furthermore, BLS has determined that, of workers aged 25 to 44 in this occupation, 62.7 percent have attained an education of high school or less; 31.4 percent have attained an education of some college, and 5.9 percent have attained an education of college or higher.⁶

Some information for occupations Home health aides; Nursing aides, orderlies, and attendants; and Psychiatric aides (SOC codes 31-1011, 31-1012, and 31-1013 respectively) is grouped. This results in Home health aides and Nursing aides being assessed by the Bureau of Labor Statistics as having the same significant source of postsecondary education or training (Short-term on-the-job training)⁷, and the same percent of workers by educational attainment.

The third occupation, Personal and home care aides, is also assessed as having Short-term on-the-job training as the most significant source of postsecondary education or training, and typical educational attainment as High school/some college. Of workers aged 25 to 44 in this occupation, 59.6 percent have attained an education of high school or less; 32.1 percent have attained an education of some college, and 8.2 percent have attained an education of college or higher.⁸

⁶ United States Department of Labor, Bureau of Labor Statistics. Occupational Projections and Training Data 2004-05 Edition (Bulletin 2572), March 2004, p. 14.

⁷ Ibid, p. 18.

⁸ Ibid

New England Wage And Employment Comparisons

Employment

The projected growth for these occupations in New Hampshire exceeds that of the country as well as the projected growth for the majority of the New England states.

Table 8. Occupational Employment and Projected Growth in New Hampshire, New England, and the United States, 2002-2012

Location	Home Health Aides			Personal & Home Care Aides			Nursing Aides, Orderlies, & Attendants		
	2002	2012	%Chg	2002	2012	%Chg	2002	2012	%Chg
United States	579,700	858,700	48%	607,600	853,500	40%	1,375,300	1,718,100	25%
Connecticut	9,630	11,450	19%	5,520	8,200	49%	23,910	26,140	9%
Maine	4,990	7,020	41%	4,850	7,500	55%	9,060	10,480	16%
Massachusetts	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
New Hampshire	1,540	2,320	51%	2,160	3,150	46%	6,340	8,080	28%
Rhode Island	3,070	4,180	36%	1,740	2,310	32%	7,210	8,820	22%
Vermont	1,590	2,150	36%	1,340	1,900	42%	3,100	3,810	23%

Source: America's Career InfoNet <www.acinet.org>; Data source, <www.bls.gov/emp/>

Median Wage 2004

New Hampshire's median wage for all three occupations is above the median for the United States. However, New Hampshire's median wage for these occupations exceeds that of only a couple New England states.

Table 9. Occupational Wages in New Hampshire, New England, and the United States, 2004

Location	Home Health Aides		Personal & Home Care Aides		Nursing Aide, Orderlies, & Attendants	
	Hourly	Annual	Hourly	Annual	Hourly	Annual
United States	\$8.92	\$18,600	\$8.18	\$17,000	\$10.20	\$21,200
Connecticut	\$11.75	\$24,400	\$9.53	\$19,800	\$12.84	\$26,700
Maine	\$9.55	\$19,900	\$8.48	\$17,600	\$9.98	\$20,800
Massachusetts	\$10.93	\$22,700	\$10.21	\$21,200	\$12.41	\$25,800
New Hampshire	\$9.97	\$20,700	\$9.03	\$18,800	\$11.62	\$24,200
Rhode Island	\$10.90	\$22,700	\$10.91	\$22,700	\$11.72	\$24,400
Vermont	n/a	n/a	\$9.35	\$19,400	\$10.20	\$21,200

Source: America's Career InfoNet <www.acinet.org>; Data source, <www.bls.gov/emp/>

Appendix A: Standard Occupational Classification (SOC) and O*Net Descriptions for Selected Occupations

Occupation	System	Code	Job Description
Personal and home care aides (Personal and home care aides provide mainly housekeeping and routine personal care within a patient's home.)	SOC Code	39-9021	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.
	O*Net Code	39-9021.00	<p> Personal and home care aides—also called homemakers, caregivers, companions, and personal attendants—help elderly, disabled, ill, and mentally disabled persons live in their own homes or in residential care facilities instead of in health facilities. Most Personal and home care aides work with elderly or physically or mentally disabled clients who need more extensive personal and home care than family or friends can provide. Some aides work with families in which a parent is incapacitated and small children need care. Others help discharged hospital patients who have relatively short-term needs. (Home health aides—who provide health-related services, rather than mainly housekeeping and routine personal care—are discussed in the O*Net definition in the Home health aides section, below.) </p> <p> These aides provide housekeeping and routine personal care services. They clean clients' houses, do laundry, and change bed linens. Aides may plan meals (including special diets), shop for food, and cook. Aides also may help clients get out of bed, bathe, dress, and groom. Some accompany clients to doctors' appointments or on other errands. Personal and home care aides provide instruction and psychological support to their patients. They may advise families and patients on nutrition, cleanliness, and household tasks. Aides also may assist in toilet training a severely mentally handicapped child, or they may just listen to clients talk about their problems. </p> <p> In home health care agencies, a registered nurse, physical therapist, or social worker assigns specific duties and supervises Personal and home care aides. Aides keep records of services performed and of clients' condition and progress. They report changes in the client's condition to the supervisor or case manager. In carrying out their work, aides cooperate with health care professionals, including Registered nurses, therapists, and other medical staff. </p>

Appendix A: (continued)

Occupation	System	Code	Job Description
<p>Home health aides (provide health-related services in a patient's home or residential care facility)</p>	SOC Code	31-1011	<p>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.</p>
	O*Net Code	31-1011.00	<p>Home health aides help elderly, convalescent, or disabled persons live in their own homes instead of in a health care facility. (Nursing aides have duties that are similar, but they work in medical facilities rather than patients' homes or residential care facilities.) Under the direction of nursing or medical staff, they provide health-related services, such as administering oral medications. (Personal and home care aides, who provide mainly housekeeping and routine personal care services, are discussed in the O*Net section of Personal and home cares aides.) Like Nursing aides, Home health aides may check patients' pulse rate, temperature, and respiration rate; help with simple prescribed exercises; keep patients' rooms neat; and help patients to move from bed, bathe, dress, and groom. Occasionally, they change nonsterile dressings, give massages and alcohol rubs, or assist with braces and artificial limbs. Experienced Home health aides also may assist with medical equipment such as ventilators, which help patients breathe.</p> <p>Most Home health aides work with elderly or disabled persons who need more extensive care than family or friends can provide. Some help discharged hospital patients who have relatively short-term needs.</p> <p>In home health agencies, a registered nurse, physical therapist, or social worker usually assigns specific duties to and supervises Home health aides, who keep records of the services they perform and record each patient's condition and progress. The aides report changes in a patient's condition to the supervisor or case manager.</p>

Appendix A: (continued)

Occupation	System	Code	Job Description
Nursing aides, orderlies, and attendants	SOC Code	31-1012	Provide basic patient care under direction of nursing staff. Perform duties, such as feed, bathe, dress, groom, or move patients, or change linens. Exclude “Home health aides” (31-1011) and “Psychiatric aides” (31-1013).
Nursing aides (provide health-related services in a medical facility)	O*Net Code	31-1012.00	<p>Nursing aides—also known as Nursing assistants, Certified nursing assistants, Geriatric aides, Unlicensed assistive personnel, Orderlies, or Hospital attendants—perform routine tasks under the supervision of nursing and medical staff. They answer patients’ call lights; deliver messages; serve meals; make beds; and help patients to eat, dress, and bathe. Aides also may provide skin care to patients; take their temperature, pulse rate, respiration rate, and blood pressure; and help them to get into and out of bed and walk. They also may escort patients to operating and examining rooms, keep patients’ rooms neat, set up equipment, store and move supplies, and assist with some procedures. Aides observe patients’ physical, mental, and emotional conditions and report any change to the nursing or medical staff. (Home health aides have duties that are similar, but they work in patients’ homes or residential care facilities.)</p> <p>Nursing aides employed in Nursing care facilities often are the principal caregivers, having far more contact with residents than do other members of the staff. Because some residents may stay in a nursing care facility for months or even years, aides develop ongoing relationships with them and interact with them in a positive, caring way.</p>

Appendix B: Consumer Price Index

The Consumer Price Index for All Urban Consumers (CPI-U) for All Items reached 198.3 in January 2006 (1982-84 = 100), indicating that the general price level has about doubled since the base period 1982-84 was established (up 98.3 points, or 98.3 percent from the base period). The Bureau of Labor Statistics also publishes price indexes for major groups of goods that comprise the overall market basket; one of these groups is Medical care (prescription drugs and medical supplies, physician's services, eyeglasses and eye care, hospital services). For all cities, this group is broken out into Medical care commodities and Medical care services. Medical care services, in turn, is broken out into Professional services and Hospital and related services.

No matter how it is sliced, Medical care has risen in price more rapidly than the CPI All Items indicator. In January 2006, the Medical care group index was 329.5 (1982-84 = 100), indicating that Medical care prices have risen 229.5 percent since the base period. The subgroup Medical care commodities reached 282.0 in January 2006, up 182 percent. The subgroup Medical care services price index reached 342.0 in January 2006, up 242 percent; its own component group indexes, Professional services and Hospital and related services, reached 284.7 and 453.6, up 184.7 percent and 353.6 percent, respectively.

For additional information about the Consumer Price Index, and its calculation and components, visit the Bureau of Labor Statistics web site, www.bls.gov/cpi/home.htm.

Appendix C: Occupations with Comparable Wages

Occupational Title [Note: Occupations in italics have been identified as declining (losing jobs) in the 2002-2012 version of Long-Term Projections]	November 2004 Estimated Employment	November 2004 Mean (Average) Wage
Data entry keyers	1,390	\$12.01
Veterinary technologists and technicians	520	\$11.95
<i>Mail clerks and mail machine operators, except postal service</i>	1,060	\$11.77
Landscaping and groundskeeping workers	4,360	\$11.75
Nursing aides, orderlies, and attendants	6,820	\$11.74
Helpers—installation, maintenance, and repair workers	790	\$11.72
Laborers and freight, stock, and material movers, hand	7,220	\$11.60
Security guards	2,050	\$11.57
Cooks, institution and cafeteria	1,460	\$11.53
Retail salespersons	25,570	\$11.45
<i>Office machine operators, except computer</i>	360	\$11.43
Grinding and polishing workers, hand	400	\$11.42
<i>Sewing machine operators</i>	540	\$11.36
Bakers	370	\$11.31
Helpers—carpenters	450	\$11.27
Pharmacy technicians	1,100	\$11.24
Cooks, restaurant	3,910	\$11.23
Bus drivers, school	2,410	\$11.20
Switchboard operators, including answering service	800	\$11.19
Preschool teachers, except special education	2,390	\$11.17
Receptionists and information clerks	5,090	\$11.12
Cleaners of vehicles and equipment	1,260	\$11.10
Hairdressers, hairstylists, and cosmetologists	2,290	\$11.05
<i>File clerks</i>	740	\$11.01
Stock clerks and order fillers	9,910	\$10.97
Social and human service assistants	2,090	\$10.90
Machine feeders and offbearers	740	\$10.87
Janitors and cleaners, except maids and housekeeping cleaners	8,960	\$10.65
Counter and rental clerks	2,610	\$10.63
<i>Tellers</i>	2,070	\$10.61
Food cooking machine operators and tenders	140	\$10.59
Crossing guards	250	\$10.54
Couriers and messengers	300	\$10.51
Demonstrators and product promoters	550	\$10.47
Recreation workers	1,350	\$10.44
<i>Helpers—production workers</i>	1,260	\$10.43
Cementing and gluing machine operators and tenders	190	\$10.29

Eldercare in New Hampshire

Appendix C: Occupations with Comparable Wages (continued)

Occupational Title [Note: Occupations in italics have been identified as declining (losing jobs) in the 2002-2012 version of Long-Term Projections]	November 2004 Estimated Employment	November 2004 Mean (Average) Wage
Pressers, textile, garment, and related materials	290	\$10.20
Tour guides and escorts	110	\$10.14
Tire repairers and changers	410	\$10.14
Hotel, motel, and resort desk clerks	1,020	\$10.11
Taxi drivers and chauffeurs	850	\$10.04
Manicurists and pedicurists	70	\$10.02
Personal care and service workers, all other	140	\$10.00
Home health aides	1,880	\$9.96
Library assistants, clerical	780	\$9.91
Laundry and dry-cleaning workers	1,080	\$9.85
Parking lot attendants	290	\$9.66
Cooks, short order	1,000	\$9.60
Maids and housekeeping cleaners	3,980	\$9.48
Grounds maintenance workers, all other	210	\$9.42
Baggage porters and bellhops	110	\$9.39
Food preparation workers	2,410	\$9.22
Hosts and hostesses, restaurant, lounge, and coffee shop	1,780	\$9.22
Farmworkers and laborers, crop, nursery, and greenhouse	340	\$9.19
Veterinary assistants and laboratory animal caretakers	300	\$9.18
Photographic processing machine operators	400	\$9.09
Building cleaning workers, all other	150	\$9.02
Personal and home care aides	2,520	\$8.99
Food servers, nonrestaurant	1,730	\$8.98
Packers and packagers, hand	2,700	\$8.96
Service station attendants	270	\$8.95
Bartenders	2,930	\$8.92
Pharmacy aides	130	\$8.91
Cooks, fast food	2,400	\$8.91
Child care workers	2,410	\$8.90
Lifeguards, ski patrol, and other recreational protective service workers	740	\$8.83
Gaming change persons and booth cashiers	130	\$8.70
Nonfarm animal caretakers	760	\$8.67
Cashiers	20,210	\$8.65
Amusement and recreation attendants	1,240	\$8.52
Counter attendants, cafeteria, food concession, and coffee shop	3,290	\$8.50



The following are available in hard copy from the Economic and Labor Market Information Bureau of New Hampshire Employment Security. Many of these publications are also available at our Web site: <www.nhes.state.nh.us/elmi/>

New Hampshire Employment Projections by Industry and Occupation
Licensed, Certified, and Registered Occupations in New Hampshire
New Hampshire Job Outlook and Locator Occupations by Industry
Vital Signs: Economic and Social Indicators for New Hampshire
New Hampshire Occupational Employment and Wages
User's Guide to Workforce and Career Information
New Hampshire Commuting Patterns by County
Summary of the New Hampshire Economy
Economic Conditions in New Hampshire
Local Area Unemployment Statistics
In Brief: Employment Projections
In Focus: Special Topic Papers
New Hampshire Job Notes
New Hampshire Benefits
Retirement 2002
Childcare 2000
NHCRN News

The following are only available at our Web site: <www.nhes.state.nh.us/elmi/>

Employment and Wage Data for the Eighteen Labor Market Areas
New Hampshire Unemployment Insurance Historical Data
Employment and Wage Data for the Ten Counties
High Tech Employment in New Hampshire
New Hampshire Community Profiles
New Hampshire Affirmative Action
Firms by Size in New Hampshire

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