

Home Health Aides Chenoa Maye



What is a home health aide?

A home health aide is generally someone who assists persons with disabilities, people with chronic illnesses, or elderly persons in their homes or in residential facilities.

Meet “Terry” and “Donna”

Growing up, I lived with my grandmother and great-grandmother. My great-grandmother was on dialysis and an amputee and required additional care. For the last 8 years of her life, we had a health care aide assist us with her care- her name was Donna.

Terry is a 25-year-old nursing student who worked as a home health aide while she was an undergraduate.

Who are the major employers of this occupation?

Home health aides typically work for certified home health or hospice agencies that receive government funding and therefore must comply with extensive regulations. This means that home health aides must work under

the direct supervision of a medical professional, usually a nurse. The 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. Aides also work with therapists and other medical staff.

Terry worked for Home Health Agency Center (HHA) in Rochester, NY from 2005-2006 when she was a 21-year-old student.

What are some of the major responsibilities?

Some aides accompany clients to doctors' appointments or on other errands. The duties of home health aides also include providing instruction and psychological support to their clients. They may also advise families and patients on nutrition, cleanliness, and household tasks and other care-related issues. Home health aides may provide some basic health-related services, such as checking patients' pulse rate, temperature, and respiration rate. They also may help with simple prescribed exercises and assist with medications administration. Occasionally, they change simple dressings, give massages, provide skin care, or assist with braces and artificial limbs¹.



Terry: For the year that I was there, I only had one patient. It was a man who was disabled and who was susceptible to seizures. Basically it was my job to watch him overnight [while he slept] to make sure he did not have one- or that if he did, he got help. He could move around pretty well by himself so that was basically all I did. In the morning, someone would come to relieve me and help him with some other things throughout the day.

CM: Did you ever feel uncomfortable being there alone with him overnight?

Terry: Well, yeah, at first. It was creepy. I mean he was disabled but he was still a 35-year-old man. He was still stronger than me.

CM: Where did you watch him from? Were you in the room with him?

Terry: No, I was always in the living room. There was a monitor in there so I could keep an eye on him from there. He was actually a really nice guy, he would always ask if I needed anything.

Terry's responsibilities were more focused than what I saw growing up. Because of my great-grandmother's health conditions, Donna's duties included light housekeeping, food preparation, washing and grooming, and assisting her patient in moving throughout the home².

What, if any, training is required to fulfill your responsibilities?

Home health aides must receive formal training and pass a competency test to work for certified home health or hospice agencies that receive reimbursement from Medicare or Medicaid.

Home health aides and personal and home care aides are generally not required to have a high school diploma. They usually are trained on the job by registered nurses, licensed practical nurses, experienced aides, or their supervisor. Aides are instructed on how to cook for a client, including on special diets. Furthermore, they may be trained in basic housekeeping tasks, such as making a bed and keeping the home sanitary and safe for the client. Generally, they are taught how to respond to an emergency, learning basic safety techniques. Employers also may train aides to conduct themselves in a professional and courteous manner while in a client's home. Some clients prefer that tasks are done a certain way and will teach the aid

Terry: I attended one class...basically, like, some dumb training. It was about four hours every day for three weeks.

CM: You called the training "dumb." Was that because the information was useless or the trainers didn't do a good job?

Terry: No. I just knew a lot of the stuff already. I had volunteered in a nursing home before so much of it was stuff I was already familiar with.

CM: So for people without your previous experience, it would be helpful or necessary?

Terry: Yeah. Definitely

What is the work environment like?

Terry: It was fine I guess. The home I worked in was very clean. I know some people had to work in places that weren't so clean. And my client was nice so I didn't have to deal with any bad attitudes or anything.

CM: How about your co-workers and your supervisors?

Terry: Honestly, I didn't really get to interact with anybody very much. We had sheets that we had to fill out, just like what our duties were and any observations or changes that we saw. So we would fill those out and just drop them in a drop box at the Center. We didn't even have to go in to do it. My supervisor was cool but, again, I only saw her every one in a while. Sometimes I would talk a little to the ladies that would come in the morning to relieve me but it wasn't always the same person so it wasn't

like I became friends with them or anything. The only time I really saw people was when we had in-service [meetings on-site at the Center].

CM: How did you feel about that?

Terry: I didn't really care. It was fine. It was my job.

Terry currently works part-time as a clinical assistant at a cancer institute. One of the reasons she likes her current job better is because of the relationships she has with her patients and co-workers.

What is the 'job outlook' of this occupation?

The United States Department of Labor anticipates ample employment opportunities in this occupation because rapid employment growth and high replacement needs are projected to produce a large number of job openings³.

What is the average salary/ wage for this occupation?

The national average salary for this occupation is about \$20,460. New York, a state which has one of the highest concentrations of this occupation, pays slightly better on average at \$22,710⁴.

Hourly, home health aides can expect to make approximately \$8.00- \$12.00/ hr. They can also expect to work very long hours – many of which go uncompensated. In a notable case, Long Island Care v. Coke⁵, Plaintiff, Evelyn Coke brought suit to recover payment for overtime worked. The 1938 Fair Labor Standards Act (FLSA) requires employers to pay a minimum wage and overtime pay for those who work more than 40 hours/ week. In amending the law in 1974 to extend protection to domestic workers, Congress exempted persons “employed in domestic service employment to provide companionship services for individuals ... unable to care for themselves.” In Coke’s case, the Supreme Court upheld this exemption, denying Coke overtime.



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Terry worked part-time for \$10.00 per hour and no benefits. When asked how she was able to make ends meet she replied: “ I lived with [an aunt]. I knew I wasn't going to make enough there to live on my own. I just needed a job, just something.”

ⁱ *Occupational Outlook Handbook 2010-2011*

² Personal account.

³ *Bureau of Labor Statistics, 2008*

⁴ Id.

⁵ 462 F.3d 48