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COMPARATIVE SNAPSHOT OF FOUR ALLIED HEALTH OCCUPATIONS IN CALIFORNIA: COMMUNITY HEALTH WORKERS, MEDICAL ASSISTANTS, CERTIFIED NURSE ASSISTANTS, AND HOME HEALTH AIDES

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Introduction

California currently employs over 605,000 allied health workers in a wide range of clinical, administrative, and support positions. And it is the fastest growing sector in healthcare.[1] Almost half of that total is made up of four groups: community health workers (CHWs), medical assistants (MAs), certified nurse assistants (CNAs), and home health aides (HHAs).[2] These workers are among the state's most highly demanded and largest allied health groups.[3] This brief examines the similarities and differences among the education, training, and tasks of these four groups. The goal is both to provide information about these occupations and to illuminate opportunities for and challenges to career ladders and workforce development.

CHWs, MAs, CNAs, and HHAs are similar in some ways. In addition to playing direct patient contact roles, the occupations are generally characterized by modest entry requirements, low pay, part-time hourly employment, high turnover, no health insurance benefits, high physical and emotional demands, and limited advancement opportunities.[4] None of the occupations require a high school diploma for entry to work and none are licensed in California. As explored below, they also share some commonalities in education, training, and duties.

However, important differences distinguish the jobs of these entry-level occupations. Their practice settings, training, and duties can range considerably. For example, while CHWs work primarily in clinics, MAs generally work in private physician offices. CNAs work in nursing homes, while HHAs work in patient homes and residential care facilities. Most CHWs and MAs in California are trained solely on-the-job, but CNAs and HHAs have defined entry-to-practice training and certification requirements. CHWs, MAs and CNAs have caseloads of multiple patients, while HHAs tend to serve a few patients at a time. Average wages range from volunteer arrangements for many CHWs to over $15 an hour for MAs.

The first part of this brief summarizes the estimated numbers, average wages, employment settings, duties, and training opportunities of these frontline workers in table format and descriptive text. The second part of the paper compares and contrasts the tasks of the four occupations.

Community Health Workers

CHWs are lay community members working for pay or as volunteers in local healthcare settings. They are identified by many titles, such as promotoras, community health aides, lay health advocates, and outreach workers. Due to the lack of standard job titles, accurate counts of the workforce are hard to pinpoint, although roughly 9000 CHWs are estimated to work in California. Because a significant percentage of CHWs choose to work as volunteers, average wages for the overall workforce are unknown.

Snapshot of the Four Occupations in California

Occupation[5]	Estimated Number, Average Wages, Settings	Duties	Formal Training Opportunities
Community Health Workers	• 6000 paid, 3000 unpaid, 9000 total.[6] • Average wages unknown • Public and private ambulatory settings, such as county health departments & community clinics.	• Create stronger linkages between the community & the healthcare system; advocate for client needs. • Provide basic health services, such as blood pressure screening.	Optional; mostly on-the-job. Limited formal training opportunities at community colleges.
Medical Assistants	• 65,000 • $15.32 per hour • Private ambulatory settings, such as MD offices.	Perform administrative & clinical duties under MD direction.	Optional; mostly on-the-job. Several public & private sector programs available.
Certified Nurse Assistants	• 151,000 • $13.33 per hour • Hospitals, nursing homes ("skilled nursing facilities") & residential care facilities.	Provide basic care under nursing staff direction; observe & chart patient conditions; answer call signals.	Mandatory for Medicare reimbursement & working in nursing homes: • Minimum age 16 • 100 hours of clinical training • 60 hours of classroom training[7] • Competency exam, administered in English only. • Criminal background check • Continuing education requirements for re-certification
Home Health Aides	• 45,000 • $11.07 per hour • Patient homes & residential care facilities.	Provide routine, personal care to elderly, convalescent & disabled.	Mandatory for Medicare reimbursement & employment by home health agencies: • Minimum age 16 • Current: 55 hours of clinical training + 65 hours of classroom training; new law reduces total to 75 hours.[8] • For individuals already certified as CNAs, HHA certification can be earned with additional 40 hours of training (20 clinical + 20 classroom.) • Criminal background check • Continuing education requirements for re-certification

CHW roles range from advocates seeking the general improvement of a community's health status to counselors aiming to reduce the impact of a single illness, such as asthma. CHWs may be members of structured clinical healthcare teams, or they may work relatively autonomously from the mainstream healthcare system.[9] Using culturally-sensitive approaches, they are notably effective in facilitating access to healthcare for hard-to-reach populations. Often sharing the same ethnicity, culture, language and life experiences with community members, CHWs are uniquely positioned to bridge gaps between underserved populations and healthcare providers. Many employers select CHWs for their existing language competence.[10]

Government agencies employ more CHWs than any other type of organization. Those employed in large public settings often work under tiered wage structures. For example, some local health departments utilize CHWs under standardized job descriptions with up to four levels of seniority.[11] Funds are often tied to specific categories of patients or conditions, such as hypertension and HIV/AIDS. Generally, CHWs' services are not eligible for insurance reimbursement.[12] The reliance on multiple, short-term funding sources for CHW training and employment programs is a serious barrier to workforce development, despite growing interest in utilizing CHWs.[13]

CHWs are not required to complete any formal training prior to employment in California. However, a growing number of states outside of California are considering the implementation of certification requirements based on standard education and training for CHWs.[14]

> ***"Certification is the process by which a governmental or nongovernmental agency or association grants authority to use a specified title to an individual who has met predetermined qualifications…Voluntary certification programs are not subject to any type of government regulation."*** [15]

Medical Assistants

As with CHWs, precise counts of medical assistants are elusive, but the current best estimate of this workforce in California is 65,000. MAs are often reported under other titles with overlapping job descriptions, such as receptionist and medical biller. Latinos represent the greatest proportion of the current MA workforce by race and ethnicity, and the vast majority of MAs are female. On average, MAs earn just over $15 per hour in California.

MAs provide administrative and clinical support to physicians and other licensed providers in ambulatory settings, primarily in physician offices.[16] In California, the MA workforce is governed by the state's Medical Practice Act. While MAs may perform virtually any administrative duty, they must work under direct physician supervision at all times, and their clinical responsibilities are proscribed by law. California law prohibits "medical assistants" from working in inpatient or general acute-care settings. However, a number of individuals work in hospitals using similar skills but under different titles.[17] In small practices, MAs are usually cross-trained for a variety of administrative and clinical tasks. Those in large practices tend to specialize in a particular area, such as billing.[18] MAs' bilingual skills are often utilized to interpret conversations between healthcare providers and patients, and to translate medical forms and patient education materials. The overwhelming majority of job listings for MAs in California require candidates to speak both Spanish and English.[19]

California MAs must either be appropriately trained on-the-job, or graduate from a course of study offered through a secondary or post-secondary program, adult education program, or community college.[20] Formal education and certification are therefore elective. Voluntary MA educational programs typically run less than a year and are often located in private vocational schools. Publicly-funded programs are also available through Regional Occupational Centers and Programs, community colleges, and adult schools. MA educational programs vary tremendously in terms of duration, curriculum, cost, and quality, so the skills and preparation of graduates correspondingly vary.[21] One trend in MA preparation can be found in recent accreditation requirements of educational programs to include cultural competence courses in formal training curricula. Another possible trend is certification; while only approximately 12% of MAs in California are certified, large employers are increasingly requiring certification. However, many certification options, each with its own set of criteria, still exist for California MAs.

Certified Nurse Assistants and Home Health Aides

Because of the significant overlap in education, certification requirements, and job duties, for purposes of this issue brief, certified nurse assistants and home health aides are described together. CNAs and HHAs add up to nearly 200,000 in California, with average hourly wages at just over $13 and $11, respectively. CNAs and HHAs work with elderly, chronically ill, and disabled patients. CNAs provide care under the direction of nursing staff primarily in long-term care settings. Those employed in nursing homes are often principal caregivers, with far more contact with residents than other staff.[22] Although California law prohibits "CNAs" from working in hospitals, a number of individuals with CNA training and skills work in California hospitals under different titles. HHAs are employed by home health agencies to work in patient homes or residential care facilities.[23] Although HHAs are sometimes grouped together with personal care aides, home care workers, and nurse assistants in data collection efforts, HHAs comprise a specific occupation that is distinct from these related groups.[24]

Under California law, CNAs and HHAs must be certified to work in any state-licensed nursing home or home health agency, meaning that they must successfully complete formal training of 160 hours and 75 hours, respectively.[25] Federal law also requires CNA and HHA certification for staff working in nursing homes and home health agencies that receive Medicare reimbursement.[26] Like CHWs and MAs, CNAs and HHAs face challenges to career advancement. According to researchers, attempts to establish intermediate rungs on a career ladder for CNAs to pursue higher positions are unsuccessful due in part to perceived scope of practice conflicts with other nursing staff.[27]

Forty-one thousand of California's 45,000 HHAs are dually certified as CNAs. Approximately 85% of CNA and HHA instructional education is provided by Regional Occupational Centers and Programs and adult education programs, which are overseen by the state Department of Education.[28] In 2001, there were an estimated 786 CNA training programs.[29] Currently, California Community Colleges offers 28 combined CNA/HHA training programs. Although it has only three stand-alone HHA programs, the demand for HHAs is projected to increase sharply due to growing demands for home services for an aging population, and efforts to contain costs by moving patients out of hospitals as quickly as possible. Improvements in medical technologies for in-home treatment will also contribute to rapid employment growth for HHAs.[31]

> ***"The form of health care consumption is clearly shifting from hospital usage to ambulatory usage."*** [30]

Analysis

The following analysis describes similarities and differences among the competencies required of CHWs, MAs, CNAs, and HHAs. To illustrate the transferrable knowledge base of these entry-level workers, some of their specific duties are then presented in relation to one another in chart format. Finally, a few differences among the occupations are highlighted as examples to explore the possibility of on-the-job training for interchangeable duties among the four workforce groups.

We found that the ability of CHWs, MAs, CNAs, and HHAs to engage in direct patient contact is critical. The four occupations must have a solid grasp of interpersonal dynamics and at least a general sense of cultural differences among the state's diverse populations. Not only do these frontline providers need to be proficient in basic clinical tasks, but they must also be personable and hospitable. These quality of life components, sometimes referred to as "soft competencies," are as valued by employers as basic clinical competencies, since entry-level workers often have the closest and most frequent interactions with patients, compared to other healthcare professionals.[32] In fact, the California Employment Development Department explicitly lists among top skills required of allied caregivers: social perceptiveness, service orientation, active listening, and coordination. CHWs, MAs, CNAs, and HHAs function accordingly as important communication liaisons between physicians and patients. For example, a recent study concluded that the main contributions of MAs were customer service oriented in managing the overall flow of the office and ensuring that patients had a positive experience.[34]

> ***"The important attributes needed in [allied health workers] are common sense, a working knowledge of the diseases under supervision, and interest."*** [33]

Further, cultural understanding and translation services are increasingly recognized as imperative for delivering effective care to underserved communities. As frontline workers, CHWs, MAs, CNAs, and HHAs can be key players in improving access to culturally competent healthcare in California. CHWs have long been known for meeting the cultural and linguistic needs of individual clients and families in providing preventive services and patient education.[35] MAs are likewise growingly acknowledged for their potential as patient advocates and community liaisons. However, while the importance of cultural competency training for CNAs and HHAs is gaining traction in some circles, current educational requirements for CNAs and HHAs fail to include cultural competency training for working with ethnically diverse patients.[36]

Examples of Overlaps and Distinctions among Duties of CHWs, MAs, CNAs, and HHAs in California

CHWs	CHWs & MAs	MAs
Key differences • Administrative duties broader in range (social services paperwork, insurance forms) • Recognized role in culturally-appropriate preventive care, patient education, outreach & advocacy • Unregulated	Similarities • Ambulatory settings • Administrative: schedule appointments, maintain patient records, prepare exam rooms • Clinical: show patients to exam rooms, take medical histories, prepare patients for exams • Language access: interpret and translate	Key differences • Administrative duties more clinically-based (arrange for hospital admissions, authorize drug refills) • Work under direct MD supervision • Clinical duties more advanced (withdraw blood, remove sutures, sterilize instruments) • Patient interactions more technical (explain treatment procedures, medications, diets & MD instructions to patients) • Regulated by Medical Practice Act

CHWs, MAs, CNAs & HHAs
• Administrative: maintain patient records • Clinical: direct patient interaction; measure vital statistics, weight & height

CNAs	CNAs & HHAs	HHAs
Key differences • Nursing home settings • Work under direct supervision of nursing staff; monitor changes in patient condition • More physical duties (help patients walk or transport them in wheelchairs to exams & programs)	Similarities • Basic care for elderly, chronically ill & disabled • Administrative: maintain patient records • Activities of daily living: assist patients in eating, bathing, grooming & moving around • Regulated by federal law for Medicare reimbursement & state law for practice	Key differences • Home settings • Work independently; report to case manager • Rehabilitative care & lifestyle counseling (direct patients in simple prescribed exercises, instruct patients in living independently) • Home & dietary maintenance (purchase, prepare & serve meals, clean patient quarters, wash laundry, buy household supplies)

With regard to differences, we found that CHWs tend to provide more social services than MAs. They generally possess a broader knowledge base of the healthcare field, with a stronger overview of how to navigate the system. On the other hand, MAs provide more complex clinical services to patients. Some employers are exploring ways to better integrate the strengths of both occupations. For example, San Francisco General Hospital Family Health Center is in the process of implementing a program to train and utilize health coaches, many of whom were MAs, to provide preventive services and patient education. In addition, it has become apparent that MAs can perform some of the same duties as CNAs and HHAs, such as rehabilitative care and lifestyle counseling. However, although their skill sets may overlap, MA training credits are generally not transferable to CNA or HHA educational programs. This lack of reciprocity among entry-level health occupation programs may hinder career advancement and workforce supply growth.

We also found, as indicated by their option for dual certification, that CNAs and HHAs provide several identical services. The difference between the two occupations is the practice setting. CNAs work in nursing homes, while HHAs work in private homes and residential care facilities. The increasing shift of patients from inpatient care to private homes can thus be accommodated by training CNAs to temper escalating shortages of HHAs.

> ***"[CHWs] have demonstrated a significant level of cost-effectiveness in delivering healthcare education, particularly in maternal and child health and chronic diseases."[37]***

Conclusion

In summary, the jobs of CHWs, MAs, CNAs and HHAs are heavily task-oriented in providing a wide range of services in various types of healthcare settings. Despite limited career paths, low wages, and high turnover among the four groups, these rapidly growing occupations contribute enormously to California's healthcare delivery system. The state has many opportunities to increase the supply of these workers given the relatively few regulations governing their training and practice. Employers may readily utilize the skills of CHWs, MAs, CNAs, and HHAs, as their entry to the workforce need not be delayed by long-term educational requirements. These frontline caregivers have some elements of a transferable knowledge base, permitting them to be expediently trained on the job for several interchangeable duties. California may be well served by investing in more innovative recruitment, training, and retention strategies to counter the rising demand for these four allied health occupations.

Notes

[1] "Help Wanted: Will Californians Miss Out on a Billion-Dollar Growth Industry?," Beacon Economics, funded by a grant to Fenton Communications from the California Wellness Foundation (Sept. 2009), p. 5, http://www.calhealthjobs.org/help-wanted-report.
[2] In this brief, "home health aide" means an aide who has successfully completed a state-approved training program, is employed by a home health agency or hospice program and provides personal care services in the patient's home. Cal. Health & Safety Code §1727(c) (2009).
[3] "Report: Health Care Could Employ 1 Million in California," Sacramento Business Journal (Sept. 22, 2009), http://sacramento.bizjournals.com/sacramento/stories/2009/09/21/daily27.html#.
[4] "The Direct-Care Workforce," Retooling for an Aging America: Building the Health Care Workforce, Institute of Medicine of the Nat'l Academies (2008), ch. 5, p. 199.
[5] Unless otherwise noted, table data was derived from the following state sources: 1) the Department of Public Health; 2) the California Employment Development Department, Occupational Profiles; and 3) California Community Colleges, Statewide Health Occupations Directory.
[6] "Community Health Worker National Workforce Study," U.S. Dept. of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions (Mar. 2007), p. 15, ftp://ftp.hrsa.gov/bhpr/workforce/chw307.pdf.
[7] According to the Health and Safety Code, 100 hours of clinical training and 60 hours of classroom training is required (Cal. Health & Safety Code §1337.1(b)). According to other sources, total required pre-certification hours are 150. See e.g. State of California – Health and Human Services Agency. "Nurse Assistant and/or Home Health Aide Initial Certification Application" http://www.cdph.ca.gov/pubsforms/forms/CtrldForms/hs283b.pdf; California Community Colleges Statewide Health Occupations Directory; "Certified Nurse Assistant" http://www.healthoccupations.org/ccchealth/program_detail.cfm?pk=170.
[8] In 2008, California reduced its training requirements for HHAs to the federal standard of 75 hours. Cal. AB 993 (Aghazarian), ch. 620 (2008); Cal. Health & Safety Code, §1736.1(a)(1) (2009). This legal amendment has not yet been implemented and many current state documents still refer to California's previous 120 hour requirement.
[9] Dower, C., et. al., "Advancing Community Health Worker Practice and Utilization: The Focus on Financing," Nat'l Fund for Medical Edu., UCSF Center for the Health Professions (2006), p. 61,

http://www.futurehealth.ucsf.edu/Content/29/2006-12_Advancing_Community_Health_Worker_Practice_and_Utilization_The_Focus_on_Financing.pdf.
[10] "Community Health Worker National Workforce Study," *supra*, note 6 at 33.
[11] "Community Health Care Worker," Cal. Community Colleges, Statewide Health Occupations Directory (2009), http://healthoccupations.org/ccchealth/program_detail.cfm?pk=218.
[12] Dower, C. et. al., *supra*, note 9 at 3, 5, 7, 13, 28, 49.
[13] "Community Health Worker National Workforce Study," *supra*, note 6 at 37, 40-41.
[14] Dower, C., et. al., *supra*, note 9 at 51.
[15] Shimberg, B., Occupational Licensing: A Public Perspective, Educational Testing Service (1980), pp. 16-17 (citing U.S. Department of Health, Education, and Welfare (1977).
[16] "Medical Assistants," Occupational Profile, Cal. Employment Development Dept., LaborMarketInfo (2009).
[17] Marks, A., et. al., "Medical Assistants in Solo and Small Primary Care Practices: A Comprehensive Assessment and Critical Issues," UCSF Center for the Health Professions (In press 2009).
[18] "Medical Assistants," U.S. Bureau of Labor Statistics (2009), http://www.bls.gov/oco/pdf/ocos164.pdf.
[19] Marks, A., *supra*, note 17.
[20] Cal. Code of Regs., tit. 26, §1366.3(c) (2009).
[21] Marks, A., *supra*, note 17.
[22] "Nursing, Psychiatric, and Home Health Aides," U.S. Bureau of Labor Statistics (2009), http://www.bls.gov/oco/pdf/ocos165.pdf.
[23] "Occupation: Home Health Aides for California," Center for Personal Assistance Services (2006), http://www.pascenter.org/state_based_stats/homeHealthAides.php?state=california&print=yes.
[24] "Nursing Aides, Orderlies, and Assistants," Occupational Profile, Cal. Employment Development Dept., LaborMarketInfo (2009).
[25] As noted above, sources vary as to the total number of hours required for CNAs; 160 is the number noted in code. In 2008, California reduced its training requirements for HHAs to the federal standard of 75 hours. Cal. AB 993 (Aghazarian), ch. 620 (2008); Cal. Health & Safety Code, §1736.1(a)(1)(2009). This legal amendment has not yet been implemented and many current state documents still refer to California's previous 120 hour requirement.
[26] California's CNAs and HHAs are listed in the Aides and Technician Certification Section Registry of the Licensing and Certification Division of the Department of Public Health. "Nursing, Psychiatric, and Home Health Aides," U.S. Bureau of Labor Statistics (2009), *supra*, note 22. All states register CNAs who are eligible to work in nursing homes as part of the annual nursing home certification process. The data is collected in the federal Online Survey Certification and Reporting System. "Nursing Aides, Home Health Aides, and Related Health Care Occupations – National and Local Workforce Shortages and Associated Data Needs," Nat'l Center for Health Workforce Analyses, Bureau of Health Professions, Health Resources and Services Administration (Feb. 2004), pp. 37, 131, http://www.directcareclearinghouse.org/download/RNandHomeAides.pdf.
[27] Ruff, A., "Opportunities for the State of California," Perspectives On: Investing in California's Direct Care Workforce by Increasing Geriatric Training Opportunities, The Scan Foundation (Aug. 2009), p. 31, http://www.thescanfoundation.org/documents/reports/Convening%20Paper.pdf.
[28] "CNA/HHA Program Summary," Cal. Dept. of Edu. (2009), http://www.cde.ca.gov/ci/ct/rp/cna07summary.asp.
[29] Franks, P., et. al., "Trends, Issues, and Projections of Supply and Demand for Nursing Aides and Home Health Care Aides: California Fieldwork," UCSF Center for California Health Workforce Studies (Mar. 2002), p. 23.
[30] Beacon Economics, *supra*, note 1 at 13.
[31] "Home Health Aide," Cal. Community Colleges, Statewide Health Occupations Directory (2009), http://healthoccupations.org/ccchealth/program_detail.cfm?pk=184.
[32] Wells, S., Hedt, A., "Direct Care Workers: Essential to Quality Nursing Home and Home Health Care," The Scan Foundation, *supra*, note 27 at 5.
[33] Bergman, A., et. al., "Report of the AAP-ANA Conference on Utilization of Allied Health Workers in Meeting the Manpower Crisis," Pediatrics, vol. 47, no. 6 (June 1971), http://pediatrics.aappublications.org/cgi/reprint/47/6/1080
[34] Marks, A., *supra*, note 17.
[35] Cal. ACR 75 (Perez), ch. 125 (2009).
[36] Ruff, A., "Opportunities for the State of California," The Scan Foundation, *supra*, note 27 at 30.
[37] Cal. ACR 75 (Perez), ch. 125 (2009).

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