Earnings
Wage earnings for gaming services workers vary according to occupation, level of experience, training, location, and size of the gaming establishment. The following tabulation shows the range of median earnings for various gaming services occupations in 2000:

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Median Earnings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gaming supervisors</td>
<td>$37,900</td>
</tr>
<tr>
<td>Slot key persons</td>
<td>$21,620</td>
</tr>
<tr>
<td>Gaming and sports book writers and runners</td>
<td>$17,100</td>
</tr>
<tr>
<td>Gaming dealers</td>
<td>$13,330</td>
</tr>
</tbody>
</table>

Related Occupations
Many other occupations provide hospitality and customer service. Some examples of related occupations are security guards and gaming surveillance officers, recreation and fitness workers, sales worker supervisors, cashiers, gaming change persons and booth cashiers, retail salespersons, gaming cage workers, and tellers.

Sources of Additional Information
For additional information on careers in gaming, visit your public library and your State gaming regulatory agency or casino control commission.

Information on careers in gaming also is available from:

Personal and Home Care Aides

(O*NET 39-9021.00)

Significant Points
- Numerous job openings will result from very fast employment growth and high replacement needs.
- Education required for entry-level jobs is generally minimal, but earnings are low.

Nature of the Work
Personal and home care aides help elderly, disabled, and ill persons live in their own homes or in residential care facilities instead of in a health facility. Most work with elderly or disabled clients who need more extensive 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. (For information on home health aides, see the statement on nursing, psychiatric, and home health aides, elsewhere in the Handbook.)

Personal and home care aides—also called homemakers, caregivers, companions, and personal attendants—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 move from bed, bathe, dress, and groom. Some accompany clients outside the home, serving as a guide and companion.

Personal and home care aides also provide instruction and psychological support. They may advise families and patients on such things as nutrition, cleanliness, and household tasks. Aides also may assist in toilet training a severely mentally handicapped child, or just listen to clients talk about their problems.

In home care agencies, it usually is a registered nurse, a physical therapist, or a social worker who 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. Aides work in cooperation with other healthcare professionals, including registered nurses, therapists, and other medical staff.

Working Conditions
The personal and home care aide’s daily routine may vary. Aides may go to the same home every day for months or even years. However, most aides work with a number of different clients, each job lasting a few hours, days, or weeks. Aides often visit four or five clients on the same day.

Surroundings differ from case to case. Some homes are neat and pleasant, while others are untidy or depressing. Some clients are pleasant and cooperative; others are angry, abusive, depressed, or otherwise difficult.

Personal and home care aides generally work on their own, with periodic visits by their supervisor. They receive detailed instructions explaining when to visit clients and what services to perform. Many aides work part time, and weekend hours are common.

Aides are individually responsible for getting to the client’s home. They may spend a good portion of the working day traveling from one client to another. They are particularly susceptible to falls inside and outside clients’ homes and injuries resulting from all types of overexertion when assisting patients. Mechanical lifting devices that are available in institutional settings are seldom available in patients’ homes.
Employment

Personal and home care aides held about 414,000 jobs in 2000. Most aides are employed by social services agencies, home health agencies, or residential care facilities. Self-employed aides have no agency affiliation or supervision, and accept clients, set fees, and arrange work schedules on their own.

Training, Other Qualifications, and Advancement

In some States, this occupation is open to individuals with no formal training. On-the-job training is generally provided. Other States may require formal training, depending on State law. The National Association for Home Care offers national certification for personal and home care aides. Certification is a voluntary demonstration that the individual has met industry standards.

Successful personal and home care aides like to help people and do not mind hard work. They should be responsible, compassionate, emotionally stable, and cheerful. In addition, aides should be tactful, honest, and discreet because they work in private homes. Aides also must be in good health. A physical examination including State-mandated tests, such as those for tuberculosis, may be required.

Advancement for personal and home care aides is limited. In some agencies, workers start out performing homemaking duties, such as cleaning. With experience and training, they may take on personal care duties.

Job Outlook

A large number of job openings are expected for personal and home care aides because of much faster than average employment growth and high replacement needs. Personal and home care aides is expected to be one of the fastest growing occupations through the year 2010.

The number of elderly people is projected to rise substantially. This age group is characterized by mounting health problems requiring some assistance. In addition to the elderly, there will be an increasing reliance on home care for patients of all ages. This trend reflects several developments: efforts to contain costs by moving patients out of hospitals and nursing facilities as quickly as possible; the realization that treatment can be more effective in familiar surroundings rather than clinical surroundings; and the development and improvement of medical technologies for in-home treatment.

In addition to job openings created by the increase in demand for these workers, replacement needs are expected to produce numerous openings. Turnover is high, a reflection of the relatively low skill requirements, low pay, and high emotional demands of the work. For these same reasons, many people are reluctant to seek these jobs. Therefore, persons who are interested in this work and suited for it should have excellent job opportunities, particularly those with experience or training as personal care, home health, or nursing aides.

Earnings

Median hourly earnings of personal and home care aides were $7.50 in 2000. The middle 50 percent earned between $6.43 and $8.53 an hour. The lowest 10 percent earned less than $5.74, and the highest 10 percent earned more than $10.13 an hour. Median hourly earnings in the industries employing the largest numbers of personal and home care aides in 2000 are shown below:

<table>
<thead>
<tr>
<th>Industry</th>
<th>Median Earnings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential care</td>
<td>$7.97</td>
</tr>
<tr>
<td>Job training and related services</td>
<td>7.85</td>
</tr>
<tr>
<td>Nursing and personal care facilities</td>
<td>7.82</td>
</tr>
<tr>
<td>Individual and family services</td>
<td>7.75</td>
</tr>
<tr>
<td>Home health care services</td>
<td>6.49</td>
</tr>
</tbody>
</table>

Most employers give slight pay increases with experience and added responsibility. Aides usually are paid only for the time worked in the home. They normally are not paid for travel time between jobs. Employers often hire on-call hourly workers and provide no benefits.

Related Occupations

Personal and home care aide is a service occupation combining duties of caregivers and social service workers. Workers in related occupations that involve personal contact to help others include childcare workers; nursing, psychiatric, and home health aides; occupational therapist assistants and aides; and physical therapist assistants and aides.

Sources of Additional Information

General information about training and referrals to State and local agencies about opportunities for personal and home care aides, a list of relevant publications, and information on certification are available from:

National Association for Home Care, 228 7th St. SE., Washington, DC 20003. Internet: http://www.nahc.org

Recreation and Fitness Workers

(O*NET 39-9031.00, 39-9032.00)

Significant Points

- Educational requirements for recreation workers range from a high school diploma to a graduate degree, whereas fitness workers usually need certification.
- Competition will remain keen for full-time career positions in recreation; however, job prospects for fitness workers will be more favorable.

Nature of the Work

People spend much of their leisure time participating in a wide variety of organized recreational activities, such as aerobics, arts and crafts, the performing arts, camping, and sports. Recreation and fitness workers plan, organize, and direct these activities in local playgrounds and recreation areas, parks, community centers, health clubs, fitness centers, religious organizations, camps, theme parks, and tourist attractions. Increasingly, recreational and fitness workers also are found in workplaces, where they organize and direct leisure activities and athletic programs for employees of all ages.

Recreation workers hold a variety of positions at different levels of responsibility. Recreation leaders, who are responsible for a recreation program’s daily operation, primarily organize and direct participants. They may lead and give instruction in dance, drama, crafts, games, and sports; schedule use of facilities; keep records of equipment use; and ensure that recreation facilities and equipment are used properly. Workers who provide instruction and coach groups in specialties such as art, music, drama, swimming, or tennis may be called activity specialists. Recreation supervisors oversee recreation leaders and plan, organize, and manage recreational activities to meet the needs of a variety of populations. These workers often serve as liaisons between the director of the park or recreation center and the recreation leaders. Recreation supervisors with more-specialized responsibilities also may direct special activities or events or oversee a major activity, such as aquatics, gymnastics, or performing arts.

Directors of recreation and parks develop and manage comprehensive recreation programs in parks, playgrounds, and other settings. Directors usually serve as technical advisors to State and