



**PHI**

QUALITY CARE  
THROUGH  
QUALITY JOBS



**FEDERAL POLICY  
PRIORITIES FOR  
THE DIRECT CARE  
WORKFORCE**

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## ABBREVIATIONS

ACL	Administration for Community Living
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare & Medicaid Services
DOE	U.S. Department of Education
DOL	U.S. Department of Labor
FLSA	Fair Labor Standards Act
GAO	U.S. Government Accountability Office
HCBS	Home and community-based services
HHS	U.S. Department of Health and Human Services
HRSA	U.S. Health Resources and Services Administration
LTSS	Long-term services and supports
NIH	National Institutes of Health
OMB	Office of Management and Budget

“We aren’t hearing as much about home health aides in the news, but we are dealing with our own crises during this pandemic. It’s a scary time right now for us, as well as for our clients and their families.”

**ZULMA TORRES**

Home Health Aide at Cooperative Home Care Associates, Bronx, NY



## INTRODUCTION

Throughout the country, millions of direct care workers—home care workers, residential care aides, and nursing assistants—ensure that older adults and people with disabilities have the support they need across care settings. The COVID-19 crisis has reinforced the enormous value of these workers, and government officials have rightfully deemed them “essential” during this period—one of the greatest truisms ever publicly affirmed about this workforce.

Unfortunately, the quality of direct care jobs does not reflect their essential contribution. These jobs are often characterized by inadequate compensation, limited training and advancement opportunities, long-standing inequities, and a general lack of recognition and support. As a result, employers struggle to recruit and retain workers during a time when the rapid aging of this country continually drives up demand for these workers—with many workers opting for modestly better jobs in fast food and retail. Without enough workers willing to take these jobs, consumers are forced to go without the services they need, and family caregivers are left without support and respite.

A new presidential administration provides hope and possibility. Federal leaders—the White House, Congress, and key federal departments and agencies—can institute a broad range of actions that will improve economic security for direct care workers, enhance care for older adults and people with disabilities, support long-term care employers, promote

economic development, and address long-standing societal inequities. An investment in this workforce also helps all U.S. workers. To paraphrase a popular saying in our field: direct care workers perform the work that makes all other work possible.

This report offers an extensive and detailed set of federal policy recommendations aligned with the recommendation areas in our flagship report, *Caring for the Future: The Power and Potential of America’s Direct Care Workforce*: financing, compensation, training, workforce interventions, direct care worker leadership, equity, and the public narrative.<sup>1</sup> It also includes recommendations for navigating and learning from the COVID-19 crisis.

PHI has worked successfully on bipartisan policy initiatives for decades (see Appendix 3). We trust this collaboration will continue and welcome conversations on any of these ideas.



## ABOUT THE DIRECT CARE WORKFORCE

Direct care workers support older adults and people with disabilities with daily tasks and activities across settings, from private homes to residential care homes (such as assisted living) to skilled nursing homes. This workforce comprises three main occupational groups—personal care aides, home health aides, and nursing assistants—but are known by a variety of job titles in the field. Direct care workers who are employed directly by consumers, either through Medicaid programs or private-pay arrangements, are often called “independent providers.” Workers who support individuals with intellectual and developmental disabilities are known as “direct support professionals.”

Unfortunately, despite their enormous value—as demonstrated most recently during the COVID-19 crisis—this workforce has struggled with poor job quality for decades with regards to compensation, training, career advancement, employment supports, and more. Direct care work is often unseen or underestimated, including its physical demands, social and emotional complexity, and contributions to consumers’ health management. Poor job quality affects workers, who cannot sustain and succeed in these roles; consumers, who cannot access high-quality continuous care; and employers, who struggle to find and keep the workers they need to meet growing demand.

**More than ever, a significant federal investment in this workforce is desperately needed.**

### DIRECT CARE WORKERS AT A GLANCE

**4.6 million** | Number of direct care workers

**87%** | Percentage of direct care workers who are women

**59%** | Percentage of direct care workers who are people of color

**27%** | Percentage of direct care workers who are immigrants

**\$12.80** | Median hourly wage for direct care workers

**45%** | Percentage of direct care workers living in or near poverty

**36%** | Percentage of direct care workers who lack affordable housing

**47%** | Percentage of direct care workers accessing some form of public assistance (food and nutrition assistance, Medicaid, and/or cash assistance)

**7.4 million** | Number of job openings in direct care between 2019 and 2029, including 1.3 million new jobs to meet rising demand and 6.9 million openings caused by workers who transfer to other occupations or exit the labor force altogether

Source: PHI. “Workforce Data Center.” Accessed 6/8/2021. <https://phinational.org/policy-research/workforce-data-center/>.

“It takes courage and patience to take good care of others. It can be so hard dealing with sick people, but I have empathy for others and really enjoy this work.”

**MARICHU BUENAVENTURA**

Caregiver at Courage LLC and Member  
of Pilipino Workers Center  
Los Angeles, CA



## WHY FEDERAL LEADERS SHOULD STRENGTHEN THIS WORKFORCE

Direct care workers struggle to make ends meet in their jobs, which drives them into poverty and out of this field. Federal leaders should improve economic security for these workers and help stabilize this job sector.

“There’s too much work to get done and not enough people doing the work. And I know that a lot of that has to do with pay.”

### CAMRAN HAYES

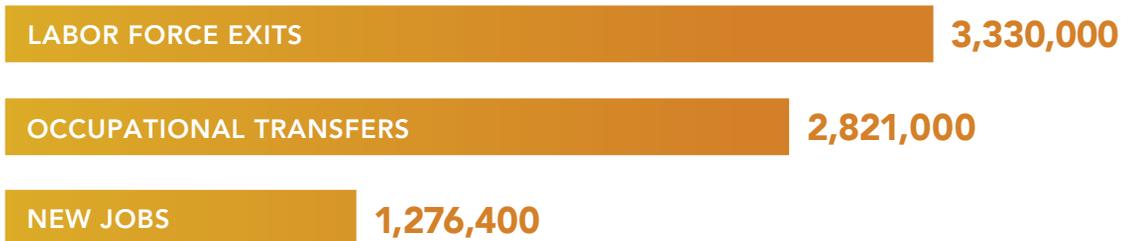
Home Care Specialist and Personal Care Worker at Community Living Alliance, Madison, WI



Nearly half of direct care workers live in or near poverty, a critical reason why so many workers leave long-term care for other industries, like retail and fast food. Recent research from PHI showed that in all 50 states and the District of Columbia, the direct care worker median wage is lower than the median wage for other occupations with similar entry-level requirements, such as janitors, retail salespersons, and customer service representatives. In many states, direct care worker wages cannot even compete with occupations with *lower* entry-level requirements.

**A growing number of older adults and people with disabilities rely on these workers to live and thrive, yet poor job quality makes it difficult to meet this need.** Federal leaders should ensure that more individuals can access workers in the long-term care setting of their choice. As the number of older adults surges in the decades ahead, from 56.1 million in 2020 to 94.7 million by 2060, demand for direct care workers will also increase significantly (see the figure on page 9).<sup>2</sup> However, unless these jobs are transformed, turnover will remain high, job openings will be left vacant, and consumers will suffer the consequences of this staffing crisis.

## Direct Care Worker Projected Job Openings, 2019 to 2029



Source: PHI. "Workforce Data Center." Accessed 6/8/2021. <https://phinational.org/policy-research/workforce-data-center/>.

**Job growth and a strong economy should go hand in hand, but substandard jobs in sectors like direct care disrupt this equation. Federal leaders should advance economic development by transforming these jobs.** At 4.6 million workers, the direct care workforce is now larger than any other occupation in the country. The quality of direct care jobs should reflect the size and value of this workforce—but instead, poor job quality leads to high and costly turnover, increased expenditure on public assistance, and reduced consumer spending. The lack of robust training and advancement opportunities for direct care workers foregoes other economic benefits as well; research has shown that investment in training and advanced roles can reduce emergency department visits, hospital admissions, and other expensive health outcomes.

**The individuals who make up this essential workforce have long dealt with the historical inequities created by structural racism and gender inequality. Federal leaders should right these wrongs once and for all.** Women, people of color, and immigrants comprise most of the direct care workforce.

Like in many other sectors where these populations form the majority, these workers are forced to struggle financially in jobs that are not tenable in the long term. Promoting equity is one more reason why federal leaders should prioritize these jobs.

**The COVID-19 pandemic has reinforced and amplified the deep-rooted challenges facing the direct care workforce. Federal leaders should help us move out of this crisis and remain focused on sustainable workforce solutions.** Already, the Biden-Harris administration has acted decisively to help this country emerge from the COVID-19 crisis, from a successful (though unfinished) vaccine roll-out campaign to guiding states and employers with dealing in the long term with "temporary nurse aides" hired during the COVID-19 crisis—and much more. While federal measures will still be needed to address the immediate challenges of COVID-19 until this health crisis sunsets, the recommendations in this report focus on broader measures to dramatically improve jobs for our country's direct care workers.

## FEDERAL RECOMMENDATIONS

# Reform Long-Term Care Financing to Strengthen Direct Care Jobs

A stronger financing approach to long-term care would improve job quality for direct care workers, as well as better meeting consumers' needs.

Poor job quality in direct care has persisted for decades—and it has been primarily shaped by inadequate public investment in long-term care and its primary payer, Medicaid. As this country rapidly ages and individuals live longer, demand for direct care workers will surge, further straining Medicaid resources and making it nearly impossible for policymakers and employers

to create good direct care jobs. From strengthening Medicaid (including raising Medicaid funding levels and providing adequate reimbursement rates to providers) to designing new social insurance programs in long-term care at the state and federal level, significant policy action is needed to bolster financing in this sector and transform direct care jobs.

## KEY FACTS

**52%**

Percentage of long-term services and supports (LTSS) spending in 2018 attributed to Medicaid.<sup>3</sup>

**\$54,000-  
\$106,000**

Yearly estimated median costs for LTSS.<sup>4</sup>

**1**

Number of state-based social insurance programs in long-term care (Washington State).<sup>5</sup>

## Recommendations

- **Medicaid Reform.** Congress and the Centers for Medicare & Medicaid Services (CMS) should protect and reform Medicaid, the primary public payer of long-term care. As a key priority, Congress and CMS should support states in ensuring that long-term care providers receive adequate reimbursement rates to deliver quality services and improve direct care jobs.<sup>6</sup>
- **Alternative Financing Models.** Alternative financing models are needed to address the increased and unsustainable pressures on Medicaid as the primary payer of long-term care. (Recent research shows that 56 percent of people turning 65 between 2020 and 2024 will require some form of paid LTSS at some point in their lives.<sup>7</sup>) As one key action, Congress should enact and fully fund the Well-Being Insurance for Seniors to be at Home (WISH) Act. The WISH Act would create a federal social insurance program in long-term care through a public-private partnership, assisting individuals with the high costs of these services. To ensure consumers can truly benefit from enhanced access to long-term care, the Act should also include measures to transform and fully finance direct care jobs.<sup>8</sup>
- **HCBS Access and Workforce Plans.** Congress should introduce, enact, and fully fund the Home and Community-Based Services Access Act, which would fund states to develop and strengthen their HCBS infrastructure and further invest in the home care workforce. The Act would abolish Medicaid’s historical institutional bias by making HCBS mandatory. Federal leaders should also ensure that this Act requires states to convene multi-stakeholder workgroups

(that include workers) to create and regularly update an “HCBS workforce plan” that details the specific needs and costs of fully supporting home care workers. These workforce plans should include a strategy to establish a wage floor based on a living wage (with guidance on the formula from federal leaders), higher wages tied to advancement, and a transparent rate-setting process that covers all care delivery costs, including a baseline rate for managed care plans.

“You need to work really hard on this job, to work really hard. You do a lot of things for your client and at the same time the pay is very, very low. That is something that I don’t like from it. This is the only thing that I don’t like. The salary is very low.”

### MARIA MARRERO

Certified Home Health Aide  
at HomeCare Options  
Totowa, NJ





## PHI'S NATIONAL ADVOCACY LEADERSHIP

In response to the growing interest in state-based social insurance programs in long-term care, PHI issued a report with nine concrete strategies for ensuring that eligible consumers can access the support they require from a high-quality, adequately supported workforce.<sup>11</sup>

In addition, as part of PHI's multi-state advocacy initiative in Michigan, New Jersey, New Mexico, New York, and North Carolina, advocates across these states are focusing on improving wages and reimbursement rates under Medicaid as one of their top three priorities to pursue over the next two years.<sup>12</sup>

As top priorities for the workforce, the Act should also address training, career advancement, recruitment, retention, and innovation.

- **Public Investment Standards and Value-Based Payment.** CMS should incentivize states to build minimum standards for direct care jobs into their contracts with providers and managed

care plans. CMS should also provide guidance and technical assistance to states on how to invest in the direct workforce through value-based payment arrangements. Effectively leveraging the role of direct care workers in value-based payment arrangements helps improve health care quality while reducing unnecessary costs.<sup>10</sup>

# Increase Compensation for Direct Care Workers

Direct care workers deserve better wages and benefits to improve their economic security and overall wellbeing.

Wages for direct care workers are untenably low and have barely budged over the last 10 years. As a result, direct care workers are often forced into poverty, cannot make ends meet or support their families, and end up leaving this field for other industries, such as fast food and retail. Exacerbating this injustice is the reality that many direct care workers lack access to full-time schedules and critical supports such as health coverage, paid sick days, paid family and medical leave, or affordable childcare and long-term care support.

Unfortunately, policy proposals that aim to increase wages for low-wage workers (including direct care workers) are rarely paired with an increase in public funding that would help long-term care employers cover these higher wages without cutting service hours for older adults and people with disabilities. The entire long-term care system needs sufficient funding and reform to improve the economic wellbeing of these essential workers.

## KEY FACTS<sup>13</sup>

**\$0.19**

Growth in the inflation-adjusted median hourly wage for direct care workers between 2009 and 2019, from \$12.61 to \$12.80.

**\$20,300**

Median annual earnings for direct care workers.

**15%**

Percentage of direct care workers without any health insurance.

# Recommendations

- **American Families Plan.** Congress should enact and fully fund the American Families Plan, which would expand affordable childcare, universal preschool, expanded higher education access, individual and family tax credits, and comprehensive paid leave for millions of workers, including direct care workers.<sup>14</sup> Once the plan is

enacted, federal leaders should provide rules and guidance to states on how to implement these new provisions, taking into consideration the needs of payers, providers, workers, and consumers across long-term care settings, and key considerations such as Medicaid reimbursement formulae, managed care contracts, employment practices, and consumer and worker education, among other needs.

- **National Compensation Strategy.** CMS, ACL, HRSA, DOL, and other stakeholders should work together to develop a national compensation strategy that addresses direct care workforce concerns. Among its responsibilities, this inter-agency group should develop specific recommendations on how states should set their Medicaid rates to ensure competitive wages and benefits for direct care workers, considering both traditional Medicaid and managed care contexts. The recommendations should take into account full-time scheduling barriers, “benefit cliffs” and “benefit plateaus,” and other factors and possibilities. The recommendations should then be translated into regulations for rate-setting and enforcement processes at the state level.
- **Financial Support Programs.** DOL should fund financial literacy and counseling programs that help direct care workers (among other low-wage workers) understand complex job-related benefits and supports (including health insurance options), navigate financial challenges, and plan for their short- and long-term financial futures.

“It’s so unfortunate that in the world we live in, the caregiving profession receives the lowest category of pay. Yet it requires a lot of intelligence. It requires a lot of agility to be able to respond to a need or an emergency.”

## ALLEN GALEON

Caregiver and Worker Leader at Pilipino Workers Center, Los Angeles, CA





## PHI'S NATIONAL ADVOCACY LEADERSHIP

PHI provided in-depth research and policy analysis on extending wage and overtime protections to U.S. home care workers for nearly a decade before the U.S. Department of Labor announced, in December 2011, that it would extend these protections under the Fair Labor Standards Act.<sup>17</sup> We also joined forces with several national organizations to ensure implementation of the ruling, launching a “Campaign for Fair Pay” that helped solidify this win. At the state level, PHI was instrumental in designing and helping to pass New York State’s historic 2011 Wage Parity Law, which established a consistent wage floor with benefits for home health aides and personal care aides.<sup>18</sup>

- **Benefit Cliffs and Plateaus.** DOL and HHS should develop a strategy with analysis, rules, regulations, and guidance to help states address benefit cliffs and benefit plateaus among low-wage workers, including direct care workers. (These cliffs and plateaus occur when, as low-wage workers’ wages and hours increase, their total compensation drops or remains the same due to a corresponding decrease in public benefits.) This strategy should build on existing research and guidance from the field and explore approaches such as adjusting the design of public benefit eligibility limits and requirements and working with workers to reduce the impact of losing benefits, among other strategies.<sup>15</sup>

- **State and Regional Public Authorities.** DOL should fund the creation of state or regional public authorities that improve job quality (including by setting wage floors) for independent providers, while promoting the principles of consumer direction. (Independent providers are direct care workers employed directly by consumers through publicly funded consumer-direction programs.) While this figure is difficult to calculate, PHI estimates that at least one million independent providers are employed through Medicaid-funded consumer-directed programs.<sup>16</sup>

# Strengthen Training Standards and Delivery Systems for Direct Care Workers

Today's direct care workers need a training approach that appropriately prepares them for the complex and valuable services they deliver.

The training landscape for direct care workers makes it nearly impossible to ensure that they are adequately skilled and prepared to succeed in their roles. Training requirements for direct care workers are uneven and insufficient throughout the country, with federal mandates applicable only to some workers and state-level training regulations varying widely across states, long-term care settings and job titles. Moreover, disjointed training regulations make it difficult for workers to translate their experiences across settings (from home care to residential care, for example), limiting their career mobility and the versatility of

the workforce overall. Additionally, training requirements for direct care workers tend to focus on the tasks associated with assisting consumers with activities of daily living and instrumental activities of daily living, yet less attention has been given to the physical, social, and emotional demands of direct care or the extent to which direct care workers are increasingly supporting people with complex health conditions. The entire training landscape—its standards, curricula, and general infrastructure—must be better developed, standardized, and resourced.

## KEY FACTS<sup>19</sup>

**32**

States (plus DC) that have expanded training requirements for nursing assistants beyond the 75-hour federal minimum.

**18**

States (plus DC) that have expanded training requirements for home health aides beyond the 75-hour federal minimum.

**7**

States with no training requirements for personal care aides.

## Recommendations

- **National Competency-Based Training Standard.** CMS, ACL, DOL, DOE, and other relevant stakeholders should work together to establish a national standard for direct care competencies that draws on existing core competency sets and is applicable to all direct care workers regardless of payment source. CMS should also require that states adopt these core competencies with the ability to tailor them to state-specific requirements and regulations. Federal leaders should provide guidance to states on how to integrate these competencies into their training standards and credentialing programs, among other concerns.
- **Personal Care Aide Training Requirements.** CMS should create minimum federal training standards for personal care aides, ensuring parity with home health aides and nursing assistants. Personal care aides are a rapidly growing yet largely unregulated part of the direct care workforce.
- **Training Infrastructure.** Federal leaders should support states in strengthening their direct care workforce training infrastructures, including by providing funding to develop and enforce competency-based training standards and deliver and evaluate training. As two avenues, Congress should enact and fully fund the Direct Support Worker Training Reimbursement Act, which would increase federal matching payments for training programs focused on the direct care workforce, and the Mollie Baldwin Upskilling of Personal and Home Care Aides Act, which would fund competency-based upskilling training models in direct care.<sup>20</sup> Additionally, CMS should expand Medicaid to cover entry-level training costs for all direct care occupations.

As part of this effort, CMS should set and fund minimum standards for training quality, for example in regard to instructor qualifications, student-teacher ratios, and training space and equipment, among other factors.

- **New Research.** DOL should commission a study on the national training infrastructure for direct care workers to identify gaps and best practices. As well as summarizing the evidence base on direct care training interventions, this study should examine in detail the characteristics and geographic

“Working in these advanced roles has given me a lot of confidence in what I do. I feel good about being able to help more clients, more workers, and more family members in this way. I continue to learn, which is also good for me.”

### MARISOL RIVERA

Care Coordinator at  
Cooperative Home Care  
Associates, Bronx, NY





## PHI'S NATIONAL ADVOCACY LEADERSHIP

For years, PHI has been tracking training requirements for personal care aides, home health aides, and nursing assistants across the 50 states and DC, describing the significant variance across states and occupations and highlighting the urgent need to strengthen and standardize these requirements.<sup>21</sup> PHI's workforce innovations division has also innovated in this area: as one leading example, our Homecare Aide Workforce Initiative used a mix of training, recruitment strategies, peer mentoring, coaching supervision, supportive services, and case management to improve job satisfaction and retention (among other outcomes) among participating home care workers.<sup>22</sup>

coverage of existing training programs; the extent to which these programs measure workforce, care, and cost outcomes; funding needs and mechanisms for training; the use and efficacy of e-learning and virtual training; and the prevalence of complementary training for direct care supervisors, among other areas. This study should also assess how the direct care training landscape addresses topics such as dementia care; other types of condition-specific care; social isolation and loneliness; cultural, linguistic, and lesbian, gay, bisexual, and/or transgender (LGBT) competence; and much more.

- **Job Quality Measures.** HHS and DOL should develop and incorporate a core set of direct care workforce quality measures into federally funded long-term services and supports programs and demonstrations, informed by the National Quality Forum final report of September 2016. Grantees leading projects that involve direct care workers should be required to submit progress and final reports on how their projects have met these quality standards.

# Fund, Implement, and Evaluate Direct Care Workforce Interventions

From advanced roles to care integration to recruitment and retention, a wide array of workforce interventions will help stabilize the direct care workforce.

The growing population of older adults in this country and the persistence of poor job quality in direct care will continue to generate a workforce recruitment and retention crisis in the foreseeable future. To ensure that the long-term care sector can meet the growing demand for direct care workers—and that workers can thrive professionally and financially in these critical roles—a variety of direct care workforce interventions are needed,

including interventions that strengthen the job pipeline into direct care; approaches that better integrate these workers into the consumer’s interdisciplinary care team; and advanced role opportunities that provide a career ladder with elevated titles, functions, and compensation. These interventions should be properly funded, implemented, and evaluated with an eye to their impact on worker, client, and cost outcomes.

## KEY FACTS

**99%**

Turnover rate for nursing home staff.<sup>23</sup>

**65%**

Turnover rate for home care workers.<sup>24</sup>

**\$6,000**

The estimated savings per supervisor (among those reporting time efficiencies due to the training) in a 2006-2010 PHI-led intervention that reached more than 2,000 supervisors and led to enhanced problem solving and efficiency on the job.<sup>25</sup>

## Recommendations

- **Workforce Interventions Investment and Inter-Agency Coordination.** DOL, in coordination with HHS and DOE, should fund and evaluate a broad range of direct care workforce interventions in areas such as: entry-level and specialized training, advanced roles, recruitment and retention,

“As a peer mentor, I train new home health aides and make myself available to support a group of five aides. They can come to me with any questions or concerns they have, or to simply talk about their day.”

### JANET FOLSOM

Home Health Aide, Certified Nursing Assistant, and Peer Mentor at Knute Nelson  
Alexandria, MN

supervision, e-learning, technology, and more. CMS, ACL, HRSA, and other relevant agencies should also support new models of service delivery across long-term care settings, including universal worker roles, models that connect workers to other services (such as housing supports), and models that maximize the direct care role through upskilling, care integration, and meaningful career ladders. Additionally, CMS and DOE should support approaches that strengthen workers’ abilities to support individuals with dementia, people at risk or dealing with social isolation and

loneliness, mental health, vulnerable people (such as LGBT individuals), and others. These interventions should engage workforce development providers, educational institutions, direct care employers, labor organizations, and industry associations, among other stakeholders, and evaluate their impact on employment, care, and cost outcomes.

- **Boosting the Direct Care Field.** Congress should enact and fully fund the Direct Creation, Advancement, and Retention of Employment (CARE) Opportunity Act, which would invest more than \$1 billion over five years in workforce interventions that improve training, recruitment, retention, and advancement opportunities in the direct care workforce.<sup>26</sup> This Act is designed to support interventions in high-need areas and encourage consultation with diverse stakeholders, and it requires that interventions be evaluated for their impact on workers, consumers, and overall care costs.
- **Advanced Role Evidence Base.** Congress should re-introduce, enact, and fully fund the Improving Care for Vulnerable Older Citizens and People with Disabilities through Workforce Advancement Act, which would build the evidence base on advanced role models in direct care, with a specific focus on models that better integrate workers into the interdisciplinary care team and models where workers can improve support for individuals with complex chronic conditions.<sup>27</sup> As designed, the Act would prioritize advanced role interventions that address vulnerable populations, neglected regions of the country, and rural and urban needs.

## PHI'S NATIONAL ADVOCACY LEADERSHIP

For years, PHI's workforce innovations have greatly helped direct care workers and their employers. Our Care Connections Project created an advanced role for home care workers—the "Care Connections Senior Aide"—which has helped improve job satisfaction, decrease emergency department visits, and reduce family caregiver strain.<sup>31</sup> As another example, in 2014 PHI worked with local colleges, municipal agencies, and private employers to better recruit, train, and retain direct care workers through the City University of New York (CUNY) system. This intervention led to high employment and retention rates: 76 percent of trainees secured a job and 75 percent of those workers retained their jobs three months after completing the training.<sup>32</sup>



- **Recruitment and Retention.** ACL should commission a study on recruitment and retention challenges in the direct care workforce, scan the field for best practices in program design on these topics, and promote these findings broadly. The agency should also work with experts in the field to develop a recruitment and retention guide for ACL grantees that are leading projects that employ direct care workers.
- **Matching Service Registries.** DOL should commission a feasibility study to assess the strengths, risks, logistics, and total costs of launching and promoting matching service registries in every state. A matching service registry is an online job board where consumers and workers find each other based on needs, preferences, and availability—and can serve as a useful platform for centralizing training and

certification records of direct care workers (with privacy safeguards in place). PHI has identified only 14 matching service registries in 10 states (as of 2019), and many of them are under-resourced and not maximizing their potential.<sup>28</sup>

- **Dementia Care Competence.** HHS should create a strategy to build dementia care competence among direct care workers (and other health care workers), building on the recommendations from the Workforce Development Workgroup that was formed as part of the 2020 National Research Summit on Care, Services and Supports for Persons with Dementia and Their Caregivers.<sup>29</sup> More than 6 million individuals are currently living with Alzheimer's in the U.S.—by 2050, this number will grow to 13 million.<sup>30</sup>

# Improve Direct Care Workforce Data Collection and Monitoring

Long-term care leaders need better data on the size, stability, credentials, and compensation of the direct care workforce and on direct care job quality.

When it comes to tracking and measuring key workforce dimensions such as size, stability, credentials, and compensation (among other variables), federal and state data collection systems remain inadequate and under-resourced. As a result, policymakers, industry leaders, and other long-term care stakeholders—at the local, state, and federal levels—lack the data they

need to make sound decisions that would improve these workers' jobs. Additionally, federal industry and occupational codes need updating, which includes developing a new code for direct support professionals (among other improvements), and job quality metrics need widespread adoption across research, policy, and practice.

## KEY FACTS

**1**

Number of staffing measures included in the national 5-Star Quality Rating System for nursing homes.<sup>33</sup>

**23%**

Percentage of nursing homes reporting staffing shortages during the peak of the COVID-19 pandemic.<sup>34</sup>

**12**

Number of years since the Centers for Medicare & Medicaid Services (CMS) published a report calling for a minimum data set on the direct care workforce.<sup>35</sup>

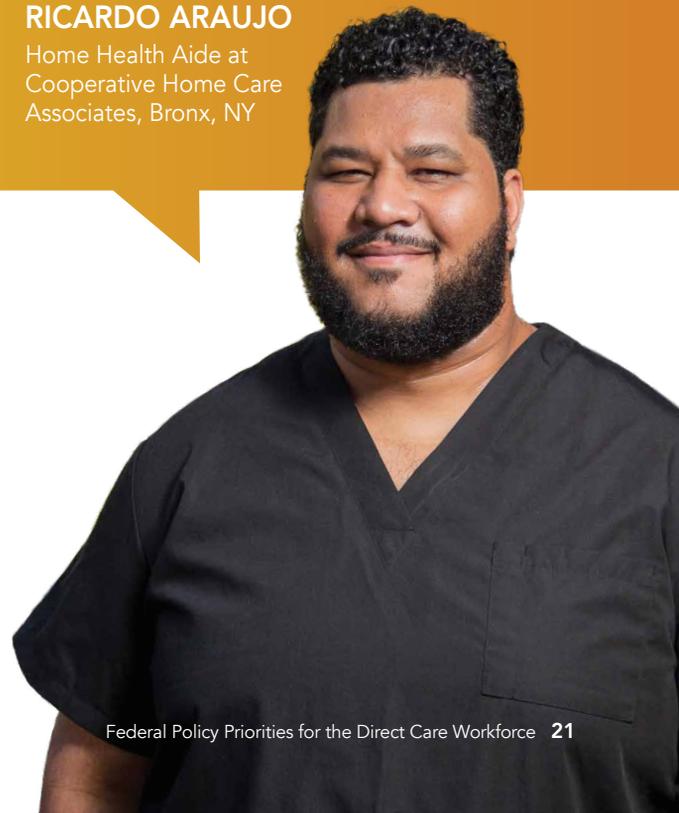
## Recommendations

- **Workforce Definitions and Eligibility Requirements.** DOL, in coordination with CMS and other relevant agencies, should work with experts in the field to establish a definition of “direct care worker” that captures the core competencies of this role and specifies the additional competencies required for distinct settings (such as HCBS versus nursing home care) and population served (such as older adults or individuals with intellectual and developmental disabilities). This definition could be used to bring greater consistency to the laws and other public policies that govern this workforce.
- **Data Collection Infrastructure.** DOL should fund states to build and strengthen their data collection infrastructure on the direct care workforce—toward the goal of systematically collecting employer-level data on the direct care workforce statewide and centralizing the training and certification records of direct care workers (with clear privacy safeguards in place). This investment in state-level data collection infrastructure should be informed by an updated, national minimum data set on this workforce and paired with guidance and requirements for reporting and analysis.
- **Minimum Data Set on Direct Care Workers.** CMS should update its minimum data set recommendations on the direct care workforce, which were developed in 2009 by the National Direct Service Workforce Resource Center. This set should include workforce volume, stability, compensation, and training/credentialing rates—and should account for workers employed across long-term care settings and by all employer types.
- **Job Quality Measures.** HHS and DOL should develop and incorporate a core set of direct care workforce quality measures into federally funded long-term services and supports programs and demonstrations, informed by the National Quality Forum’s final report from September 2016.<sup>36</sup> Grantees leading projects that involve direct care workers should be required to submit progress and final reports on how their projects have met these quality standards.

“You need a whole lot of patience to do this job. You don’t know what kind of day your clients are going to have, or what you are going to be dealing with. All clients are different.”

**RICARDO ARAUJO**

Home Health Aide at  
Cooperative Home Care  
Associates, Bronx, NY





## PHI'S NATIONAL ADVOCACY LEADERSHIP

In 2009, as part of the National Direct Service Workforce Resource Center created by CMS, PHI developed a first-ever, expert-informed minimum data set on this workforce, which included specific indicators related to workforce volume, stability, and compensation and a list of additional variables for more detailed analysis.<sup>39</sup> Additionally, our annual research on direct care workers, typically released the week of Labor Day, provides a detailed and up-to-date statistical picture for the field on direct care demographics, occupational roles, job quality challenges, and projected job openings.<sup>40</sup>

- **Direct Support Professionals**

**Classification.** The Office of Management and Budget (OMB) should work with long-term care and workforce experts to update the existing federal industry and occupational classification codes so that they characterize the direct care workforce more accurately. Specifically, OMB should establish a Direct Support Professional Standard Occupational Classification code to distinguish these workers from nursing assistants, home health aides, and personal care aides. Congress could alternatively enact and fully fund the Recognizing the Role of Direct Support Professionals Act, which accomplishes this goal.<sup>37</sup> This action would help researchers and other leaders measure and describe the workforce capacity for supporting individuals with intellectual and developmental disabilities.

- **National Direct Care Surveys.** The National Center for Health Statistics at the CDC should re-issue its National Nursing Assistant Survey (conducted in 2004) and National Home Health Aide Survey

(conducted in 2007), the first and only national probability surveys focused on this workforce.

- **New Research.** HHS and the National Institutes of Health (NIH) should fund original studies on the direct care workforce, including studies that measure workforce size and composition; consumers' experiences with direct care workers; and a variety of other vital, understudied topics.
- **Lessons Learned Report.** HHS should commission and release a report on lessons learned from the COVID-19 crisis related to direct care workers, building on the final report to CMS from the Coronavirus Commission for Safety and Quality in Nursing Homes and the upcoming report from the Committee on the Quality of Care in Nursing Homes at the National Academies of Sciences, Engineering, and Medicine.<sup>38</sup>

# Center Direct Care Workers in Leadership Roles and Public Policy

Direct care workers are experts on their jobs and care delivery, and they should help define the future of this workforce.

As the paid frontline of long-term care for older adults and people with disabilities, direct care workers possess unique insights on how to improve the quality of their jobs and the delivery of care. Unfortunately, their experiences and wisdom are often left out of the discussions and initiatives shaping policy and practice in this rapidly growing job sector. To address these problems, a variety of mechanisms exist to center direct care workers in leadership roles and public policy. Federal and state

leaders should create workgroups to develop action plans to improve these jobs—and include workers front and center in these groups. Divisions of paid care can be instituted at different levels of government with the remit of supporting direct care workers, childcare workers, and housekeepers to access their rights and benefits, among other offerings. Finally, direct care workers should be tapped for key advisory roles and leadership positions across the public and private sector.

## KEY FACTS

**16**

Number of statewide direct care workgroups that have been convened since 2003.<sup>41</sup>

**1**

Number of divisions of paid care that have been created at either the local, state, or federal level.<sup>42</sup>

**38%**

Turnover rate in worker-owned home care cooperatives, compared to the turnover rate of 65 percent or higher in the broader direct care field.<sup>43</sup>

# Recommendations

- **National Strategy on the Direct Care Job.** HHS should develop a national direct care workforce strategy, convening a stakeholder advisory council to identify actions that government, providers, public-private sector organizations, philanthropy, and others can take to completely transform the direct care job.

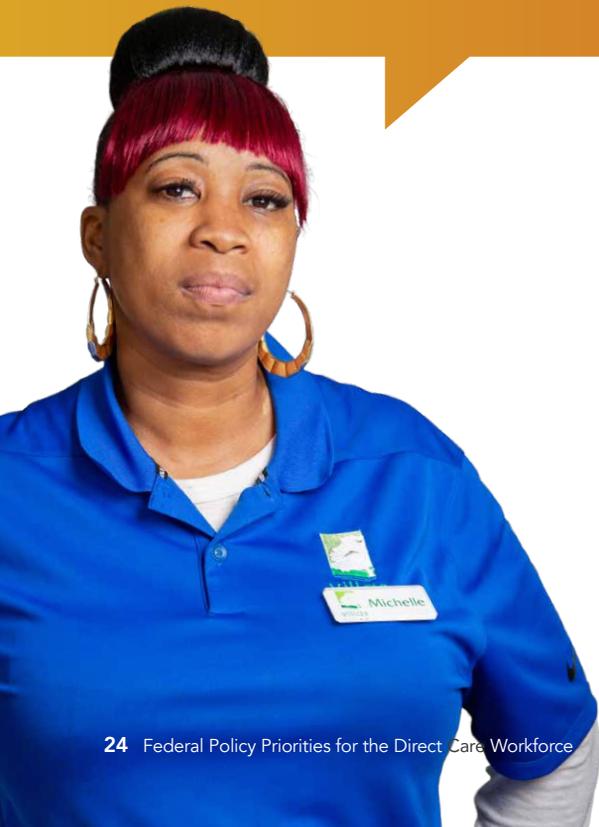
This council should include direct care workers themselves, and its strategy should include identifying funding for the council's recommendations, producing regular progress reports, and developing new recommendations as needed. This council could take on some of the challenges described above, including the national compensation strategy, competency-based training standards, and updated workforce definitions.

- **Paid Care Division.** DOL should establish a division of paid care to work with states and localities in assisting direct care workers, childcare workers, and housekeepers with legal and employment concerns, building on the successful model in New York City.<sup>44</sup> This division would also educate and support employers in fulfilling their responsibilities, and monitor trends and new developments across these job sectors. As one example, the division could continue monitoring compliance with the "Home Care Final Rule" that went into effect in 2015, extending wage and overtime protections under the Fair Labor Standards Act (FLSA) to home care workers nationwide.<sup>45</sup>
- **Domestic Worker Rights.** Congress should enact and fully fund the Domestic Workers Bill of Rights Act, which would provide a number of rights and protections for home care workers, childcare workers, and housekeepers related to compensation, worker protections, sick leave, discrimination, privacy, health and safety, and more.<sup>46</sup>

"If I could make a change, it would be for this field to show more appreciation for what we do, because we are the main backbone of this work. We're the most hands-on with clients and spend more time with them than anyone else."

## MICHELLE GODWIN

Certified Nursing Assistant  
Killearn Lakes, Tallahassee, FL





## PHI'S NATIONAL ADVOCACY LEADERSHIP

In 2020, PHI launched the Direct Care Worker Story Project, which works with direct care workers nationwide to document their stories and share their ideas for transforming their jobs.<sup>48</sup> This project aims to enhance the visibility of this workforce, amplify workers' voices, and draw on their unique wisdom to inform policy and practice. Our multi-state advocacy initiative—Essential Jobs, Essential Care—has also ensured that workers are centered as experts and advocates in state-level advocacy.<sup>49</sup> As one example, direct care workers led panels during the first statewide gatherings for this initiative in early 2021, grounding these conversations in their frontline experiences.

- **Statewide Workgroups.** DOL should fund states to establish and maintain statewide workgroups focused on the direct care workforce.<sup>47</sup> These workgroups should bring together diverse stakeholders across the state to assess the direct care workforce landscape and identify an expansive set of policy recommendations to improve these jobs. Workgroups could also advocate together to advance these ideas and identify new possibilities as they emerge.
- **Stakeholder Advisory Groups.** HHS and DOL should require that grantees leading projects that involve direct care workers form stakeholder advisory groups that include these workers.
- **Leadership Development.** DOL should fund leadership development programs for direct care workers to build their leadership and advocacy capacities, while connecting this program to leadership positions in government and the community.
- **Policy Events.** DOL and HHS should hold regular convenings, hearings, and briefings on various topics related to the direct care workforce, including but not limited to staffing challenges, training and advancement, data collection and research, equity and inclusion, and much more. These events should allow for public input and engagement.

# Rectify Structural Gender and Racial Inequities for Direct Care Workers

Women, people of color, and immigrants in the direct care workforce merit more attention and support.

Systemic racism has long harmed the lives and jobs of people of color in direct care—from the creation of these poor-quality jobs, through the decades-long exclusion of home care workers (and other domestic workers) from federal wage and overtime protections, to the widespread racial discrimination that people of color and immigrants continue to face regarding employment, housing, education, and health care, among others. Additionally, caregiving has historically been defined as “women’s work” and is still often dismissed as a labor of love that requires only minimal compensation and support, perpetuating poor job quality in this sector. Finally, the

political climate has become increasingly hostile to immigrants in recent years, limiting targeted supports for immigrants who are a critical part of this workforce. Despite these numerous challenges, policy and practice interventions aimed at direct care workers do not often account for the unique structural barriers and inequalities they face on the job and in their daily lives, limiting the evidence base on race and gender-explicit workforce interventions in this sector. When focusing on direct care workforce development, we must center and uplift women, people of color, and immigrants—these workers deserve good jobs rooted in equity and justice.

## KEY FACTS<sup>50</sup>

**\$11.13**

Median hourly wage for home care workers who are women of color, versus \$12.38 for white men.

**53%**

Percentage of women of color home care workers living in or near poverty, compared to 38% of white men.

**\$37,600**

Median family income for women of color home care workers, compared to \$47,100 for white men.

## Recommendations

- **Pathway to Citizenship.** Congress should enact and fully fund the U.S. Citizenship Act of 2021 to provide a pathway to citizenship for approximately 11 million undocumented immigrants, including direct care workers (classified as “essential workers”).<sup>51</sup>
- **Immigrant Supports and Building the Pipeline.** HHS should fund measures that support immigrant direct care workers, including immigrant-specific workforce programs in direct care. The U.S. Department of State should create special visas for direct care workers that would build the pipeline for this workforce; these visa programs should include strong worker protections and should not tie an immigrant worker’s immigration status to their employer.<sup>52</sup>
- **Research on Immigrants and the Gray Market.** BLS, the U.S. Census Bureau, and other agencies should integrate additional questions related to immigrants in relevant federal surveys, building the knowledge on this critical segment of the direct care workforce. HHS should also fund new studies on immigrants working on the “gray market” (where consumers directly hire home care workers using private funds), which would increase understanding on the unique challenges and characteristics of this nearly invisible segment of the direct care workforce. HHS should create ethical standards for conducting this research without threatening the safety and security of respondents.
- **Equity-Focused Interventions.** HHS, DOL, and ACL should invest in workforce interventions with explicit racial and gender equity lenses, including interventions that target different communities of color (Latinx, Black/

African-American, Asian, American Indian/Alaska Native, Middle Eastern/North African, and Native Hawaiian or Other Pacific Islander), immigrants, and LGBT populations, as key examples.

- **Workplace Violence Prevention.** Congress should enact and fully fund the Workplace Violence Prevention for Health Care and Social Service Workers Act, which would require DOL to recognize and address workplace violence in health care, social service, and other sectors.

“Ten years ago, I came to America with the hope of pursuing a good life and happiness, as I believe this is the land of opportunity as long as you work hard for it, using the knowledge and skills that we have achieved through our education and experiences.”

### TERESITA SATTAR

Caregiver at Courage LLC  
and Worker Leader at  
Pilipino Workers Center,  
Los Angeles, CA





## PHI'S NATIONAL ADVOCACY LEADERSHIP

In June 2017, PHI released a first-ever research brief on immigrant direct care workers at a time when the political rhetoric on immigration had become increasingly toxic. Our study offered a new angle on this debate, generating news coverage in media outlets like *The New York Times*, *Washington Post*, and many others.<sup>56</sup> Later that year, PHI launched a four-part research series examining racial and gender disparities within the direct care workforce, looking closely at the distinct realities of Black/African-American, Hispanic/Latino, and Asian and Pacific Islander direct care workers and offering ideas for promoting racial equity for this workforce.<sup>57</sup>

This Act would be one step toward protecting direct care workers in long-term care, who experience disproportionately high rates of injury on the job due to a variety of workplace risks.<sup>53</sup>

- **Underserved Communities.** Congress should enact and fully fund the Career Advancement for Direct Support Aid Workers Act, which would fund direct care workforce interventions focused on education, training, and advancement, with an emphasis on communities of color and workers in rural areas (among other vulnerable populations).<sup>54</sup>

- **LGBT Protections.** Congress should enact and fully fund the Equality Act, which would ban discrimination based on sex, sexual orientation, and gender identity in public accommodations and facilities (among other areas).<sup>55</sup> These expanded non-discrimination protections would cover long-term care settings, where many LGBT direct care workers are employed and LGBT individuals reside and receive services. Once enacted, the Office for Civil Rights should provide guidance to direct care workers and their employers (among other stakeholders) about these new rights and protections.

# Shift the Public Narrative on Direct Care Workers

To challenge unfair representations and change minds about direct care workers, we must invest in public education, capacity building, and storytelling.

The realities and challenges facing direct care workers are too often invisible in the public and political discourse. Additionally, direct care is often wrongly described as low-skilled work, which underplays the complex competencies that it requires—and does not reflect the training, compensation, or respect that direct care workers deserve. To positively shift the public narrative on direct care workers, advocates and other

stakeholders need sufficient resources to launch impactful public education campaigns and build their communications capacities to advocate for direct care workforce reforms. Moreover, storytelling projects are a practical approach that should be better funded to enhance these workers' visibility, amplify their voices, and draw on their wisdom to inform policy and practice in this sector.

## KEY FACTS

**1.5M**

Number of timeline deliveries on Twitter generated by PHI's year-long *Caring for the Future* report series and public education campaign.

**60**

Number of ideas generated by PHI's #60CaregiverIssues campaign to help address the growing workforce shortage in home care.

**23**

Number of in-depth direct care worker stories published online in the first seven months of PHI's Direct Care Worker Story Project.

# Recommendations

- **Framing Strategy.** HHS should fund a research-based framing strategy—similar to the “Reframing Aging” initiative—to help develop effective, strength-based frames and messages on the value and needs of direct care workers.<sup>58</sup>

“I do my best to build relationships, and I start by thanking them for allowing me to come in and help them. I understand everybody moves differently and everybody hurts differently, and I try to be very compassionate in my care.”

## CRYSTAL PROFFITT

Certified Nursing Assistant and Certified Hospice Palliative Nursing Assistant at Transitions LifeCare, Raleigh, North Carolina

- **Strategic Communications Capacity.** DOL and HHS should adequately fund grantees that are leading interventions related to direct care workers to develop, implement, and evaluate strategic communications campaigns that integrate framing and messaging strategy, branding and graphic design, earned and digital media, and more. Evaluating these efforts would help build the evidence base on how to effectively communicate about this workforce to change attitudes and beliefs and build support. Special attention should be given to communications campaigns that are culturally and linguistically competent and campaigns that focus on more invisible communities within the direct care workforce (e.g., immigrants, LGBT workers, etc.).
- **The National Direct Care Workforce Resource Center.** HHS should permanently fund the National Direct Care Workforce Resource Center, the country’s premier online library of information on the direct care workforce.<sup>59</sup> Updated and relaunched in 2020 by PHI, the National Direct Care Workforce Resource Center supports researchers, policymakers, practitioners, advocates, and journalists in better understanding—and building the knowledge base on—this critical workforce.
- **Market Research.** HHS should commission and fund a comprehensive, nationally representative quantitative market research study on direct care workers, yielding insights on their values, needs, and wants. This study would bring visibility to this growing yet undervalued workforce and inform policy and practice, including recruitment and retention strategies in different parts of the country. Research on consumers’ and family caregivers perspectives on the direct care workforce would also be valuable.

## PHI'S NATIONAL ADVOCACY LEADERSHIP

In 2017, PHI launched #60CaregiverIssues, a two-year, national public education campaign that identified 60 strategies for addressing the workforce shortage in home care, generating millions of online impressions on social media.<sup>60</sup> In 2020-2021, PHI released *Caring for the Future: The Power and Potential of America's Direct Care Workforce*—a comprehensive, current-day analysis of the direct care workforce—in five parts, spurring online conversation over 13 months during one of the worst public health crises in recent history.<sup>61</sup> Both campaigns won top honors from the Communicator Awards, the largest and most competitive awards program honoring creative excellence for communications professionals.<sup>62</sup>



- **National Appreciation Day.** A National Career Nursing Assistants' Day was established over 40 years ago as the kick-off for a National Nursing Assistants Week (held annually in June). To amplify and extend this appreciation to the entire direct care workforce, ACL should establish a National Appreciation Day for Direct Care Workers, working with partner

organizations nationwide to coordinate a range of events and media activities. This day would help educate the public on the value of all direct care workers, highlight their ongoing challenges, and celebrate their enormous contributions to older adults and people with disabilities.

## CONCLUSION

Nothing in recent times has demonstrated more powerfully the enormous value of direct care workers than the COVID-19 crisis. As the events of the last 18 months made even more apparent, these 4.6 million workers dedicate themselves to helping older adults and people with disabilities live safely and with support in their private homes and across long-term care settings.

But this crisis has also reinforced and amplified the long-standing challenges facing direct care workers. As demand for long-term care continues to grow

exponentially in the years ahead, significant investment will be needed to effectively transform direct care jobs and improve care for all those who need it.

Federal leaders across the board can make this vision a reality by prioritizing direct care workers and investing in long-term care financing, compensation, training, workforce interventions, data collection, direct care worker leadership, equity, and the public narrative. We have always believed that quality care is rooted in quality jobs—now is the time for a federal strategy that brings this mission to life.

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## APPENDIX 1

### Profile of the U.S. Direct Care Workforce

	Home Care	Residential Care Homes	Nursing Homes	All Direct Care Workers
<b>Gender</b>				
Female	87%	85%	90%	87%
Male	13%	15%	10%	13%
<b>Age</b>				
16-24	10%	23%	20%	14%
25-34	18%	25%	24%	21%
35-44	18%	17%	19%	18%
45-54	22%	17%	19%	20%
55-64	22%	13%	14%	19%
55+	32%	18%	18%	27%
65+	11%	5%	4%	8%
Median Age	47	36	37	43
<b>Race and Ethnicity</b>				
White	38%	47%	46%	41%
People of Color	62%	53%	54%	59%
Black or African American	28%	31%	36%	31%
Hispanic or Latino (Any Race)	22%	12%	11%	18%
Asian or Pacific Islander	8%	6%	5%	7%
Other	3%	3%	3%	3%
<b>Citizenship Status</b>				
U.S. Citizen by Birth	69%	79%	80%	73%
U.S. Citizen by Naturalization	17%	12%	13%	15%
Not a Citizen of the U.S.	14%	9%	8%	11%
<b>Children</b>				
Any Children Under Age 18	25%	28%	31%	27%
Child Under Age 5	11%	14%	15%	12%
Child Aged 5 to 17	21%	21%	25%	22%
Children Under Age 5 and Aged 5 to 17	6%	7%	8%	6%

## Profile of the U.S. Direct Care Workforce (cont.)

	Home Care	Residential Care Homes	Nursing Homes	All Direct Care Workers
<b>Educational Attainment</b>				
Less than High School	18%	10%	12%	15%
High School Graduate	36%	36%	41%	38%
Some College, No Degree	26%	34%	33%	29%
Associate's Degree or Higher	19%	20%	13%	18%
<b>Employment Status</b>				
Full-Time	62%	75%	79%	69%
Part-Time, Non-Economic Reasons	32%	20.3%	19.0%	26%
Part-Time, Economic Reasons	6%	4.4%	2.1%	5%
<b>Annual Earnings</b>				
Median Personal Earnings	\$17,200	\$21,100	\$23,300	\$20,300
Median Family Income	\$41,300	\$45,600	\$46,000	\$43,400
<b>Federal Poverty Level</b>				
Less than 100%	17%	15%	13%	16%
Less than 138%	29%	24%	23%	27%
Less than 200%	47%	41%	42%	45%
<b>Public Assistance</b>				
Any Public Assistance	54%	38%	36%	47%
Food and Nutrition Assistance	29%	20%	22%	26%
Medicaid	33%	23%	21%	29%
Cash Assistance	3%	2%	2%	3%
<b>Health Insurance Status</b>				
Any Health Insurance	84%	87%	88%	85%
Health Insurance through Employer/Union	38%	56%	62%	46%
Medicaid, Medicare, or Other Public Coverage	43%	28%	25%	36%
Health Insurance Purchased Directly	13%	10%	8%	11%
<b>Affordable Housing</b>				
Has Affordable Housing	61%	66%	69%	64%
Lacks Affordable Housing	39%	34%	31%	36%

## APPENDIX 2

# PHI Framework: The 5 Pillars of Direct Care Job Quality<sup>63</sup>



### QUALITY TRAINING

- Training is accessible, affordable, and relevant to the job
- Content covers a range of relational and technical skills associated with quality care
- Competency-based, adult learner-centered instruction with opportunities for hands-on learning
- Programs account for cultural, linguistic, and learning differences
- Documentation and verification of program completion and / or certification, with connections to employment



### FAIR COMPENSATION

- Living wage as a base wage
- Access to full-time hours
- Consistent scheduling and notice of scheduling changes
- Employer- or union-sponsored benefit plans
- Paid sick days and paid family and medical leave
- Grief support and bereavement leave
- Financial support and asset development programs
- Access to merit, longevity, and other base pay increases



### QUALITY SUPERVISION & SUPPORT

- Clear presentation of job requirements, responsibilities, workflows, and reporting structures
- Consistent, accessible, and supportive supervision
- Access to personal protective equipment and other supplies to ensure worker and client safety
- Connection to peer mentors and peer support networks
- Connection to community-based organizations to address employment-related barriers



### RESPECT & RECOGNITION

- Direct care workers reflected in organizational mission, values, and business plans
- Diversity, equity, and inclusion formalized in organizational practices
- Consistent feedback is given on work performance and retention is celebrated
- Opportunities for direct care workers to influence organizational decisions
- Clear communication about changes affecting workers, with opportunities for feedback
- Direct care workers empowered to participate in care planning and coordination
- Other staff trained to value direct care workers' input and skills



### REAL OPPORTUNITY

- Employer-sponsored continuous learning available to build core and specialized direct care skills
- Opportunities for promotion into advanced direct care roles with wage and title increases
- Organizational commitment to cross-training workers and promoting from within
- Connections to external training and job development programs for other health care and social service careers

Source: PHI. *The 5 Pillars of Direct Care Job Quality*.

PHI: Bronx, NY. <https://phinational.org/resource/the-5-pillars-of-direct-care-job-quality/>.

## APPENDIX 3

# Highlights of PHI's Record of Bipartisan Federal Policy Action

PHI has transformed the federal landscape for direct care workers—leading the research, analysis, and advocacy for this rapidly growing segment of the American workforce.

The U.S. Department of Health and Human Services (HHS) funds PHI, in partnership with the then-named Future of Aging Services, to formulate a collection of papers exploring public policies and industry practices affecting the recruitment and retention of direct care workers.

PHI advises and authors a chapter in the Institute of Medicine's *Retooling for an Aging America: Building the Health Care Workforce*, a seminal federal report calling for increased attention on health care workers, including the direct care workforce.

Through a grant from the National Institute on Disability and Rehabilitation Research at the U.S. Department of Education, PHI begins sub-contracting with the now-named Community Living Policy Center at the University of California, San Francisco, to provide research and analysis on strengthening the personal care aide workforce nationwide. This essential work continues today.

2002

As part of a multi-state research initiative, the Centers for Medicare and Medicaid Services (CMS) funds PHI to produce a series of publications to help state agencies, service providers, and individual consumers recruit, train, and retain home care workers.

2005

The U.S. Department of Health and Human Services (HHS) funds PHI, in partnership with the then-named Future of Aging Services, to formulate a collection of papers exploring public policies and industry practices affecting the recruitment and retention of direct care workers.

2006

As one of the primary partners for the National Direct Service Workforce Resource Center established by CMS, PHI develops a range of online resources and provides technical assistance to state leaders to address the growing workforce shortage in direct care.

2008

PHI advises and authors a chapter in the Institute of Medicine's *Retooling for an Aging America: Building the Health Care Workforce*, a seminal federal report calling for increased attention on health care workers, including the direct care workforce.

Through a grant from the National Institute on Disability and Rehabilitation Research at the U.S. Department of Education, PHI begins sub-contracting with the now-named Community Living Policy Center at the University of California, San Francisco, to provide research and analysis on strengthening the personal care aide workforce nationwide. This essential work continues today.

CMS and the U.S. Department of Education fund PHI to provide guidance on the state of workforce data through its landmark report, *The Need for Monitoring the Long-Term Care Direct Service Workforce and Recommendations for Data Collection*.

2009

PHI co-founds the Eldercare Workforce Alliance, along with 25 national organizations committed to preparing the health and long-term care systems to support older Americans and their families. PHI is appointed a co-convenor of this historic alliance.

The Office of Management and Budget adopts PHI's recommendations to redefine its occupational titles and definitions for key groups within the direct care workforce, including personal care aides, home health aides, and nursing assistants.

To support the Personal and Home Care Aide State Training (PHCAST) Program, the Health Resources and Services Administration works with PHI to inform the curriculum design of six states' training initiatives.

PHI provides more than 30 recommendations to CMS to modernize its regulations that govern Medicaid managed care and nearly 80 recommendations to help improve nursing home regulations.

PHI becomes a member of the Forum on Aging, Disability, and Independence at the National Academies of Sciences, Engineering, and Medicine.

PHI co-chairs the 2020 Workforce Development Workgroup as part of the 2020 National Research Summit on Care, Services and Supports for Persons with Dementia and Their Caregivers. This workgroup arrives at 10 workforce development recommendations to improve the research and evidence base on the dementia care workforce, including direct care workers.

2010

PHI partners with SAGE to design a training curriculum for its National Resource Center on LGBT Aging, seeded by a historic grant from the U.S. Department of Health and Human Services.

2013

PHI works closely with the U.S. Department of Labor to inform its historic rule extending wage and overtime protections under the Fair Labor Standards Act to home care workers nationwide. After a court delay and two years of advocacy, the rule goes into effect in October 2015.

2015

2017

PHI releases a federal priorities report outlining recommendations across five key areas: wages and benefits, training and advanced roles, data collection and quality, expanding access and cultural competence, and family caregiving.

2019

PHI updates and launches the National Direct Care Workforce Resource Center to support researchers and other stakeholders in better understanding—and building the knowledge base on—the direct care workforce.

2020

## About PHI

PHI works to transform eldercare and disability services. We foster dignity, respect, and independence for all who receive care, and all who provide it. As the nation's leading authority on the direct care workforce, PHI promotes quality direct care jobs as the foundation for quality care.

- Learn about our research, advocacy, workforce innovations, and public education
- Scroll through our library of studies, policy reports, and multimedia resources
- Visit the National Direct Care Workforce Resource Center
- Download national and state-by-state data on the direct care workforce
- Meet the workers in the National Direct Care Worker Story Project
- Bookmark our newsroom for the latest news and opinion: [PHInational.org/news/](https://PHInational.org/news/)
- Subscribe to our monthly newsletter: [PHInational.org/sign-up/](https://PHInational.org/sign-up/)

[PHInational.org](https://PHInational.org)





Design: RD Design • Photography: Kristen Blush @kristenblush (cover, p.2, p.3, p.9, p.21, p.22, p.24, p.25, p.28, p.31, and p.41); Dave Sanders @dave\_sanders (p.1); Rachael Porter @porterfiles (p.5, p.12, and p.27); Constanza Hevia H. @constanzaheviah (p.13).



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