THE STATE OF THE
DIRECT CARE WORKFORCE

KEY CHALLENGES AND OPPORTUNITIES

ROBERT ESPINOZA
VICE PRESIDENT OF POLICY

JUNE 26, 2019

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OVERVIEW

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STATISTICAL PORTRAIT
CRITICAL CHALLENGES
POLICY RECOMMENDATIONS
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Caregiver Shortage Could Mean 7.8 Million Unfilled Jobs By 2026
By Bailey Bryant | January 28, 2019

The nationwide shortage of caregivers continues to be one of the biggest industry-wide problems for home health and home care agencies, with no end in sight. And in the future, the employment crunch could become even worse than previously expected.

That’s according to a new report from Paraprofessional Healthcare Institute (PHI), a worker advocacy organization focused on the direct care workforce, which consists of personal care aides, home health aides and nursing assistants.
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About PHI

25 years of experience and knowledge on the direct care workforce.

CONSULTING
Training, coaching & curricula design

POLICY RESEARCH
Research & policy analysis

ADVOCACY
Federal, state & local & public education
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360° Perspective

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ORIGINAL RESEARCH
Facts & trends, objective information

NEW YORK CITY SYSTEM
Learn from thousands of workers & consumers

PROVIDER ‘LEARNING LAB’
In-the-field interventions, rural & urban
Our National Reach

376,000 long-term care staff, direct care workers, and clients served annually by PHI’s services

90,000 annual web users accessing PHI’s publications and online data

27 states + DC reached directly by PHI’s services, policy research, and advocacy between 2012 and 2018

SOURCE: For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
We believe that caring, committed relationships between direct care workers and their clients are at the heart of quality care. Those relationships work best when direct care workers receive high-quality training, living wages, and respect for the central role they play.
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The Direct Care Workforce: 4.3 million (2017)*
Direct care workers assist older adults and people with disabilities with daily tasks, such as dressing, bathing, and eating.

PERSONAL CARE AIDES

Daily support + help with housekeeping, errands, appointments, & social engagements

1.4 million (2017)

* 1.6 million direct care workers work in other industries such as continuing care retirement communities, assisted living facilities, residential facilities, employment services, and vocational rehabilitation services.

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Daily support + clinical tasks like blood pressure readings, range-of-motion exercises

704,000* (2017)

*Includes NA’s providing home health care

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594,000 (2017)

INDEPENDENT PROVIDERS
Employed directly by consumers through publicly-funded programs
325,000 (2017)*
*These workers are likely captured in 4.3 million figure

* 1.6 million direct care workers work in other industries such as continuing care retirement communities, assisted living facilities, residential facilities, employment services, and vocational rehabilitation services.

SOURCE: PHI (2018). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Direct Support Professionals: 1.3 million (2013)

Direct support professionals support people with physical, intellectual, and developmental disabilities to “lead self-directed social and community lives.”

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Daily support + help with housekeeping, errands, appointments, & social engagements
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SOURCE: President’s Committee (2017). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Demand for Home Care Workers

It’s the largest-growing occupation in the country.

2007
830,000
HOME CARE WORKERS

2017
2.1 million
HOME CARE WORKERS

2027
3.1 million
HOME CARE WORKERS

SOURCE: PHI (2018). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
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Four Trends Igniting Demand

American society has changed dramatically—more people are turning 65, living longer, wanting support at home, and rethinking ‘family’ norms.

More older people
Between 2015 and 2050, the number of people aged 65+ will more than double from 47.8 million to 88 million.

SOURCE: PHI (2018). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
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Increased longevity
Older age brings about increased functional limitations and daily support needs.

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Preference for home
More people prefer home- and community-based services to living in a residential setting.

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Older age brings about increased functional limitations and daily support needs.

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Increased longevity
Older age brings about increased functional limitations and daily support needs.

New ‘family’ norms
Children leave, more single & childless people, and cultural acceptance for seeking paid support.

SOURCE: PHI (2018). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
An Increasingly **Diverse** Home Care Workforce

The typical home care worker is a woman in her 40s—many are immigrants and/or women of color. **The demographics are changing.**

- **87%** WOMEN
- **60%** PEOPLE OF COLOR
- **47** MEDIAN AGE

SOURCE: PHI (2018). For detailed citations and information about PHI's research methodology, please contact info@phinational.org.
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- **29%** IMMIGRANT
- **60%** PEOPLE OF COLOR
- **47** MEDIAN AGE
- **1 million** IMMIGRANTS

**SOURCE:** Espinoza (2017). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Profound Disparities Within the Workforce

From 2005 to 2015, Black/African American workers consistently made up approximately 30 percent of the direct care workforce.

Anticipated Growth in the U.S. Labor Force: 2016-2026

Women of Color
+6.3 million
U.S. WORKERS

White Women
+384,000
U.S. WORKERS

SOURCE: Campbell (2017). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
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**Median Family Income**

<table>
<thead>
<tr>
<th>Women of Color</th>
<th>White Women</th>
<th>Men of Color</th>
<th>White Men</th>
</tr>
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<tbody>
<tr>
<td>$43,400</td>
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<td>$60,800</td>
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Low Wages, High Poverty: Home Care Workers

Low wages and irregular schedules make it difficult to retain and recruit workers in this sector. As a result, turnover remains high.

U.S. Home Care Workers

$11.03
MEDIAN HOURLY WAGE

$15K
MEDIAN ANNUAL INCOME

1 in 5
IN POVERTY

SOURCE: PHI. For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
The Lifelong Impact of Poverty

Low wages force workers to choose between housing and other needs—and drives them into poverty and poor lifelong health.

Monthly Income

($10/hour x 40 hours) x 4 weeks
= $1600 gross pay
- $400 taxes

$1200 net pay

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Monthly Expenses*
Housing
Utilities
Food
Transportation
Debt repayment, credit cards
Clothing
Childcare, home care
Entertainment
Medical expenses
Miscellaneous expenses
Saving

* Dependents multiply expenses

SOURCE: PHI (2018). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
The Lifelong Impact of **Poverty**

Low wages force workers to choose between housing and other needs—and drives them into poverty and poor lifelong health.

**Monthly Income**

($10/hour \times 40 \text{ hours}) \times 4 \text{ weeks} = $1600 \text{ gross pay} - $400 \text{ taxes} = $1200 \text{ net pay}

**Monthly Expenses**

- Housing
- Utilities
- Food
- Transportation
- Debt repayment, credit cards
- Clothing
- Childcare, home care
- Entertainment
- Medical expenses
- Miscellaneous expenses
- Saving

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* Dependents multiply expenses

Link Between Poverty and Poor Health

- Decreased life expectancy
- Lower birth weight
- Impaired neurologic and endocrine function
- Lifelong illness (cardiac disease, diabetes, etc.)
- Higher injury rates
- Poor nutrition
- Increased hunger
- Depression
- Toxic infrastructures (lead poisoning, etc.)
- Inflammatory diseases (heart disease, etc.)
- Dental and vision disparities

* Link goes both ways: poor health hurts employment

SOURCE: PHI (2018). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Why Are Workers Part Time?

Nearly one in three direct care workers works part time, largely for non-economic reasons such as family obligations, school, and more.

- **31%** Direct care workers are part time
- **24%** Cite Economic Reasons
  - 25% Family/Personal Obligations
  - 19% School/Training
  - 19% Retired/Social Security Limit on Earnings
  - 8% Child Care Problems
  - 7% Health/Medical Limitations
  - 10% Other
- **76%** Cite Non-Economic Reasons

SOURCE: Campbell (2018). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
‘Benefit Cliffs’ & Low-Wage Incomes

For low-wage workers—including direct care workers—who need public benefits, higher wages don’t always lead to higher incomes.

In this example, a single home care aide earning $13/hr has a higher total income when she works 35 hours per week than when she works 40 hours per week—a “benefit cliff.”
‘Benefit Cliffs’ & Low-Wage Incomes

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In this example, a single home care aide earning $13/hr has a higher total income when she works 35 hours per week than when she works 40 hours per week—a “benefit cliff.”

Why? Her benefits decrease more than her wages increase.

SOURCE: Cook (2017). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Limited Training or Career Advancement

The training infrastructure for direct care workers doesn't equip them with the skills, knowledge, confidence, or career paths they need.

- Insufficient training standards—especially for personal care aides and DSPs
- Lack of specialty training—variety of topics and special populations
- Didactic training methods that don't account for adult learners & learning styles

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- Didactic training methods that don’t account for adult learners & learning styles
- DSPs: Supporting independence, informed decisions about one’s own life, community living & social participation

SOURCE: President’s Committee (2017). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Home Health Aide Training Requirements by State

A state-by-state analysis of training requirements for home health aides in regards to the federally-required minimum of 75 hours.
Personal Care Aide Training Requirements

A state-by-state analysis of training requirements for personal care aides.

PCA Training Requirements*
- Requirements across all, uniform
- Requirements across all, not uniform
- Some requirements
- No requirements

*excludes participant-directed PCA services
Training Standards: A State-by-State Patchwork

Direct support professionals (and direct care workers) lack the necessary training standards and opportunities to better support people with IDD.

PERSONAL CARE AIDES
No federal requirement
18 states and the District of Columbia have their own uniform training requirements

HOME HEALTH AIDES
Federal training requirement = 75 hours
17 states and the District of Columbia require more than the federal minimum

NURSING ASSISTANTS IN NURSING HOMES
Federal training requirement = 75 hours
31 states and the District of Columbia require more than the federal minimum

INDEPENDENT PROVIDERS
No federal requirement

DIRECT SUPPORT PROFESSIONALS
No federal requirement
Typically pre-service training hours focused on topics or basic skills—not competency-based or how to support people with IDD

SOURCE: Cook (2017). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Core Competencies: Personal Care Attendants
Recruitment & Retention Challenges

LTSS employers are increasingly struggling to find and keep direct care workers, especially in an economy where they have other job options.

60% TURNOVER RATE
Top reasons: wages & supervisors

Job growth & competition—retail & fast food increasingly offer better jobs than direct care

Widening ‘care gap’—the growth in older adults is outpacing working-age women

SOURCE: PHI (2018). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
**Non-Rural Minnesota Care Gap**

- **Source:** Minnesota State Demographic Center. (2014, March). Minnesota County Population Projections by Age and Gender, 2015-2045

**Rural Minnesota Care Gap**

- **Source:** Minnesota State Demographic Center. (2014, March). Minnesota County Population Projections by Age and Gender, 2015-2045

SOURCE: PHI (2018). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Limited Person-Centered Approaches

Person-centered supports—honoring the needs and preferences of the individual—haven’t gained enough traction in the LTSS system.

Workers aren’t always trained in person-centered approaches

Many employers don’t create person-centered workplaces

Workers & consumers don’t always respect each other’s needs & preferences

SOURCE: PHI (2018). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Marginal Data on the Workforce

States rarely collect proper data on the LTSS workforce, which prevents leaders from targeting high-need areas with appropriate interventions.

Minimal systematic workforce data—volume, stability & compensation

No occupational code for direct support professionals—and no data

Little data to answer: Where are workforce needs the greatest?

SOURCE: Espinoza (2017). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Inadequate Public Funding & Reimbursement

The LTSS system needs more funding to ensure everyone can access the supports they need—labor costs are especially underfunded.

Long-Term Services & Supports
Expensive, difficult to predict, exhausts savings

Medicaid only for poor & low-income people—and restrictions are growing

State Medicaid budgets are strapped—little funding for labor costs

Inadequate reimbursement rates in Medicaid

SOURCE: PHI (2018). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Executive Summary

The direct care workforce serves as the paid frontline of long-term services and supports (LTSS), yet direct care jobs are too often characterized by low compensation and minimal training, among other indicators of poor job quality (see Appendix). As a result, many workers leave these roles and the industry—or choose not to pursue direct care jobs at all. Due to workforce attrition as well as increasing demand, about 7.8 million jobs in direct care will need to be filled between 2016 and 2026.¹

As states begin crafting social insurance solutions to the problems of LTSS affordability, accessibility, and sustainability, attention to the needs of the direct care workforce is essential. Through social insurance programs, states can strengthen the direct care workforce, incentivize improvements in direct care job quality, and stimulate job growth in this workforce, which will stabilize the economy.

To strengthen the direct care workforce through state-based LTSS social insurance programs, this report makes the following recommendations to state leaders:

1. Increase compensation for direct care workers by establishing a wage floor for this sector—with benefits and financial security safeguards
2. Enhance training requirements and strengthen the in-person and online training infrastructure for direct care workers
3. Develop advanced roles for direct care workers that allow them to progress in their careers and offer a higher level of support
4. Institute supervision training programs and requirements to successfully develop direct care supervisors
5. Establish an innovative fund and state-level advocate to improve recruitment and retention among the direct care workforce

6. Build a robust data collection system and produce new research to analyze the direct care workforce at the state and local levels
7. Create a long-term, state-sanctioned workforce and leadership program to strengthen the contributions of direct care workers
8. Launch demonstration projects and a policy workgroup to maximize the relationship between family caregivers and home care workers
9. Construct a matching service registry that connects home care consumers and workers within a state

By addressing these recommendations, state-based social insurance programs provide a promising strategy for overcoming the policy barriers facing direct care workers, ensuring that consumers can access the support they require from a high-quality, properly supported workforce.
Cultural and Linguistic Incompetence

Too few LTSS providers offer services or workplace supports that are culturally and linguistically appropriate for their populations.

Persistent disparities in the workforce, in LTSS and in society at large

‘Universal’ workforce solutions don’t work equally for everyone

Limited race-explicit workforce solutions—among others

Lack of cultural & linguistic competence across LTSS system

SOURCE: Espinoza (2017). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Limited Technology Uptake

Technology advances are transforming the LTSS field—but are they moving too quickly to prevent harm and maximize the benefits?

**Pros**
- Technology can improve LTSS supports, facilitate independence, enhance jobs
- Technology can maximize efficiencies and save the LTSS system money
Limited Technology Uptake

Technology advances are transforming the LTSS field—but are they moving too quickly to prevent harm and maximize the benefits?

Pros
Technology can improve LTSS supports, facilitate independence, enhance jobs

Pros
Technology can maximize efficiencies and save the LTSS system money

Cons
Technology can harm people as consumers and as workers

Cons
Technology aims to replace workers—cannot replicate empathy & compassion
Technology: Supporting the Workforce

Technology can ensure that the workforce is properly trained, messages are widely disseminated, and clients and workers find each other.
Technology: Supporting the Workforce

Technology can ensure that the workforce is properly trained, messages are widely disseminated, and clients and workers find each other.

- eLearning & Virtual Training
- Digital & Social Media
- Eldercare & Home Care Startups
- Matching Service Registries

Workers can use handheld devices to report and manage health conditions, risk factors & stressors in the home.
Matching Service Registries in the U.S.

Matching service registries gather information about the consumer’s needs and preferences—and the worker’s availability, skills, and preferences.

- 24 nonprofit registries
- 19 states
- 22 rely on public funding
- 11 share online platforms

SOURCE: PHI (2018). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Coalitions and task forces at the state level have led major policy reforms in LTSS, but are they insufficiently funded and too few in number?

Few resourced statewide LTSS initiatives— that gather diverse stakeholders

History of LTSS state policy reforms sparked by coalitions

SOURCE: Cook (2017). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Lack of Public Awareness and Support

Policy reform often requires a shift in public awareness and support, yet the infrastructure to educate the public remains malnourished.

- Little awareness about LTSS workforce crisis—much less solutions
- Thought leaders become invested in LTSS workforce when personally affected
- Few resourced public education & advocacy initiatives
- Inadequate media coverage on LTSS workforce

SOURCE: Espinoza (2017). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
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What Does This Mean for Us?

Whether the field is aging, medicine, health, or another related industry that interfaces with people accessing LTSS, here's what you should know.

- Growing & changing demographics
- The future of healthcare is team-based & interdisciplinary
- People have non-medical needs and broader aspirations
- People are part of complex systems and larger communities
Low Wages, High Poverty: Home Care Workers

Low wages and irregular schedules make it difficult to retain and recruit workers in this sector. As a result, turnover remains high.

- Increase wages for direct care workers
- Account for "benefit cliffs" and "benefit plateaus"
- Offer financial literacy and counseling programs
Limited Training or Career Advancement

The training infrastructure for direct care workers doesn't equip them with the skills, knowledge, confidence, or career paths they need.

- Standardize training for direct care workers
- Strengthen training quality
- Support & disseminate effective e-learning models
- Implement advanced roles
Recruitment & Retention Challenges

LTSS employers are increasingly struggling to find and keep direct care workers, especially in an economy where they have other job options.

- Commission a statewide study on recruitment and retention
- Form a recruitment and retention innovation fund
- Establish a state-level direct care advocate
Marginal Data on the Workforce

States rarely collect proper data on the LTSS workforce, which prevents leaders from targeting high-need areas with appropriate interventions.

- Establish the infrastructure to systematically collect data on the direct care workforce
- Centralize training and certification records of direct care workers
- Fund original studies on the direct care workforce
4

PHI Recommendations for Older Americans Act Reauthorization
Should the Aging Network and policymakers better train older workers to become direct care workers?
OLDER WORKERS IN DIRECT CARE

1 in 4 direct care workers is 55+
848,000 workers
Address the Workforce Shortage

2

Should the Aging Network and policymakers acknowledge gaps in the home care workforce—and craft plans to address those gaps?
Should policymakers create and fund matching service registries that connect workers with consumers?
PHI Matching Services Project

We track matching service registries throughout the country, which “match” consumers who need home care with workers—based on needs, preferences, and availability.
Focus on Recruitment & Retention

4

Should policymakers fund and replicate innovative recruitment and retention strategies for home care workers?
The Direct Creation, Advancement and Retention of Employment (CARE) Opportunity Act

What it does
Invests in strategies that promote recruitment, retention, and advancement opportunities for direct care workers.

Why it’s needed
The poor quality of direct care jobs leads to high turnover among workers and sub-standard care for older adults and people with disabilities.

"The Direct CARE Opportunity Act will support innovative strategies to recruit, retain, and support our nation’s direct care workers."

REP. ROBERT C. "BOBBY" SCOTT (D-VA)
THE PREMISE

The field raised a flag on the growing workforce shortage in home care. Nurses were leaving their jobs—and this sector—soon after they started, leaving families and supports. The workforce shortage grew bigger by the year, spreading across the country, touching millions. Faced with this reality, PHI asked: what should we do?

In February 2017, PHI launched a public education campaign to tackle this problem, one idea at a time. One year later, the vision has gained traction in the long-term care field, online, and in the press—and leaders across the spectrum are playing a role in finding solutions.

HERE’S A RECAP OF THE FIRST 30 ISSUES

Visit 60CaregiverIssues.org to read these issues and learn more about our campaign.

Follow the conversation online at 60CaregiverIssues.
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8 Consider how benefits affect earnings, p. 7 9 Create an advanced role to improve care, p. 7 10 Support immigrants in the direct care workforce, p. 7
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The future of U.S. caregiving: High demand, scarce workers

Provider
Caregiver Shortage Reaches Critical Stage

Finding Solutions to the Growing Caregiver Crisis

The elderly and the disabled wait desperately, helplessly for care that isn’t coming

How #60CaregiverIssues Aims to Transform Home Care

The workforce shortage has reached long-term care. We should act
PHI Receives 2018 Communicator Award for #60CaregiverIssues Campaign

BY ROBERT ESPINOZA | MAY 21, 2018

The Academy for Interactive Visual Arts (AIVA) has awarded a 2018 Communicator Award to PHI for its #60CaregiverIssues campaign focused on the worsening caregiver shortage.

The Communicator Awards is the largest and most competitive awards program honoring creative excellence for communications professionals. The awards are overseen by AIVA, an organization made up of more than 600 members from across the visual arts, including representatives from Condé Nast, Disney, Starbucks, and Yahoo, among others.

#60CaregiverIssues received an Award of Distinction in the “Integrated campaign” category. According to AIVA, more than 6,000 entries were submitted for this year’s awards and approximately 20 percent received awards of distinction.
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Quality Care Through Quality Jobs

PHI works to ensure quality care for older adults and people with disabilities by creating quality jobs for direct care workers.

We believe that caring, committed relationships between direct care workers and their clients are at the heart of quality care.

These relationships work best when direct care workers receive high-quality training, living wages, and respect for the central role they play.
The Year of the Great Idea

What are the characteristics of a great idea? Does it solve a widespread problem that seemed intractable? Does it help decision-makers see the larger picture and connect all the dots? Does it inspire a community or a sector to act decisively—drawing people out of the well of defection?

In 2018, we are seeing many great ideas take hold for direct care workers—a workforce that has long served as the frontline of long-term care and as a lifeline for millions of people. Unfortunately, the poor quality of direct care jobs continues to drive away workers, threatening the availability of supports for older people and people with disabilities.

Here are some of the great ideas that emerged in 2018:

- Home care providers in Minnesota and Wisconsin co-launched initiatives to improve home care jobs across their states, particularly in rural areas.
- Throughout the country, advocates successfully moved policy measures to improve recruitment and retention, strengthen data collection, invest in caregiver training, and bolster the supports offered by family caregivers and volunteer caregivers—among other successes.
- Organizations published a range of reports related to direct care, while journalists deepened their investigation of this workforce, writing about social barriers, transportation barriers, and the effects of anxious sentiment on workforce supply to name a few.
- Our award-winning #CareMatters campaign came to an end, after generating headlines after headlines on the workforce shortage in home care, and rightfully positioning these workers at the center of the national discourse.

But we need more great ideas. Direct care workers deserve jobs that properly reflect the central role they play in our country’s care system. Older people, people with disabilities, and their families need quality supports. And long-term care must earn a larger investment with greater equity and access.

We’re a long way from achieving this reality, but the next great idea will move us one step closer.
THE DIRECT CARE WORKFORCE

STRENGTHENING JOBS, STRENGTHENING CARE

ROBERT ESPINOZA
VICE PRESIDENT OF POLICY
respinoza@PHInational.org

@EspinozaNotes
@PHInational

PHInational.org
60CaregiverIssues.org

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