



PHI

Quality Care
THROUGH
Quality Jobs

RAISE THE FLOOR

**QUALITY NURSING HOME CARE
DEPENDS ON QUALITY JOBS**

ACKNOWLEDGEMENTS

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We'd like to thank the W.K. Kellogg Foundation for supporting our work to “raise the floor” for direct-care workers, and SEIU for identifying nursing assistants willing to share their stories.

As this report shows, nursing assistants are the foundation of our system of long-term services and supports. Quality care is rooted in the compassion and skill they bring to their jobs each day. We thank them for doing this essential work, and remain committed to improving compensation, training, and support for all direct-care workers.



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“We deal with loss regularly, short staffing, unreasonable workloads, inconsistent supervisors, and earn very little money. ...But it is equally true that this job will teach you about life, people, who you are, and who you want to be if you are open to it. It has taught me to adapt, rally, recover, accept loss, and is a consistent reminder of how grateful I am for my life.”

— ALICE, CNAEDGE.COM, “7 THINGS TO KNOW ABOUT BEING A CAREGIVER IN LONG-TERM CARE”

EXECUTIVE SUMMARY

Each day nearly 650,000 nursing assistants go to work in nursing homes where they attend to the needs of people who—as a result of age, illness, or disability—need assistance with the daily tasks of living. This workforce is almost entirely female (91 percent), and the majority (53 percent) are African American, Latino, or other racial/ethnic minorities.

The jobs these women do are some of the toughest jobs imaginable: providing intimate bodily care, lifting and carrying, and giving emotional support to individuals who may not have family or friends nearby, or who may suffer from depression or memory loss. Not only is this direct-care work physically and emotionally draining, extrinsic rewards are minimal: the jobs pay poorly, supervisory support is rare, and training and career paths are limited.

NURSING ASSISTANTS EARN NEAR-POVERTY WAGES

Nursing assistants earn a median hourly wage of \$11.51, meaning half of the workforce, literally hundreds of thousands of nursing assistants, earn less than this hourly wage. As a result of part-time hours and erratic scheduling, yearly earnings average just \$19,000. Nearly half of nursing assistants live in households earning less than 200 percent of the federal poverty level. One in three relies on public benefits to supplement their earnings to help support their family.

Despite the high demand for nursing assistants and the crucial role they play in resident care, nursing assistant “real” wages, adjusted for inflation, have decreased by 7 percent over the last decade.

DEMOGRAPHIC CHANGES ARE INCREASING THE DEMAND FOR NURSING HOME CARE

Over 1.3 million older adults and people living with disabilities reside in nursing homes today. As the large generation of post-World War II baby boomers enters their retirement years, there will be significant growth in the demand for long-term services and supports. The largest growth will be among the over-85 population, those most likely to suffer from diseases such as Alzheimer's and most in need of nursing home care. Over three decades, this population will grow from 6.3 million to 18 million.

The key to delivering quality person-centered services is a skilled, committed direct-care workforce.

At the same time that the number of elders is growing, the number of adults in the “caregiving generations” is not keeping pace. With fewer family caregivers available, there will be increased pressure on our systems of long-term services and supports, but nursing homes are ill-prepared to provide the high-quality care our families and communities expect.

LOW PAY AND POOR QUALITY JOBS ARE PRECIPITATING A CARE CRISIS

The key to delivering quality person-centered services is a skilled, committed direct-care workforce. Yet as a result of low pay, as well as insufficient staffing levels, inadequate training, and limited on-the-job support, nursing home employers can neither recruit nor retain qualified nursing assistants. Not only is turnover extremely high—

more than 50 percent of the workforce turns over annually—but it is becoming increasingly difficult to fill vacant positions.

Unstable staffing undermines quality of care in nursing homes. The best care is delivered by a consistent team of experienced caregivers who know their residents well. Nursing homes must begin to invest in their workers today, to end the cycle of turnover and improve care—but also to ensure that they are positioned to meet future demand for safe, 24-hour care.

INVESTING IN AMERICA'S NURSING ASSISTANTS

It is time to “raise the floor” for nursing assistants. Growing and stabilizing the workforce requires paying competitive wages, while also providing health coverage and consistent shifts with full-time hours. Additionally, to stem the cycle of turnover, workers need better training, support, and opportunities for professional growth.

Nursing homes are dependent on public funds—both Medicaid and Medicare—which provide more than half of nursing home revenues. Therefore, better jobs necessitate both public and private investment. To raise the floor for nursing assistants—and ensure quality care for all nursing home residents—this paper calls for new public investment, along with greater accountability, to ensure that funding is directed to the needs of frontline workers rather than administrative overhead and nursing home profits.

“It’s hard physically, mentally and emotionally.
To be successful, you need to be prepared for what
you can control, but more importantly, you need
to be prepared for what you cannot control.”

— MARIBEL RODRIQUEZ, WATERBURY, CONNECTICUT

INTRODUCTION

Each day nearly 650,000 nursing assistants go to work in nursing homes across the United States, where they attend to the needs of people who—as a result of age, illness, or disability—need assistance with the daily tasks of living. Nursing assistant jobs are some of the toughest jobs imaginable: providing intimate bodily care, lifting and carrying, and giving emotional support to individuals who may not have family or friends nearby, or who may suffer from depression or memory loss. Not only is this direct-care work physically and emotionally draining, extrinsic rewards are minimal: the jobs pay poorly, supervisory support is rare, and training and career paths are limited.

This paper argues that it is time to “raise the floor” for nursing assistants as well as other support staff, the mostly female workers who are employed by our nation’s nursing homes.¹ The majority of these underpaid workers don’t earn enough to provide the basic necessities for themselves and

their families, despite the critical role they play in supporting and caring for people who require 24-hour skilled nursing care.

The low pay and generally poor quality of direct-care jobs—the primary focus of this paper—impacts not only nursing assistants and their families, but every one of us who may now, or in the future, need nursing home care for ourselves or our loved ones. As a result of poor-quality nursing assistant jobs, vacancies are growing and turnover is high, undermining the continuity and quality of care for nursing home residents.

In the face of a rapidly aging population, this situation is untenable. To meet the growing need for long-term services and supports, nursing homes must strengthen and stabilize their caregiving workforces by providing quality jobs. Creating better jobs for nursing assistants will mean better care for the millions of aging Americans today—and in the decades to come.

“My fiancé, Josh, and I work together on the second shift in a nursing home in Erie [PA]. We assist residents with their evening routine and get them ready for bed. While we’re at work a babysitter is caring for our two boys.

It’s difficult, but I love what I do. I like to go home at the end of the day and know I made a difference and made someone smile.

We don’t get paid that much, so Josh and I each pick up 12 hours of overtime a week to help make ends meet. It’s like another part-time job on top of our full-time job. Josh is going to school too, to become a registered nurse. That should help with paying the bills.

Working extra hours means we don’t get to see our kids as much as we’d like. I did get to see the little one’s first steps, but other than that, the babysitter is the one who sees everything.”

— KAYLEY WESTFALL, VENANGO, PENNSYLVANIA

NURSING ASSISTANTS EARN NEAR-POVERTY WAGES

Nursing assistants form the backbone of the U.S. nursing home workforce, representing 65 percent of the nursing staff in over 15,000 facilities.² These workers wake residents in the morning and put them to bed at night; ensure residents are bathed, groomed, and dressed; lift them from their beds; and take them to meals, activities, and various therapy and

medical appointments. Nursing assistants are there when a resident needs to go to the bathroom, needs a glass of water, or would like help getting outside to see the sunshine. Throughout the day, nursing assistants provide the physical, social, and emotional support that is essential to the well-being of the people in their care.

LOW HOURLY WAGE

For this extraordinarily challenging work, these workers earn extremely low wages. Nationally, direct-care workers employed in nursing homes earn a median wage of \$11.51 per hour, meaning half of the workforce, literally hundreds of thousands of nursing assistants, earn less than this hourly wage. This compares to a national median wage for all occupations of \$17.09 per hour.³ Notably, over the last decade, real wages for nursing assistants (adjusted for inflation) have decreased by 7 percent (see Figure 1).⁴

FIGURE 1 | Nursing Assistants have seen their inflation-adjusted hourly wages decline over the past decade.

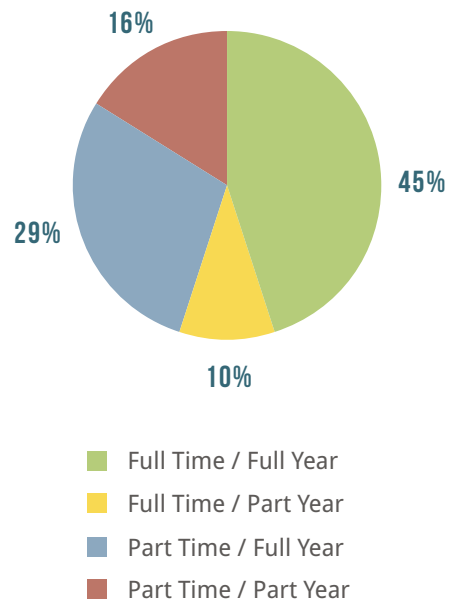


SOURCE: U.S. DOL, Bureau of Labor Statistics, Occupational Employment Statistics (2015, March 25). May National Employment and Wage Estimates United States, 2004 to 2014, adjusted for inflation using the Consumer Price Index for urban wage earners and clerical workers (1982-84=100).

ANNUAL EARNINGS REDUCED BY PART-TIME HOURS

Median annual earnings for nursing assistants — \$19,000⁵ — reflect not only low hourly wages but also part-time hours. Less than half the workforce (45 percent) has full-time, year-round work (see Figure 2). There is also evidence of erratic scheduling, with more than half of the workforce (55 percent) reporting overtime hours in the past year.⁶ This volatility often results from the need to fill shifts at the last minute when inadequate staffing levels are exacerbated by high turnover and absenteeism.⁷

FIGURE 2 | Less than half of nursing assistants work full-time throughout the year.



SOURCE: PHI analysis of the American Community Survey, U.S. Census Bureau (2015). 2014 ACS 1-year PUMS.

EMPLOYER-SPONSORED HEALTH COVERAGE OUT OF REACH

In addition to earning extremely low annual incomes, nursing assistants are less likely than workers in other occupations to have employer-based health coverage. Just over half of nursing assistants (55 percent) have health coverage through their employer or through a labor-management health fund, as compared to 69 percent of the nation's workforce overall.⁸ Even when offered coverage, low wages make it difficult for nursing home workers to pay high monthly premiums, copays, and deductibles.⁹

FAMILY INCOME OFTEN SUPPLEMENTED BY PUBLIC ASSISTANCE

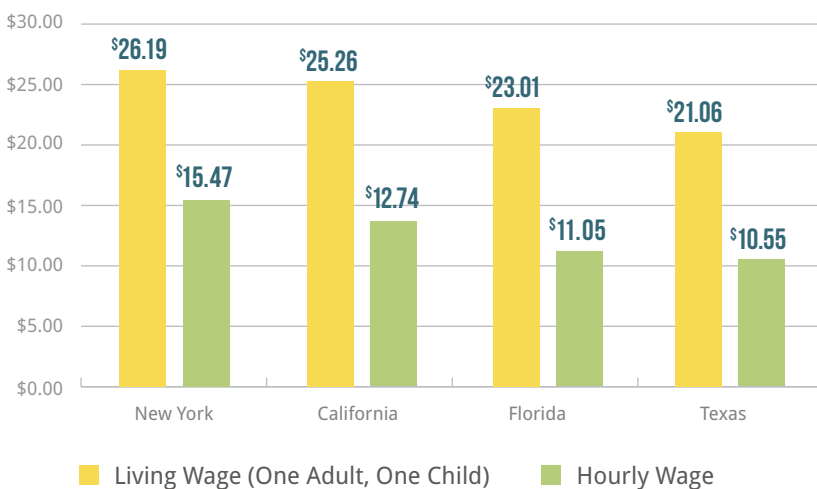
Nursing assistants often struggle to support their families. Nearly one in five nursing assistants (17 percent) lives in a household below the federal

poverty line.¹⁰ Approximately half (49 percent) live in households in which wage-earners make combined incomes totaling less than 200 percent of the federal poverty level.¹¹ With wages this low, many nursing assistants struggle to afford housing along with heat and electricity, food, transportation, child care, and medical expenses.

One measure of the cost of these basic necessities is the "living wage."¹² When using this measure, direct-care worker wages also fall short. On average, nursing assistants earn 47 percent less than the living wage for a household of two (one adult and one child) in every region of the country (see Figure 3).¹³

To make ends meet, many nursing assistants rely on public assistance. Medicaid, food stamps, and cash assistance provide additional support for one in three (38 percent) nursing assistant households.¹⁴ These programs provide an important safety net, but they are no substitute for a living wage and the economic stability that comes with the capacity to manage everyday expenses and to save for emergencies, college, and retirement.

FIGURE 3 | Nursing assistants do not earn a living wage.



SOURCE: U.S. DOL, Bureau of Labor Statistics, Occupational Employment Statistics (2015, March 25). OES Research Estimates by State and Industry; Glasmeier, A. K. (2014). Living Wage Calculator. Poverty in America, Boston, MA: Massachusetts Institute of Technology.

“The CNAs and nurses at Isabella, they have been there so many years. They all have that attitude that we are there to do an amazing job: to help people get better.”

— GLADYS BAUTISTA, NEW YORK, NY

WHY NURSING ASSISTANT WAGES REMAIN LOW DESPITE DEMAND

Despite their vital role in resident care, nursing assistants are undervalued and underpaid. The reasons are multiple: their jobs are tagged as unskilled, entry-level positions; employers often provide less than full-time hours; and in many parts of the country, there is little accountability for how nursing homes spend public reimbursements (Medicaid and Medicare) that pay for the majority of nursing home residents’ care. In addition, a long history of racial and gender discrimination has resulted in a further devaluing of nursing home work, which is done primarily by women of color.¹⁵

UNDERVALUED ENTRY-LEVEL, PART-TIME JOBS

The traditional nursing home organization, developed in the 20th century, is based on the “medical model,” which places a high value on licensed medical staff and establishes a strict

hierarchy among employees. Nursing assistants, as well as support staff, are at the bottom of that hierarchy. The poorest paid workers staff the laundry, kitchen, and housekeeping departments (see Figure 4 on next page).

The employment model for nursing assistants presumes that they are entry-level workers. As such they are seen as a cost to be managed rather than an asset in which to invest: the best workers are headed for nursing careers and the others are unskilled and easily replaceable.

The reality, however, is different. Nursing assistants have become the primary providers of resident care—an entirely different professional role from that of nurses and one that is a long-term career for hundreds of thousands of women.¹⁶ Many aides prefer their jobs to nurses’ medical and administrative roles, but the presumption that direct care is not a career devalues this work and contributes to low hourly wages. Rather than

FIGURE 4 | **Workers in support occupations earn the lowest wages.**

OCCUPATIONAL TITLE	NUMBER EMPLOYED IN NURSING HOMES, 2014	MEDIAN HOURLY WAGE
Food and Beverage Serving Workers (35-3000)	62,540	\$9.38
Food Preparation Workers (35-2021)	29,440	\$9.58
Laundry and Dry-Cleaning Workers (51-6011)	26,040	\$9.87
Building Cleaning Workers (37-2010)	89,760	\$9.96
Cooks (35-2010)	50,300	\$11.16
TOTAL	258,080	

SOURCE: Bureau of Labor Statistics, Occupational Employment Statistics program, Limited to industry 631000, Nursing Care Facilities.

building nursing assistants’ skills and loyalty—through quality training, regular schedules that provide full-time work, and living wages—nursing home executives and administrators keep the wage floor low for these positions and accept the consequences of high turnover. Unfortunately, nursing home residents and their families ultimately pay the price when constant staff turnover compromises care.

LIMITED PUBLIC FUNDING

Long-term care in the U.S. is primarily financed by public programs, in particular Medicare and Medicaid.¹⁷ Overall, in 2014, more than \$80 billion was spent by public programs on nursing facility care: \$52 billion from Medicaid, and \$29 billion from Medicare.¹⁸

Medicaid, one of the largest budget items for states, pays for the care of two out of every three nursing home residents. Thus, the pressure to

balance state budgets by reining in Medicaid costs can impact nursing home employers. In 2014 the average cost of a nursing home stay was \$220 per day; however, the average Medicaid reimbursement rate was only \$186 per day.¹⁹

Such inadequate reimbursement can negatively impact worker compensation, staffing levels, and care quality.²⁰ At the same time, it is important to recognize that, as a result of limited transparency, it is difficult to assess how nursing homes spend the public dollars that are their primary source of revenue. Most states do not require public reimbursements to be spent primarily on the provision of direct and indirect care. Without accountability mechanisms, facilities may direct these funds to administrative overhead and profits, rather than appropriately compensating nursing assistants and other low-wage nursing home staff (see sidebar, The Nursing Home Sector).

THE NURSING HOME SECTOR

Nursing facilities remain a major setting for the delivery of post-acute and long-term care for many Americans and will continue to be as the aging population increases, even as other home and community-based services are expanded.

SIZE OF THE SECTOR

Despite growing utilization of home and community-based services, the number of nursing facilities has remained relatively constant over the past ten years: in 2014 more than 15,400 nursing homes across the country provided long-term services and supports, a nominal decrease from 16,100 in 2004.⁸¹ While the number of beds has also

remained relatively constant (1.7 million in 2004 compared to 1.6 million in 2014), occupancy rates declined over the past decade (86.3 percent in 2004 compared to 82.3 percent in 2014).⁸² On any given day, nursing homes across the country serve over 1.3 million residents.⁸³

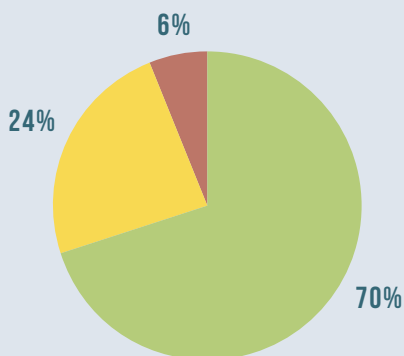
TYPES OF OWNERSHIP

Nationally, 70 percent of nursing facilities are operated by for-profit companies. In 2014, over half of all facilities were owned by chains, a percentage that has increased slightly in the past five years.⁸⁴ Non-profit nursing homes accounted for about a quarter of facilities in 2014—a number that has declined by 10 percent over the last five years.⁸⁵

In recent years many health care organizations have increased in size through mergers and acquisitions, in particular to expand into other lines of health care business to protect against environmental threats.⁸⁶ Nursing home chain affiliation has been shown to lower the likelihood of financial failure.⁸⁷

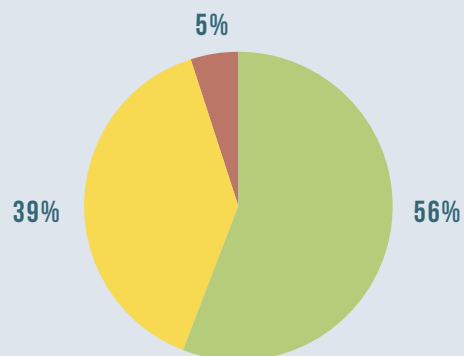
Several of the largest publicly held nursing home companies have been taken over by private equity firms that hope to benefit from the large assets held by chains and their potential for profitability.⁸⁸

FIGURE 5 | Nursing Home Ownership: For-Profit vs. Non-Profit, 2014



■ For-Profit ■ Non-Profit ■ Government

FIGURE 6 | Nursing Home Ownership: Chain vs. Independent, 2014



■ Chain-owned ■ Independent ■ Hospital-based

SOURCE: Harrington, et al. (2015). Nursing Facilities, Staffing, Residents and Facility Deficiencies 2009 through 2014. Kaiser Family Foundation. San Francisco: KFF.

FINANCING

Medicaid covers the cost of nursing home care for nearly two out of three nursing home residents (63 percent); however Medicaid—with an average reimbursement rate of \$186 per day—contributes only 32 percent to nursing home revenue.⁸⁹ Medicare patients account for just 14 percent of nursing home residents, with an average payment per day of \$411⁹⁰, and the remaining 23 percent pay privately either from personal assets, health insurance plans, or through private long-term care insurance plans. Overall, in 2014, more than \$80 billion was spent by public programs on nursing facility care: \$52 billion from Medicaid, and \$29 billion from Medicare.⁹¹

PROFITABILITY

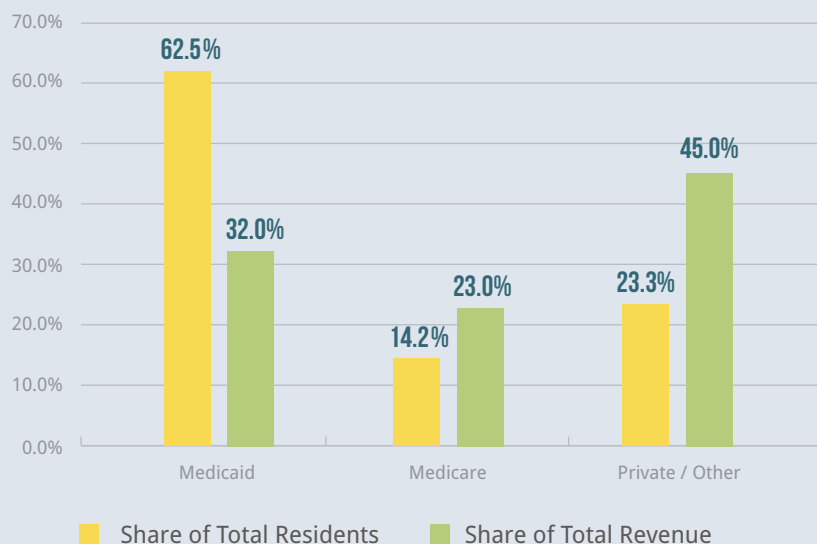
Profit margins in the nursing home industry average less than 2 percent across varied forms of ownership.⁹² However, for facilities that are primarily Medicare-funded and focused on post-acute rehabilitative services, the profit margins average around 13 percent.⁹³ Medicare margins have been over 10 percent for the past 15 years and are expected to remain so in 2016.⁹⁴ There is wide variation even among this segment of the industry, however: the top quartile report margins of 20 percent or more and the lowest quartile report margins of only 3 percent. Additionally facilities owned by private equity have higher profit margins, according to the Government Accountability Office.⁹⁵

QUALITY

Whether publicly or privately held, large, investor-focused enterprises have more incentives to cut costs to benefit investors, potentially at the expense of job and care quality.⁹⁶ Facilities owned by chains and other large entities, including private equity firms, are associated with higher numbers of deficiencies and poorer quality of care delivered.⁹⁷

Underfunded facilities, particularly those with higher shares of Medicaid funding, are also associated with lower quality measures, poorer staffing levels, and disparities by race and ethnicity in quality of care.⁹⁸

FIGURE 7 | Nursing Home Residents and Revenue by Payer



SOURCE: Harrington, et al. (2015). Nursing Facilities, Staffing, Residents and Facility Deficiencies 2009 through 2014. Kaiser Family Foundation. San Francisco: KFF; CMS (2014). National Health Expenditure Accounts, National Health Expenditures by Type of Service and Source of Funds: Calendar Years 1960-2014. [Dataset].

GENDER AND RACE DYNAMICS

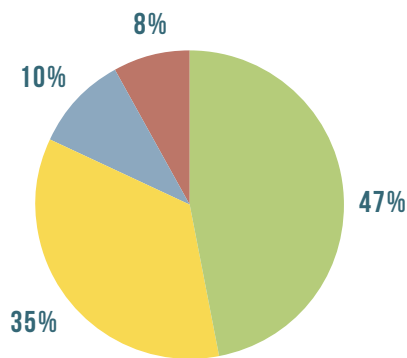
Direct care, similar to other caregiving occupations, is gendered work: 91 percent of nursing assistants are female.²¹

This workforce is also predominantly non-white (53 percent), with African Americans comprising 35 percent; Latino and Hispanic workers, 10 percent; and other people of color, 8 percent. Foreign-born workers comprise 20 percent of the workforce.²² The overrepresentation of African American women, who represent only 12 percent of the U.S. female workforce, is significant (see Figure 8).

Gender and racial discrimination contribute to both the composition of the nursing assistant workforce and to the continuation of low wages in this field. Care work is presumed to be the same “unskilled” labor that women traditionally provide for free in the home, giving it less value in the marketplace.²³ In addition, nursing homes have provided one of the few avenues of employment for women of color. With a preponderance of marginalized workers—caring for other marginalized groups, elders and younger adults living with disabilities—low wages and poor job quality are perpetuated across the industry.

FIGURE 8 | Nursing assistants are disproportionately from racial and ethnic minorities as compared to women in the workforce overall.

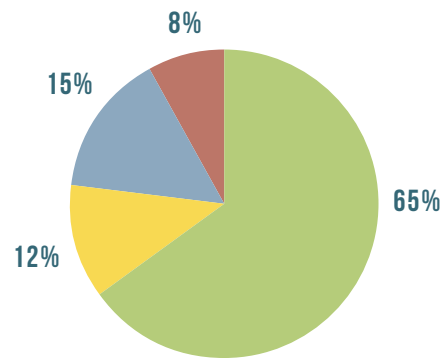
NURSING ASSISTANTS EMPLOYED IN NURSING FACILITIES



- White only, non-Hispanic
- Black only, non-Hispanic
- Spanish, Hispanic, or Latino
- Other or mixed, non-Hispanic

SOURCE: PHI analysis of the American Community Survey, U.S. Census Bureau (2015). 2014 ACS 1-year PUMS. Retrieved from <http://www.census.gov/programs-surveys/acs/data/pums.html>

WOMEN IN THE U.S. WORKFORCE



- White only, non-Hispanic
- Black only, non-Hispanic
- Spanish, Hispanic, or Latino
- Other or mixed, non-Hispanic

SOURCE: PHI Analysis of U.S. Census Bureau (2015). CPS 2015 Annual Social and Economic Supplement (ASEC). Retrieved from <http://www.census.gov/cps/data/cpstablecreator.html>, female civilian labor force, limited to individuals who worked in past 12 months.

“I worked with a young man who had a genuine calling for this field.... The day he left, our facility lost a gifted and dedicated caregiver and he had to walk away from a promising career because he literally could not afford to keep it.”

— ALICE, CNAEDGE.COM, “A VOW OF POVERTY”

WHY NURSING HOMES MUST END THE CYCLE OF LOW PAY AND HIGH TURNOVER

The traditional employment model for nursing assistants can be described as a “low investment/high turnover” paradigm. High rates of turnover are part of business as usual, despite the significant cost of recruitment and training—approximately \$3,500 per worker.²⁴ Current demographic trends, however, are making this model unsustainable. Nursing home employers are finding it increasingly difficult to fill vacancies, let alone grow their workforce to meet rising demand.

HIGH DEMAND: A GROWING OLDER POPULATION WITH HIGHER LEVEL OF NEED

The baby boomer generation is turning 65 at a rate of 10,000 individuals every day. As a result, the number of U.S. residents over 65 will grow by

84 percent between 2015 and 2050, from 48 million to 88 million.²⁵

More importantly, the population of people over 85 is poised to nearly triple during this time period, growing from 6.3 million today to 19 million by 2050.²⁶ These are the people most likely to need long-term services and supports in a nursing home setting. AARP reports that half of individuals over the age of 80 live with a severe disability, and one in three needs assistance with activities of daily living.²⁷ Though many will choose home and community-based services, a significant number will need the 24-hour skilled care provided in a nursing home setting.

Nursing homes increasingly care for people who have severe functional limitations.²⁸ For the majority, these limitations are age-related. Of residents, 42 percent are 85 or older, and another 27 percent are between the ages of 75 and 84.²⁹

Half of residents suffer from Alzheimer’s disease or other dementias, a condition that will grow proportionally with the over-85 population. The number of people with Alzheimer’s disease is expected to increase from 5 million today to 14 million in 2050, putting increased pressure on family caregivers as well as our system of long-term services and supports.

SHRINKING NUMBER OF FAMILY AND PAID CAREGIVERS

The growing number of older Americans, particularly the very old, needs to be considered alongside another demographic trend—that of a shrinking pool of available caregivers. Research has shown that the current “support ratio” in the U.S. is 7:1. That is, there are 7 adults between the ages of 45 and 64, the traditional age pool for family caregivers, for every adult over the age of 80, the age group most likely to need care. But in just two decades, that ratio will shrink to 4:1, and by 2050, will reach a low of 3:1.³⁰

A depleted pool of family caregivers will increase the need for paid caregivers in at-home settings as well as nursing homes. But the rate at which women ages 25 to 54, the traditional demographic of paid caregivers, are entering the labor force is also

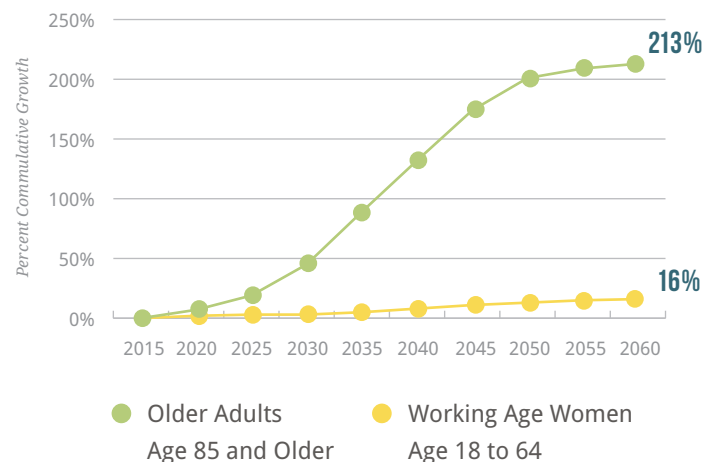
declining. The number of women in this age group entering the workforce increased by 11 percent between 1994 and 2014, but over the next 10 years, that number will grow by only 2 percent.³¹

The chart below shows the “care gap”—the population over age 85 is projected to grow by 213 percent by 2060, whereas the female working-age population will only grow by 16 percent over that time period.

The model of nursing home employment, which originated in the 20th century, is not sustainable in the 21st century.

This demographic shift is greater than any the U.S. has faced in the past. The model for nursing home employment, which originated in the 20th century when women entered the labor force in record numbers, is not sustainable in the 21st century. With fewer family caregivers and a heightened demand for long-term services and supports, the current labor pool is not vast enough to fill uncompetitive jobs in the nursing home sector.

FIGURE 9 | The cumulative growth in the 85+ population will exceed that of the working-age population by more than 10 times over the next 45 years, creating a “care gap” crisis.



SOURCE: U.S. Census Bureau (2015, March). Projections of the Size and Composition of the U.S. Population: 2014 to 2060 (USCB Publication No. P25-1143) Washington, D.C.

TURNOVER AND VACANCIES ON THE RISE

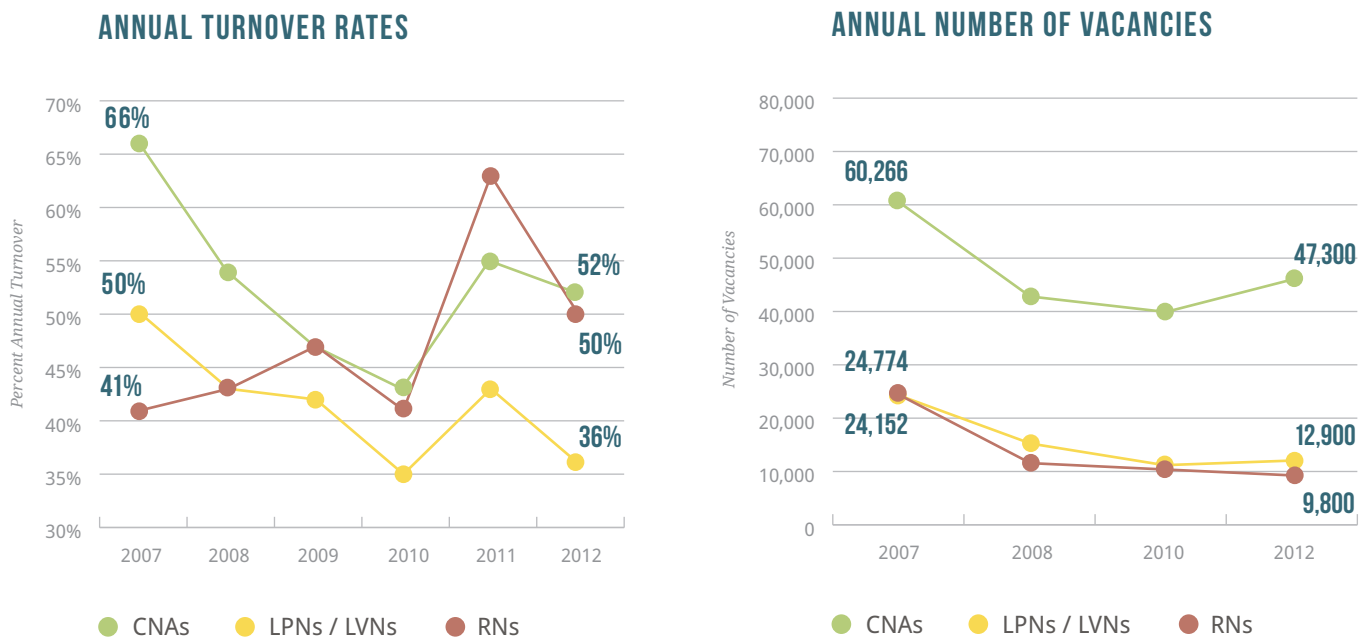
Historically, employment in nursing homes has tracked closely with the economy. In times of high unemployment, such as the Great Recession from 2007 to 2010, nursing home vacancy and turnover rates plummeted. It is in these times, without the competitive draw of higher wages and better employment conditions elsewhere, that nursing home workers are more likely to stay in their jobs.³²

But, as the economy has begun to recover in recent years, vacancies in nursing assistant positions have increased and turnover rates are climbing: workers are finding opportunities

outside of direct care, in industries with better wages and working conditions.³³ In 2012, when unemployment was 7.7 percent, average turnover rates for nursing assistants exceeded 50 percent.³⁴

Today—with unemployment at a low of 5 percent—nursing home employers report that recruitment and retention of nursing assistants is one of their greatest challenges.³⁵ Without sufficient numbers of experienced and skilled direct-care workers, quality care for people who are the most vulnerable—those in need of 24-hour care—is threatened.

FIGURE 10 | Turnover and vacancy rates for nursing home staff rise when the economy improves.



SOURCE: American Health Care Association. (2012). Staffing Reports, 2007 to 2012. Washington, D.C.

“Our training didn’t prepare us for working with residents who are sometimes angry or frustrated. If I had a better understanding of what can trigger an otherwise sweet lady to hit others, including those of us who are trying to help, I could help to prevent an incident from happening.”

— LAKESIA COLLINS, CHICAGO, ILLINOIS

WHY POORLY STRUCTURED JOBS UNDERMINE SUCCESS AND QUALITY OF CARE

For nursing assistants, inadequate compensation is one of several factors that contribute to the poor quality of their jobs. Other factors that impact workers’ success as caregivers, and their decisions to leave the field, are limited training, insufficient staffing, high rates of injury, and a lack of support in the workplace.

LIMITED TRAINING

To become a nursing assistant a worker must attend a pre-employment training program. Entry-level requirements, however, are minimal, and evidence suggests that inadequate preparation contributes to high rates of turnover.³⁶ Attracting nursing assistants to the field requires better pay—but keeping them requires sufficient preparation for an increasingly complex job.

For nursing assistants employed in Medicare- and Medicaid-certified nursing homes, state certification programs must meet or exceed the federal requirement of 75 hours of pre-employment training—barely two weeks—covering basic paramedical tasks. Only 16 hours of training is required to take place in a clinical setting.

The federal law governing these requirements has remained unchanged since its enactment in 1987. And yet, the U.S. has seen increased acuity among its nursing home resident population, as well as significant advances in knowledge related to dementia care, palliative care, behavioral health treatment, and client rights. In addition, the nursing assistant role has evolved into a distinct and vital position for resident care.

STRATEGIES FOR IMPROVING COMPENSATION AND JOB QUALITY

1. IMPROVE COMPENSATION

- Better wages for nursing assistants are essential to attracting and retaining sufficient numbers of skilled workers to ensure quality person-centered care for nursing home residents.
- Employers depend on public reimbursement, and these rates must adequately reflect the costs of labor. To ensure that employers invest in their workers, increases in reimbursement rates should be tied directly to wages and benefits for nursing assistants and other low-wage staff.
- Nursing assistants provide essential services to clients and their families, and their compensation should include access to health care, retirement, and other benefits that reflect the dignity of their work.

2. PROVIDE FULL-TIME JOBS AND CONSISTENT SCHEDULES

- Full-time hours are key to sustaining the impact of wage increases, reducing call-outs and understaffing, and improving the ability of low-wage workers to achieve economic stability.
- Consistent scheduling allows workers to manage family and other demands, reducing stressors that could negatively impact job performance and commitment.

3. STRENGTHEN TRAINING

- Training regulations must ensure nursing assistants receive the clinical and relational competencies needed to care for clients with increasingly complex and chronic health conditions—and should reflect the nursing assistant's role as the primary caregiver and a member of the care team.
- Methodology that is highly interactive, and specifically designed for adult learners who may have difficulty with traditional lecture formats, is essential to effective nursing assistant training.

4. ENSURE OPPORTUNITIES FOR ADVANCEMENT

- When nursing assistants are given opportunities to grow professionally through training and advanced roles, job satisfaction increases and turnover decreases.
- Experienced nursing assistants can provide valuable support to newer workers through advanced mentoring, coaching, and condition-specific roles, contributing to stronger workforce retention.

5. INVEST IN NEW MODELS OF CARE

- Investments in supportive supervision for workers and opportunities to participate in interdisciplinary teams have been linked to improvements in worker satisfaction and retention.
- The movement toward person-centered nursing homes, where residents have greater control over daily choices, has the potential to create more satisfying roles for nursing assistants and better quality care.

In 2008, the Institute of Medicine (IoM) issued a report recommending a minimum of 120 hours in pre-employment training for nursing assistants.³⁷ Since that time no change has been made in federal law, but about half of states now require more than 75 hours of training. One in four (13 states) requires between 120 and 180 hours.

While federal training standards have remained unchanged, nursing assistant jobs have become more complex. Not only has resident acuity increased, but behavioral health issues have become common.³⁸ Among long-term residents, 50 percent are diagnosed with Alzheimer’s disease or other dementias, while another 31 percent have psychiatric conditions such as schizophrenia and mood disorders.³⁹

Providing intimate daily care to people with cognitive challenges—as well as those with severe physical limitations—takes patience and skill. Nursing assistants need a high level of emotional intelligence as well as sophisticated communication skills. They must understand the complex health conditions of residents and be keen observers to recognize when a resident’s condition has changed. They must also know the rules of infection control and body mechanics to protect themselves and residents from illness or injury.

Nursing assistants who remain in the field develop this expertise on the job, usually through informal channels. Aside from a few union- and employer-based education and training programs and career ladders, formal opportunities for workers to learn and grow—to develop more in-depth knowledge of resident conditions such as dementia, or to improve communication and caregiving skills—are rare.⁴⁰ Requirements governing the quality of mandatory in-service training are paltry, and most nursing homes do the bare minimum to meet the requirements. Only a small number of nursing homes offer career paths, such as mentoring and advanced specialty positions, that are specifically designed to provide a senior role for nursing assistants.⁴¹

INSUFFICIENT STAFFING

Among advocates and nursing home workers themselves, the consensus is that nursing home staffing is inadequate to provide long-term residents with quality person-centered care.⁴² Research supports this conclusion, finding that insufficient staffing results in higher levels of turnover and undermines quality of care.⁴³ By our estimate, 75.6 percent of nursing homes fail to meet CMS-recommended nursing assistant staffing levels.⁴⁴

For nursing assistants, heavy workloads leave barely enough time to attend to activities of daily living, ensuring that residents are safe, clean, and fed. Typically, aides have no more than five minutes per resident to engage in conversation or other relationship-building activities that support not just quality care but meaningful and dignified living.⁴⁵

By our estimate, 75.6 percent of nursing homes fail to meet CMS-recommended nursing assistant staffing levels.

For nursing assistants who find meaning in making people’s lives better, these time constraints can lead to a sense of frustration or even failure. One former nursing assistant explains that for his colleagues “working short” means “being denied the opportunity to do more for their residents while being responsible for maintaining standards they can never hope to meet.”⁴⁶

Scheduling practices also have a significant impact on nursing assistant job satisfaction. According to one researcher, in high-turnover facilities, “schedules were more likely to be seen by everyone as chaotic, a place where you had to get your own as best you could, in a world of dog-eat-dog.”⁴⁷ When schedules are inconsistent and there is no flexibility to accommodate family needs, absenteeism is

higher, putting additional stress on those who don't call out. The workers who are left to pick up the slack eventually burn out, turnover increases, and the cycle continues.

HIGH RATES OF INJURY

As a result of inadequate training and short staffing, nursing homes have high rates of injury. New workers and those who cite poor job preparation are among those most likely to be injured, though all workers are at risk.⁴⁸

In 2014, nursing assistants were among the top six occupations (along with police officers, correctional officers, firefighters, construction workers, and truck drivers) with more than 300 injuries per 10,000 full-time workers, and had the greatest number of lost work days resulting from on-the-job injury.⁴⁹ Overall, injury rates for nursing assistants were three-and-a-half times the national average for all other occupations, and musculoskeletal injuries were nearly six times the national average.⁵⁰

Over half of nursing assistants who are injured (54 percent) report musculoskeletal injuries, usually the result of lifting or carrying a resident, but there are many other risks.⁵¹ Nursing assistants, for example, are injured by residents who engage in aggressive self-protection behaviors. A 2010 study found that in one month 35 percent of nursing assistants reported such injuries.⁵²

Elevated injury rates appear to be another factor in high rates of turnover. In a recent study of over 1,300 nursing home workers, three out of ten reported on-the-job injuries during an 18-month period. Injured workers were more likely to leave their jobs—either voluntarily or involuntarily—than non-injured workers.⁵³

INADEQUATE SUPPORT AND SUPERVISION

Research over the last 15 years has shown that leadership, supervision, and engaging nursing assistants through interdisciplinary teams can

make a significant difference in levels of turnover and quality of care.⁵⁴ Leaders who use a consensus style of leadership—in which they solicit and act on input from staff at all levels—build cultures where communication is valued and staff feel respected. To encourage more participation by nursing assistants in care planning and quality improvement, CMS has recently recommended that interdisciplinary teams include participation by nursing assistants.⁵⁵

For nursing assistants, feeling respected is a particularly important variable in job satisfaction and in decisions to leave or stay.⁵⁶ Studies indicate that nursing assistants are most likely to leave organizations that are highly centralized and authoritarian, providing nursing assistants with little chance for input into the care of residents.⁵⁷ In this type of organization, tensions between nurses and nursing assistants are common, particularly when nurses are dismissive of the knowledge and skills that nursing assistants bring to their jobs.⁵⁸

When the organizational culture devalues and disempowers nursing assistants, a downward spiral is created. Feeling disrespected, the nursing assistant fails to fully invest, which then reinforces the belief of the nurse supervisor that the nursing assistant does not make valuable contributions to the team.⁵⁹

Quality supervision can change these dynamics, but throughout the industry nurses are not necessarily prepared—or empowered—to invest in frontline staff. Overworked themselves, they most often see their supervisory role as enforcing disciplinary policies rather than “teaching, validating, praising, encouraging or being a reciprocal team member.”⁶⁰ But these practices, along with involving nursing assistants in care planning teams, culture change committees, quality improvement efforts, and mentoring new hires, have consistently been shown to reduce turnover and improve quality of care.⁶¹

“Everyone deserves a living wage. We can’t have people working two or three jobs just to make ends meet. When salaries in nursing homes are so low that people have to depend on public assistance to survive, that’s not right. By winning \$15, we all have a better shot at taking care of our families and being there for our residents. There’s still a long way to go, but it’s a step in the right direction.”

— MARIBEL RODRIQUEZ, WATERBURY, CONNECTICUT

POLICY SOLUTIONS

To improve the quality of care in our nation’s nursing homes, we must begin by investing in the workforce and creating better jobs for the hundreds of thousands of nursing assistants who provide the majority of resident care. For too long, these working women and men have been undervalued. Structures that disempower and disrespect direct caregivers create a negative feedback loop that undermines the quality of care for those who depend on them.

With better pay, better training, and opportunities to grow and learn and to contribute as members of a care team, nursing assistants have demonstrated that they can bring more value to their workplaces (see sidebar, Isabella Geriatric Center).⁶² At the same time, improved compensation reduces stress in the lives of nursing assistants and helps them invest in their children and their communities. Better jobs are a win-win for nursing

home residents and for hundreds of thousands of underpaid workers and their families across the country.

Private and public investment is necessary to raise the floor for nursing assistants. Payment reform must be combined with a commitment to higher wages, better training and support, and restructured jobs. Below we offer some concrete steps that can be taken to improve the quality of nursing home jobs.

WAGE STRATEGIES

With a median wage of \$11.51 per hour and average annual earnings below \$20,000, nursing assistants are squarely situated among our nation’s underpaid workers, earning in the bottom 30 percent of all wage earners in the U.S.⁶³ Across other low-pay sectors, advocates are calling for a \$15 per hour wage, which, if extended to nursing assistants and

other support staff, could begin to lift hundreds of thousands more workers out of poverty. At the same time, better wages would help nursing homes to recruit a more stable workforce, a necessary step toward providing better quality care to residents.

There are two major strategies for achieving wage increases for nursing home workers:

- **RAISING THE MINIMUM WAGE:** Though the federal minimum wage has not been raised in seven years, states and cities across the country have been making progress toward raising the floor for all workers.⁶⁴ At the beginning of 2016, 14 states increased their minimum wage through legislation or through automatic adjustments.⁶⁵ Since 2013, 31 municipalities have increased their minimum wage. The largest increases thus far are in the two states and seven cities that have voted to increase their minimum wage to at least \$15 per hour over the next several years.⁶⁶

Better jobs are a win-win for nursing home residents and for hundreds of thousands of underpaid workers and their families.

- **SECTORAL WAGE INCREASES:** A sectoral wage strategy focuses on raising wages for a particular group of workers. For example, President Obama raised the wage floor for government contract workers, and the Governor of New York recently approved a wage floor of \$15 for fast-food workers.

In Massachusetts and Oregon, independent provider home care aides working in their state's Medicaid-funded consumer-directed programs have established \$15 per hour wage floors through collective bargaining. Similarly, some union nursing home workers in Connecticut, Minnesota, and Pennsylvania recently signed contracts that will increase their starting wages to \$15 per hour.

In New York City, union facilities pay over \$17 per hour to nursing assistants and support workers.

The vast majority of nursing home workers, however, are not represented by unions. These workers would benefit from sectoral strategies that help draw attention to the specific wage and job quality issues in this service sector.

The benefits of higher wages are numerous. Not only will better wages benefit nursing home workers, the residents they care for, and their employers, but studies demonstrate that every \$1 per hour increase in compensation for low-wage workers generates an additional \$1.20 in increased economic activity.⁶⁷ That is, better wages provide an economic stimulus for the communities and small businesses in which these workers live.

The cost of higher wages is offset by other gains as well. First, high turnover costs nursing home employers billions of dollars annually. To train and replace one new worker costs as much as \$3,500; such costs add up to \$6 billion across all long-term care settings.⁶⁸ This money would be better invested in the wages necessary to attract and retain workers over the long term.⁶⁹

Higher wages would also reduce nursing assistants' reliance on public assistance. According to one analysis, a dollar more per hour wage increase for workers earning less than \$12.16 (which includes more than half of all nursing assistants) reduces reliance on public assistance by 3 percentage points and provides an annual savings to the government of \$190 per worker.⁷⁰

PAYMENT POLICIES

Medicaid and Medicare pay for the care of more than two thirds of nursing home residents. This means that nursing homes are more limited than other businesses in their ability to cover higher wage costs through higher pricing. Consequently, better compensation will require reimbursement rates reflective of the true labor costs associated with high-quality jobs, and accountability for how

those dollars are spent. There is already some movement in this direction. While reimbursement rates under Medicaid have been relatively flat over the past several years—28 states had rate freezes in 2012—in 2015, 40 states saw increases in Medicaid reimbursement rates to nursing homes.⁷¹

Increases in reimbursement must be targeted specifically toward compensation and job quality improvements.

For increases in reimbursement to have the desired impact, however, they must be targeted specifically toward compensation and job quality improvements for nursing assistants and other frontline workers. In addition, accountability mechanisms should ensure that such investments are spent appropriately and not directed to administrative and overhead costs.

Among the mechanisms that can be used to direct reimbursement increases to wages and improve accountability for the use of government funds are:

- **WAGE PASS-THROUGH PROGRAMS:** A wage pass-through directs an increase in public reimbursement to a specific group of employees, in this case nursing assistants and other support workers. National evaluation of the efficacy of this strategy has demonstrated a 12 percent increase in wages for nursing home workers in states that adopted wage pass-through programs over a seven-year period compared to those that did not.⁷²

- **VOLUNTARY SUPPLEMENTAL PAYMENTS FOR IMPROVING WAGES:** In this scenario, employers apply for additional funding from state Medicaid systems specifically to cover the cost of providing additional wage increases. Accountability mechanisms include state audits of the use of funds and penalties if funds are not used appropriately.

Both Connecticut and Texas have implemented mechanisms to enhance nursing assistant wages through voluntary supplemental payments.⁷³

- **DIRECT-SERVICE REQUIREMENT:** Another method for directing wages to frontline workers is to require that a certain percentage of the reimbursement rate be applied toward direct services as opposed to administrative salaries and other overhead expenses. A bill introduced in the Illinois legislature would do just that—requiring nursing homes to direct 50 percent of Medicaid reimbursements to workers providing direct services, including nursing assistants and other low-wage personnel.⁷⁴ This legislation would also provide a special “living wage certification” to nursing homes that pay all workers more than \$15 per hour.

- **GREATER TRANSPARENCY:** States could require nursing homes to report on minimum hourly wages by job classification, rather than “average” wages. Current cost reports inflate wage information by averaging wages of new hires with long-term workers and by including overtime hours. It is important for residents, family members, and the public to know the real wages paid to nursing assistants and other frontline workers such as those who staff laundry, kitchen, and housekeeping departments. Legislation introduced in Pennsylvania would make minimum wage rates paid to employees publicly available, and create a “living wage certification” program.⁷⁵

HEALTH BENEFITS

Access to affordable health insurance coverage is an essential component of a high-quality job. Under the Affordable Care Act (ACA), nursing home employers are required to provide access to coverage for workers who are employed 30 or more hours per week. Unfortunately, this may incentivize nursing homes to make nursing assistant jobs part-time or, at best, to offer minimal health coverage to meet the ACA’s employer mandate requirements.

“We have always been workforce-oriented, always about creating opportunities for self-advancement.”

— Hope Miller, Vice President of Care Services at Manhattan’s Isabella Geriatric Center

In recent years, the engine powering Isabella Geriatric Center’s worker-focused culture has been the Labor Management Project (LMP), a unique collaboration between SEIU1199, the labor union that represents many of New York’s healthcare workers, and managers and supervisors in the city’s unionized nursing homes and hospitals. “We felt that if labor and management could get together and really talk about what it is we need to do together, our constituents—workers and consumers—would end up being served in the best way possible,” says Hope Miller, vice president of care services at Isabella.

Since 2003, workgroups comprising certified nursing assistants (CNAs) and other staff represented by SEIU1199, supervisors, and management have met regularly to share ideas related to both better care and better jobs. Miller says that the LMP has “opened up possibilities of awareness of training opportunities through 1199,” essentially encouraging CNAs and others to pursue career advancement opportunities available to them both through their union and within Isabella.

Isabella has developed three career-advancement paths for CNAs—rehabilitation aide, clerical support staff, and patient care technician—all of which involve expanded responsibilities and a wage increase.

Gladys Bautista has recently trained to become a patient care technician. Bautista started at Isabella in 2006 as a volunteer, then got certified to be a CNA through Isabella’s training program, which is offered free to people in the community. In her role as a patient care technician, she will use her advanced clinical expertise to help improve quality measures and prevent unnecessary hospitalization for Isabella residents.

Isabella has also, since 2011, been involved in the PHI Coaching Approach to Communication, an innovative and immersive training designed to resolve conflicts productively and keep staff focused on providing quality care for residents. Miller says that staff’s experiences with the LMP, which continually emphasized the importance of training and communication skills, laid the foundation for PHI Coaching.

Isabella’s benefits also help it stand out from other nursing facilities. Certified nursing assistants are offered health insurance, paid time off, a pension plan, and an on-site fitness center. There is even a library on the Isabella campus, staffed by a librarian and stocked with computers and books on a variety of subjects. “When you’re working full time and trying to manage a family, having a space to get online and study is difficult,” Miller says. The on-site library “has been beneficial for a lot of the staff.”

All of these benefits add up to a more supportive work environment for Isabella’s CNAs, which is reflected in its turnover statistics. The turnover among Isabella CNAs was 16 percent in 2013, far below the national average of nearly 50 percent. Bautista says that the staff continuity is directly linked to better care for residents. “The CNAs and nurses, they have been there so many years,” she notes. “They all have that attitude that we are there to do an amazing job: to help people get better.”

In addition to ensuring employers have adequate Medicaid reimbursements and that these payments are targeted to improve wages and benefits for direct-care workers, states should increase access to publicly funded health coverage for nursing home workers who would be eligible through Medicaid expansion under the Affordable Care Act. Medicaid expansion has provided many more low-wage workers with access to quality health coverage, and yet 19 states have still not expanded their programs.⁷⁶ If these remaining states expanded coverage to all individuals with incomes below 138 percent of the poverty level, tens of thousands more nursing assistants could be newly eligible.⁷⁷

TRAINING

It is essential to address the training of nursing assistants to better prepare people to do their jobs and to stop the cycle of turnover. Federal training standards for nursing assistants in Medicare- and Medicaid-certified nursing homes must be modernized to reflect advances in the delivery of person-centered care, as well as the realities of the populations served in nursing homes today—those with behavioral health needs, cognitive decline, and those near the end of life.

Studies have shown that an increase in the number of mandatory training hours improves job satisfaction and decreases turnover.⁷⁸ Additionally, experts have identified additional competencies that new nursing assistants should be required to demonstrate and approaches to training that increase successful learning. Both federal and state policymakers can take action to improve training programs for nursing assistants through:

- **EXPANDING FEDERAL TRAINING REQUIREMENTS WITH REQUIRED COMPETENCIES:** As recommended by the Institute of Medicine, federal requirements should be expanded to 120 hours of pre-employment training. Expanded training should include building skills in communication, relationship building, and problem solving, and

also address competencies related to caring for individuals with dementia and other challenging behaviors. The 120 hours should be considered a floor, not a ceiling, and employers should determine the content of on-the-job education for nursing assistants to meet the needs of varied populations.

Federal training standards for nursing assistants in Medicare-certified nursing homes must be modernized to reflect advances in the delivery of person-centered care.

- **IMPROVING TRAINING DELIVERY:** The current delivery system for entry-level and in-service nursing assistant training is primarily defined by lecture or video formats that fail to engage learners and build skills. Evidence suggests the use of adult learner-centered techniques, including role plays and small group activities that require active participation, are the most successful in transferring skills.
- **STRENGTHENING IN-SERVICE AND ON-THE-JOB TRAINING:** The high level of acuity among today's nursing home residents, the changes in long-term care service delivery, and the focus on preventing hospital readmissions, all make it imperative that required in-service training provide a real path for continual learning and professional growth. One example of quality training for incumbent workers is the SEIU Healthcare Pennsylvania Training and Education Fund's 102-hour curriculum to better prepare nursing assistants to deliver person-centered care. Nursing assistants are given time off to attend the training, which was developed through a labor-management partnership; they receive an hourly wage increase once the training is completed.

• **INVESTING IN EDUCATIONAL PROGRAMMING TARGETED AT NURSING ASSISTANTS:** Many nursing assistants are reimbursed for training costs when they find employment, but many cannot afford the upfront cost to enter a training program. This represents a significant barrier to growing the workforce. A recent proposal in Massachusetts calls for the state to create a scholarship program to cover the full cost of tuition and certification testing for an approved certified nursing assistant training program. It also recommends making funds available to provide adult basic education and English as a second language training to scholarship recipients.⁷⁹

We recommend that states create advanced specialty roles that are transferable between employers.

ADVANCED ROLES

One of the structural problems with the nursing assistant role is the lack of a career path. To attract and keep qualified workers, there must be opportunities to advance professionally to positions with more responsibility and greater earnings.

Though some employers have created career advancement opportunities for nursing assistants, these are internal career ladders that are not recognized as a nursing assistant moves between employers. For example, New York City's Isabella Geriatric Center (see sidebar, p. 24) offers advanced education and three potential career paths: rehabilitation aide, clerical support staff, and patient care technician. While innovative, these advanced positions are unique to Isabella.

Therefore, we recommend that states create advanced specialty roles that are transferable between employers. Currently, a limited number of states offer advancement to the position of “medication aide.” Using this as model, states could create positions—with specific credentialing required—for other specialty or senior leadership roles that meet the growing need for aides with higher level skills.

Given the emphasis on coordinated care and reducing hospital readmissions and emergency department use across the health care sector, maximizing the value of the nursing assistants' knowledge is essential. Advanced roles that maximize participation in care team planning, family education and support, and communicating information during shift changes could improve care outcomes.⁸⁰

“Our residents depend on us, often for everything... We have to take away their cares and worries and return to them their dignity. It’s an incredibly hard task. Add to that the stresses of our own everyday lives... Add to that the low pay, the financial necessities that often have us working extra shifts or second jobs. As long as I’m an aide I have to accept that I’m at risk for burnout... This means I have two hard jobs before me... do my work well today and make sure I can do my work well tomorrow.

— MAY, CNAEDGE.COM, “FRUSTRATION AND FATIGUE”

CONCLUSION

Investments in our nation’s nursing assistant workforce are ever more critical as we face a looming care crisis: the number of adults who will need long-term care is ballooning, but the pool of people to provide it remains stagnant. While many older adults express a preference for home and community-based settings, for those who cannot be cared for safely at home, nursing homes remain the best option. We need to ensure that all nursing homes provide their residents a high-quality living environment along with quality care. That requires a well-trained, compassionate, and stable nursing assistant workforce.

To attract and retain nursing assistants, policymakers and employers alike need to envision how these jobs become a family-sustaining career comparable with those in other industries. Efforts to improve job quality across other low-pay sectors, therefore, must include nursing assistants and support staff along with home care aides, retail workers, and food service employees. Hundreds of thousands of nursing home workers and their families will benefit from raising the wage floor. At the same time, better wages stimulate local

economies, helping people to afford basic goods and services that may currently be out of reach.

But investments in nursing home jobs should not stop at compensation—modernizing the training standards to reflect the current and future role of these essential workers, offering high-quality adult learner-centered educational opportunities, and creating career ladders within the direct-care profession can further help to stabilize the workforce while providing added value to the system. More than \$6 billion is being spent annually on turnover across all long-term care settings, money which could be redirected towards improved wages and job quality. Additionally, public funds that account for 55 percent of nursing home revenues should be carefully accounted for, with any increases tied directly to improved compensation and training for direct-care workers. Such investments will help to stabilize nursing assistant jobs, making them more competitive with other industries, reducing turnover and vacancies, improving retention, and ultimately ensuring that our loved ones can access the quality care they deserve.

APPENDIX A:

NURSING ASSISTANT DEMOGRAPHICS*

Employment	649,260
AGE	
16-24	21%
25-34	26%
35-44	19%
45-54	18%
55-64	14%
65+	4%
Mean	38.51
Median	36.00
SEX	
Male	9%
Female	91%
RACE AND ETHNICITY	
White only, non-Hispanic	47%
Black only, non-Hispanic	35%
Spanish, Hispanic, or Latino	10%
Other or mixed, non-Hispanic	8%
Non-White	53%
CITIZENSHIP	
U.S. Citizen	92%
Foreign-Born	20%
MARITAL STATUS	
Married	34%
Widowed, Divorced, or Separated	23%
Never Married	43%
EDUCATION LEVEL	
High School or Less	51%
Some college or degree	49%

EMPLOYMENT STATUS	
Full Time/ Full Year	45%
Part Time or Part Year	55%
40 or more weekly hours	55%
HEALTH INSURANCE	
Health Insurance Through Employer	55%
Health Insurance Purchased Directly	8%
Public Coverage	22%
No Insurance	20%
PERSONAL EARNINGS	
Median Hourly Wage	\$11.51
Median Annual Earnings	\$19,000.00
FEDERAL POVERTY STATUS**	
<100% FPL	17%
<200% FPL	49%
<300% FPL	72%
PUBLIC ASSISTANCE	
Any Public Assistance	38%
Food Stamps	27%
Medicaid	19%
Cash Assistance	3%

SOURCES/NOTES: Employment and wage estimates are based on three occupations employed in nursing and residential care facilities (NAICS 623100): nursing assistants (SOC 31-1014), home health aides (SOC 31-1011), and personal care aides (SOC 39-9021). Median hourly wage for “nursing assistants” is a weighted average of the median hourly wages for these three occupations. U.S. Department of Labor, Bureau of Labor Statistics, Occupational Employment Statistics (2015, March 25). May 2014 National Employment and Wage Estimates United States. Retrieved from <http://www.bls.gov/oes/>

Demographic analyses are based on two census occupations employed in nursing care facilities (Census industry code 8270): nursing, psychiatric, and home health aides (Census Occupation Code 3600) and personal and home care aides (Census Occupation Code 4610). American Community Survey, U.S. Census Bureau (2015). 2014 ACS 5-year PUMS. Retrieved from <http://www.census.gov/programs-surveys/acs/data/pums.html>

*Nursing Assistant refers to all direct-care workers employed in nursing facilities: nursing assistants, home health aides, and personal care aides.

**Federal poverty level is determined at the household level, based on the actual household composition of the survey respondent.

APPENDIX B:

50-STATE EMPLOYMENT, WAGE, AND POVERTY DATA FOR NURSING ASSISTANTS

	Employment	Median Hourly Wage	Percent Under the Federal Poverty Level	Percent Under 200% of the Federal Poverty Level	Percent Relying on Public Assistance
Alabama	11,910	\$10.15	28%	67%	47%
Alaska	1,750*	\$17.48*	17%	18%	7%
Arizona	4,060	\$13.17	14%	47%	32%
Arkansas	11,070	\$9.97	26%	61%	41%
California	49,950	\$12.74	11%	40%	28%
Colorado	7,150	\$12.98	16%	45%	28%
Connecticut	13,550	\$14.57	12%	38%	38%
Delaware	1,850	\$13.26	12%	58%	41%
District of Columbia	1,140**	\$13.31	13%	43%	54%
Florida	39,080	\$11.05	15%	52%	35%
Georgia	14,550	\$9.81	24%	59%	42%
Hawaii	1,820	\$13.82	7%	21%	17%
Idaho	2,470**	\$9.36	13%	57%	36%
Illinois	26,870	\$11.09	18%	48%	40%
Indiana	17,820	\$10.65	19%	52%	34%
Iowa	12,720	\$11.30	22%	54%	35%
Kansas	7,880	\$10.76	22%	55%	32%
Kentucky	12,790	\$10.73	24%	59%	38%
Louisiana	10,060	\$9.10	34%	68%	50%
Maine	4,510	\$11.20	6%	41%	39%
Maryland	11,160	\$13.22	11%	37%	35%
Massachusetts	21,300	\$13.45	13%	38%	45%
Michigan	17,310	\$12.88	21%	54%	43%
Minnesota	14,860	\$12.22	20%	45%	33%

	Employment	Median Hourly Wage	Percent Under the Federal Poverty Level	Percent Under 200% of the Federal Poverty Level	Percent Relying on Public Assistance
Mississippi	6,860	\$9.84	24%	68%	43%
Missouri	18,140	\$10.29	23%	61%	43%
Montana	2,080	\$11.32	18%	56%	34%
Nebraska	5,310	\$11.35	18%	46%	24%
Nevada	2,000	\$14.06	18%	50%	18%
New Hampshire	3,090	\$13.10	7%	28%	19%
New Jersey	16,840	\$13.21	9%	33%	33%
New Mexico	2,740	\$11.57	27%	58%	46%
New York	43,600	\$15.47	12%	36%	34%
North Carolina	16,740	\$10.58	20%	54%	38%
North Dakota	3,970	\$13.92	12%	37%	21%
Ohio	36,570	\$11.04	21%	53%	35%
Oklahoma	8,130	\$10.11	21%	62%	44%
Oregon	4,420**	\$13.14	22%	60%	48%
Pennsylvania	26,040	\$13.01	13%	41%	32%
Rhode Island	4,700	\$13.14	11%	35%	31%
South Carolina	6,350	\$10.44	21%	63%	41%
South Dakota	2,980	\$10.57	18%	51%	28%
Tennessee	12,420	\$10.34	21%	57%	44%
Texas	34,290	\$10.55	23%	58%	39%
Utah	3,720	\$10.93	23%	49%	23%
Vermont	1,590	\$12.42	13%	24%	45%
Virginia	11,760	\$11.22	13%	44%	31%
Washington	8,410	\$13.35	18%	47%	40%
West Virginia	3,210	\$10.80	19%	55%	39%
Wisconsin	13,950	\$12.37	16%	45%	38%
Wyoming	780**	\$12.83	21%	51%	29%

SOURCES: Employment estimates and median hourly wages are from the Bureau of Labor Statistics, Occupational Employment Statistics Program 2014, and reflect data for SOC code 31-1014, Nursing Assistants employed in Nursing Facilities (NAICS 623100). Poverty and public assistance reliance estimates are from the U.S. Census Bureau, American Community Survey, 5-year PUM estimates 2010-2014. They are reflective of all direct-care workers (Nursing Aides, Psychiatric Aides, and Home Health Aides & Personal and Home Care Aides) employed in nursing facilities. Public Assistance refers to: cash assistance in the past 12 months, public health insurance coverage, and food and nutrition assistance.

*Represents all Nursing Assistants regardless of the industry in which they are employed.

**High percent relative standard error (>10%).

ENDNOTES

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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.

PHI's trainers, researchers and policy experts work together to:

- Learn what works—and what doesn't—in meeting the needs of direct-care workers and their clients, in a variety of long-term care settings.
- Share lessons through hands-on coaching, training and consulting, to help them deliver high-quality care.
- Support policymakers and advocates in crafting evidence-based policies to advance quality care.

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