

CREATING A STRONG
**DIRECT SUPPORT
WORKFORCE**

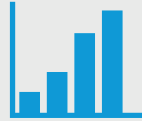
POLICY BARRIERS & OPPORTUNITIES

ROBERT ESPINOZA
VICE PRESIDENT OF POLICY

SEPTEMBER 13, 2018

About PHI

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



POLICY RESEARCH
Research &
policy analysis



CONSULTING
Training, coaching &
curricula design

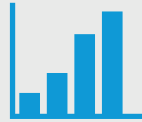


ADVOCACY
Federal, state & local
public education



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360° Perspective



ORIGINAL RESEARCH
Facts & trends,
objective information



PROVIDER 'LEARNING LAB'
In-the-field interventions,
rural & urban



NEW YORK CITY SYSTEM
Learn from thousands of
workers & consumers

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

24

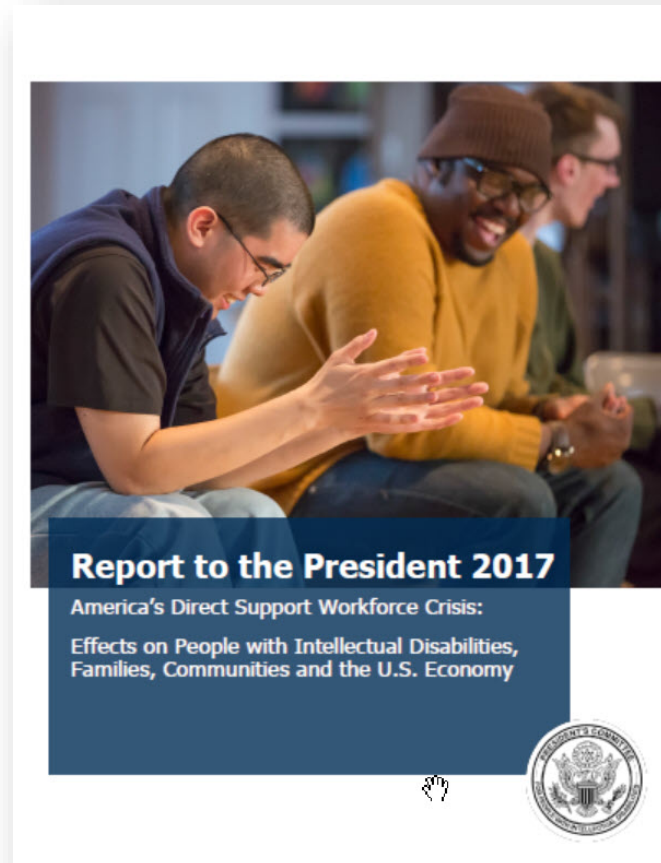
states reached
directly by PHI's
services, policy
research, and
advocacy between
2012 and 2017

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.



Policy Expertise on Direct Support Professionals



The Arc

American Association on Intellectual and Developmental Disabilities

American Network of Community Options and Resources

Association for University Centers on Disabilities (AUCD)

National Alliance for Direct Support Professionals

National Association of Councils on Developmental Disabilities

United Cerebral Palsy

SOURCE: President's Committee (2017). For detailed citations and information about PHI's research methodology, please contact info@phinational.org.

What is a Direct Support Professional?



Assist individuals with ID/DD through a wide range of supportive services on a day-to-day basis

Habilitation, health needs, personal care & hygiene, employment, transportation, recreation, housekeeping

People can live and work in their communities, as well as lead self-directed, community and social lives

SOURCE: President's Committee (2017). For detailed citations and information about PHI's research methodology, please contact info@phinational.org.

What is a Direct Support Professional?



Wide array
of job titles

Work in the
private sector

In some states,
work for state
agencies that
deliver services
directly to
people with an
ID/DD

SOURCE: President's Committee (2017). For detailed citations and information about PHI's research methodology, please contact info@phinational.org.

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In some states,
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agencies that
deliver services
directly to
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ID/DD

Work with
children, youth,
young adults,
adults in midlife
and older people

Work in
individual family
homes, small
group homes,
the community &
employment
settings

SOURCE: President's Committee (2017). For detailed citations and information about PHI's research methodology, please contact info@phinational.org.

What is a Direct Support Professional? Scope of Practice



Take people to
medical
appointments
with health care
and specialty
providers

Overall health &
well-being

Daily living
support

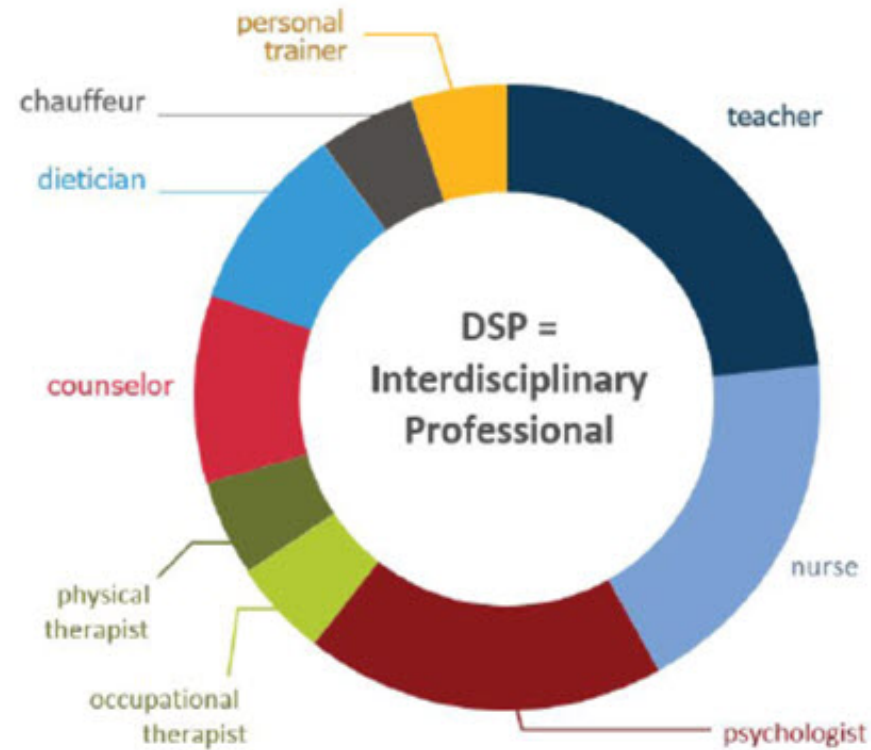
Finding and
keeping jobs,
and working
toward their
career goals

Increasingly
complex &
multi-disciplinary

SOURCE: President's Committee (2017). For detailed citations and information about PHI's research methodology, please contact info@phinational.org.

What is a Direct Support Professional? Scope of Practice

Figure 1. DSP Scope of Practice



SOURCE: President's Committee (2017). For detailed citations and information about PHI's research methodology, please contact info@phinational.org.

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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HOME HEALTH AIDES

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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NURSING ASSISTANTS IN NURSING HOMES

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

594,000 (2017)

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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.”



PERSONAL CARE AIDES

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

1.4 million (2017)



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

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1.3 million (2013)

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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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2007
830,000
HOME CARE
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2.1 million
HOME CARE
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2027
3.1 million
HOME CARE
WORKERS

Every year
574,000
DIRECT SUPPORT
PROFESSIONALS
NEEDED

+
167,000
DIRECT SUPPORT
PROFESSIONALS
FOR WAITLIST

SOURCE: President's Committee (2017). For detailed citations and information about PHI's research methodology, please contact info@phinational.org.

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.

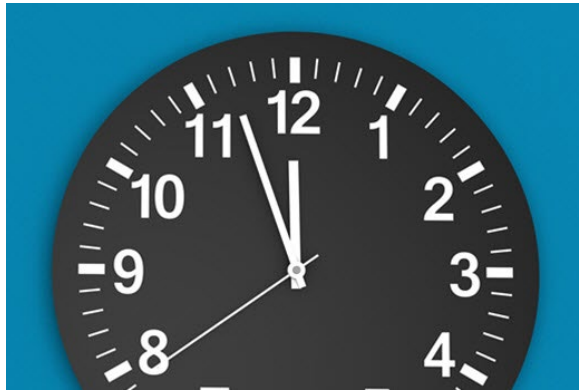
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Preference for home

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



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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

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IMMIGRANT

1 million
IMMIGRANTS

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47
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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.

Profound Disparities **Within** the Workforce

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



Median Family Income

**Women
of Color**
\$43,400
DIRECT CARE
WORKERS

**White
Women**
\$52,900
DIRECT CARE
WORKERS

**Men
of Color**
\$56,300
DIRECT CARE
WORKERS

**White
Men**
\$60,800
DIRECT CARE
WORKERS

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of Color**
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**White
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+384,000
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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 (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 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



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= \$1600 gross pay
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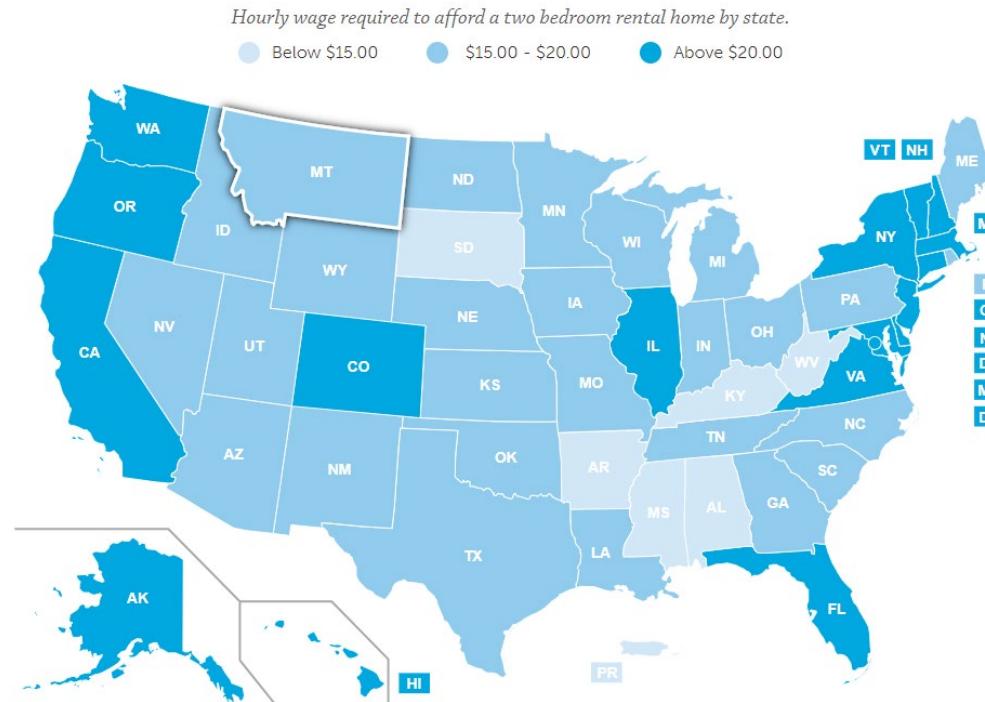
\$1200 net pay

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How Much do you Need to Earn to Afford a Modest Apartment in Your State?



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

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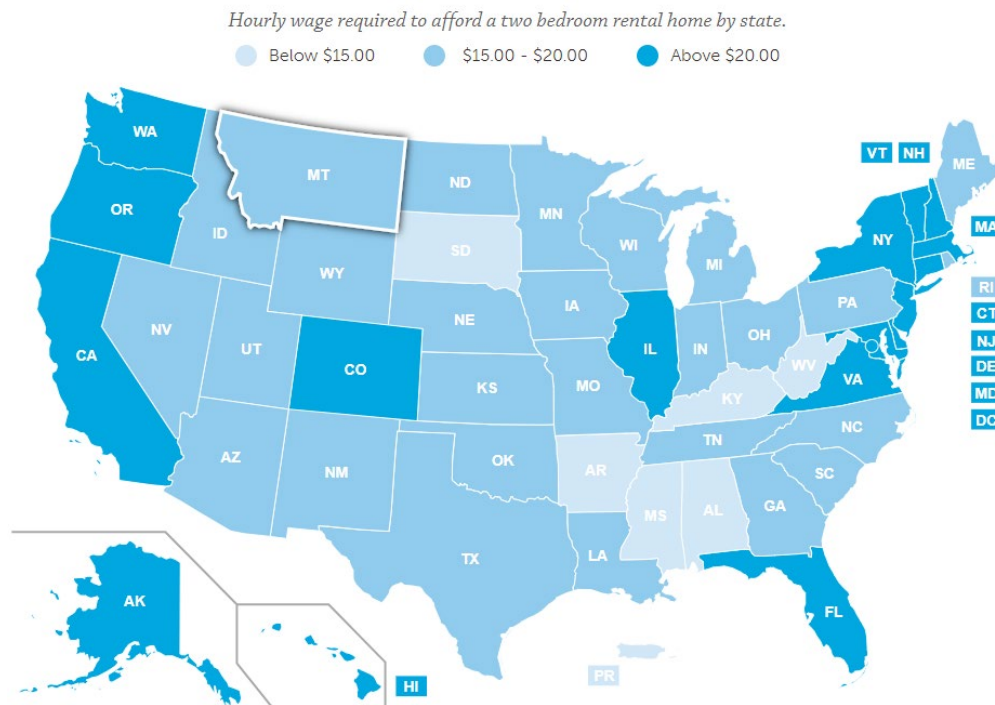
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Link Between Poverty and Poor Health

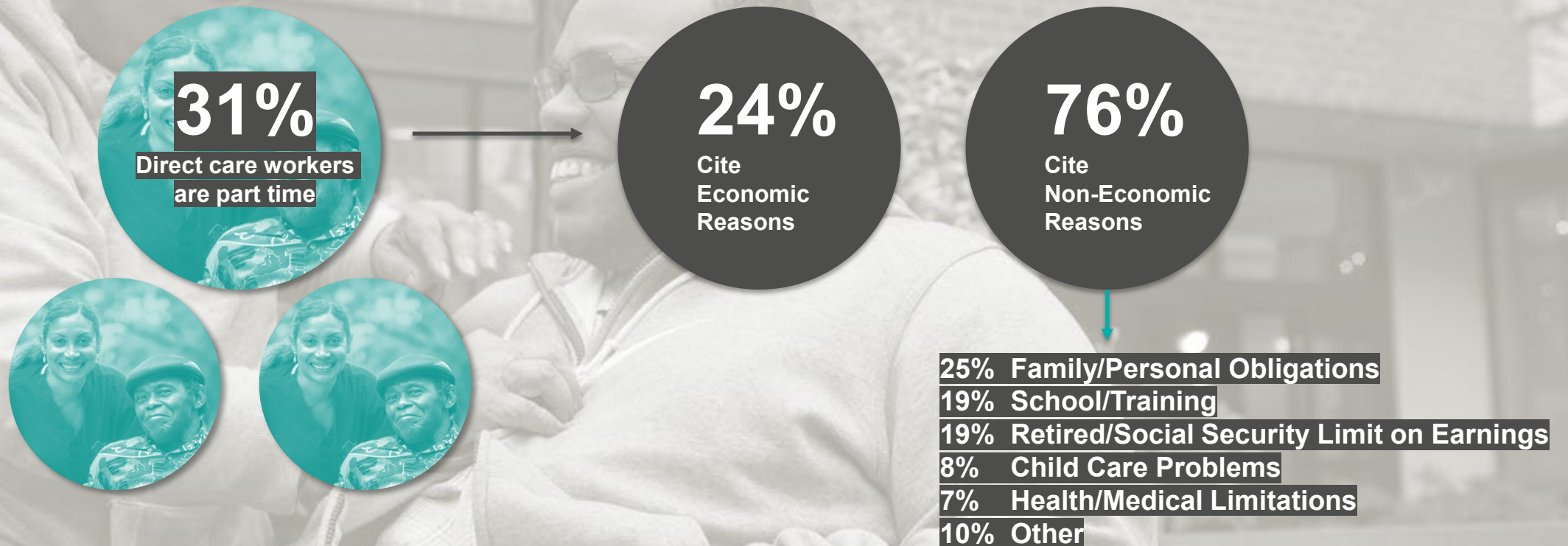
- Decreased life expectancy
- Lower birth weight
- Impaired neurologic and endocrine function
- Lifelong illness (cardiac disease, diabetes, etc.)
- Higher injury rates
- Poor nutrition
- Increased hunger
- Depression
- Toxic infrastructures (lead poisoning, etc.)
- Inflammatory diseases (heart disease,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

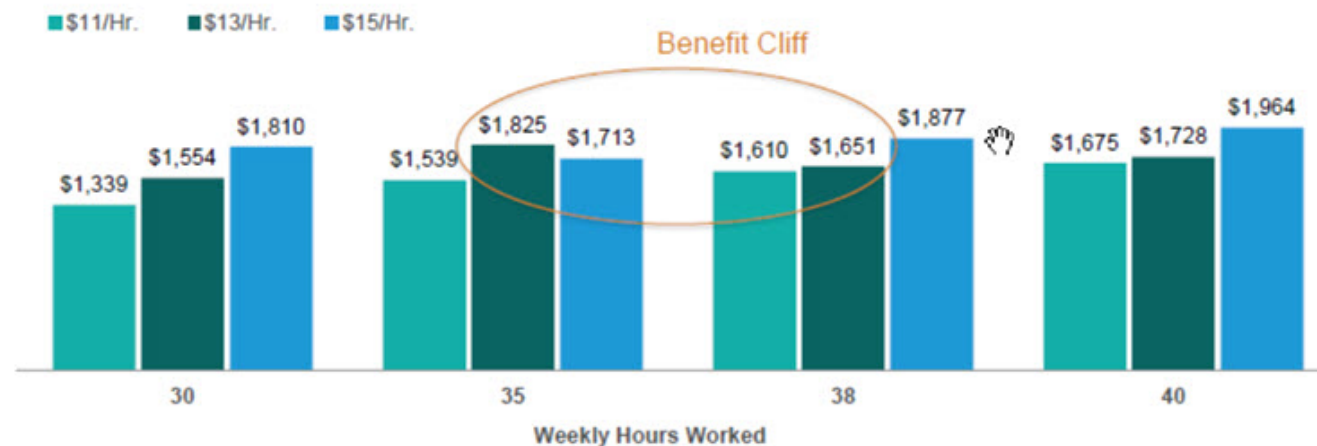


SOURCE: Campbell (2018). For detailed citations and information about PHI's research methodology, please contact info@phinational.org.

‘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.”



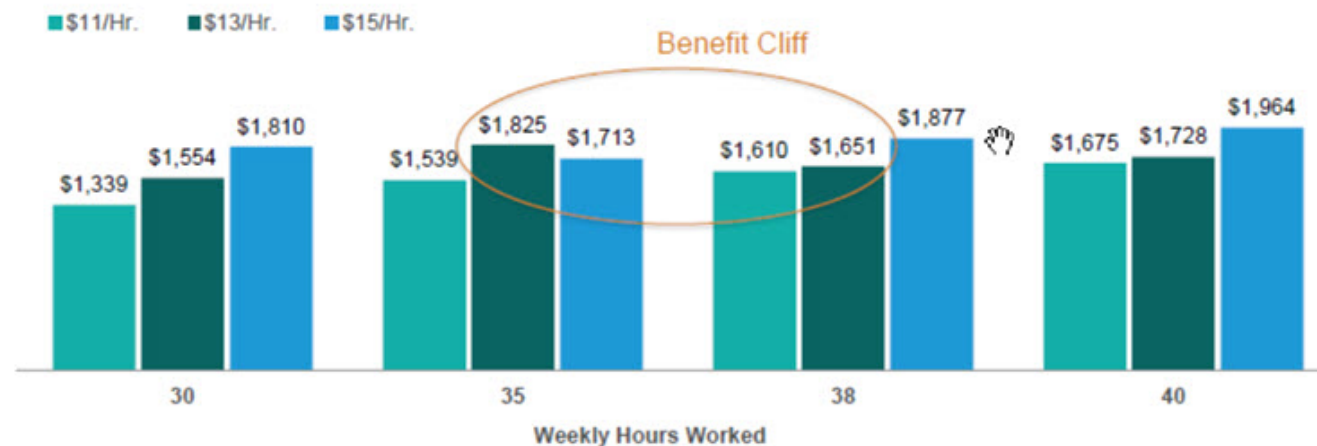
Note: Net income includes all city, state and federal taxes and minor tax credits. Supports modeled include CDCC, CHP, CTC, EITC, HEAP, Medicaid/Essential Plan, SNAP, and WIC. Uses 2016 eligibility criteria.

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Why? Her benefits decrease more than her wages increase.



Note: Net income includes all city, state and federal taxes and minor tax credits. Supports modeled include CDCC, CHP, CTC, EITC, HEAP, Medicaid/Essential Plan, SNAP, and WIC. Uses 2016 eligibility criteria.

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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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.

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.



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
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SOURCE: Cook (2017). For detailed citations
and information about PHI's research
methodology, please contact
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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

Proper training would ensure that direct support professionals possess skills and knowledge in these core competency areas.



Direct Support Professionals: 15 Competency Areas

1. Participant Empowerment
2. Communication
3. Assessment
4. Community & Service Networking
5. Facilitation of Services

SOURCE: President's Committee (2017). For detailed citations and information about PHI's research methodology, please contact info@phinational.org.

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4. Community & Service Networking
5. Facilitation of Services
6. Community Living Skills & Supports
7. Education, Training & Self-Development
8. Advocacy
9. Vocational, Educational & Career Support
10. Crisis Prevention & Intervention

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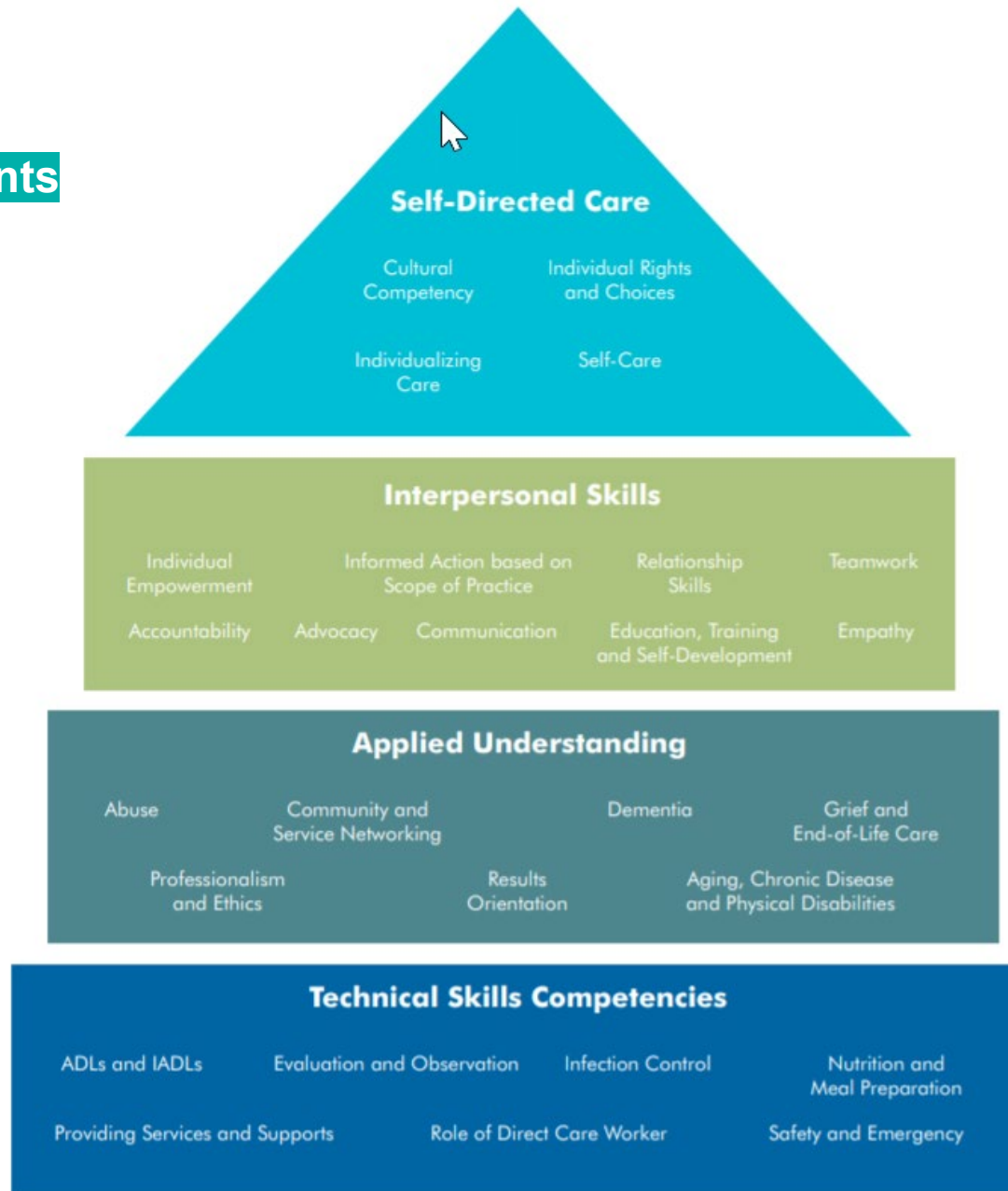


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6. Community Living Skills & Supports
7. Education, Training & Self-Development
8. Advocacy
9. Vocational, Educational & Career Support
10. Crisis Prevention & Intervention
11. Organizational Participation
12. Documentation
13. Building & Maintaining Friendships & Relationships
14. Provide Person-Centered Supports
15. Supporting Health & Wellness

SOURCE: President's Committee (2017). For detailed citations and information about PHI's research methodology, please contact info@phinational.org.

Core Competencies: Personal Care Attendants



SOURCE: LeadingAge. For detailed citations and information about PHI's research methodology, please contact info@phinational.org.

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—

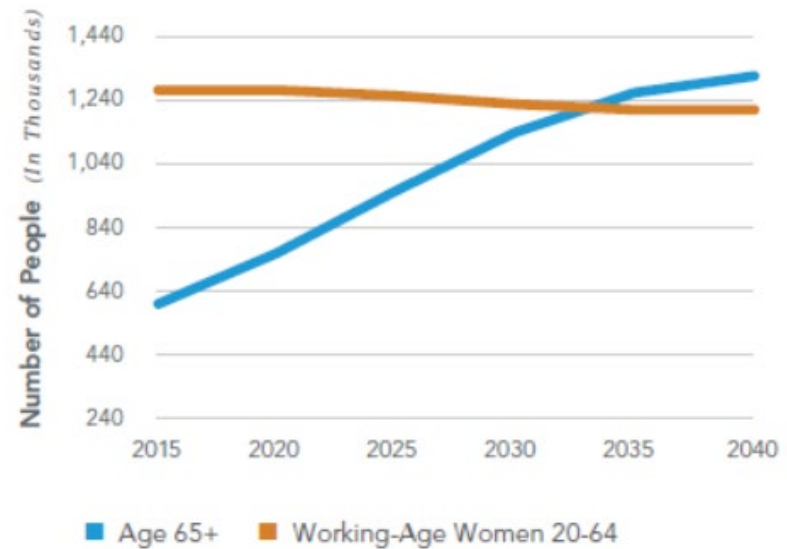
retail & fast food
increasingly offer
better jobs than
direct care

Widening 'care gap'—

the growth in older
adults is outpacing
working-age
women

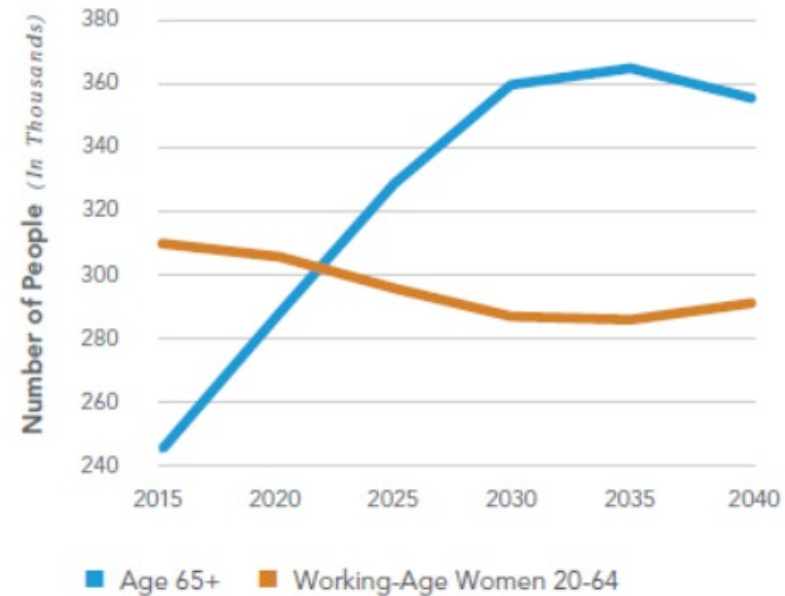
SOURCE: PHI (2018). For detailed citations and information about PHI's research methodology, please contact info@phinational.org.

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

Limited Person-Centered Approaches

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

A red balloon is positioned at the top center, floating above four white balloons that are arranged in a horizontal row. The balloons are set against a light blue background with a subtle gradient. The red balloon's string extends downwards, passing between the four white balloons.

**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?**



PHI

QUALITY CARE
THROUGH
QUALITY JOBS

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

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Little data to
answer:
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workforce
needs the
greatest?**

**Measuring
'quality'—**

LTSS field has not
implemented an
agreed-upon
definition of
"quality"

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.

LTSS Spending



The Cost Of Elder Care

Adults have been providing an increasing percentage of financial assistance to their parents in recent years. Below are the national average annual costs and daily rates paid for various types of adult care.

Type	Average	Annual
Nursing home: semi-private room	\$214/day	\$78,110
Nursing home: private room	\$239/day	\$87,235
Assisted living	\$3,477/month	\$41,724
Home care: home health aide	\$21/hour	\$21,840
Home care: homemaker	\$19/hour	\$19,760
Adult day services	\$70/day	\$18,200

[A state-by-state comparison](#)

Source: [MetLife 2011 Market Survey of Long-Term Care Costs](#)

SOURCE: Nguyen (2017), Kaiser Family Foundation (2017). For detailed citations and information about PHI's research methodology, please contact info@phinational.org.

LTSS Spending

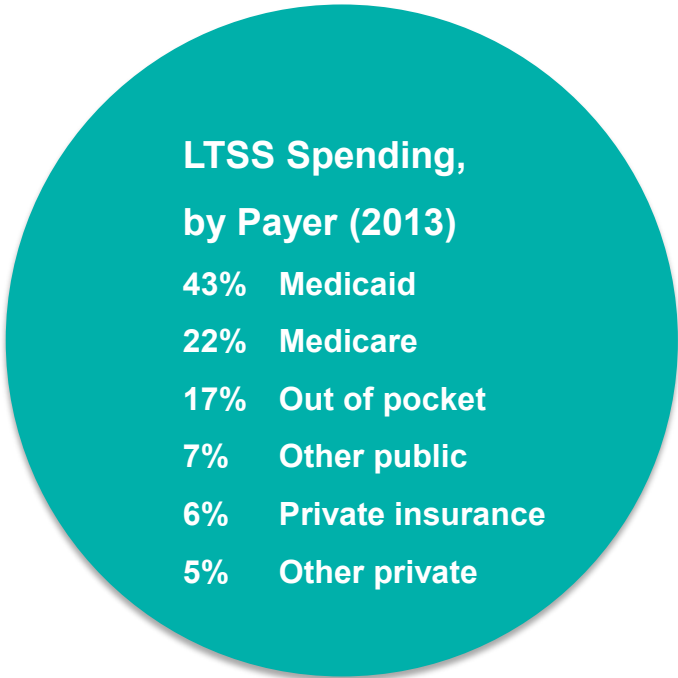
The Cost Of Elder Care

Adults have been providing an increasing percentage of financial assistance to their parents in recent years. Below are the national average annual costs and daily rates paid for various types of adult care.

Type	Average	Annual
Nursing home: semi-private room	\$214/day	\$78,110
Nursing home: private room	\$239/day	\$87,235
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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

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



**LTSS industry
unprepared &
unfunded to
implement
advances in
technology**

**Technology
innovators not
versed in LTSS
& guided by
business goals**

Technology: Supporting Individuals with IDD

Technology can facilitate greater independence, especially for people who need lower levels of on-site support.

Sensors
that monitor the
health and safety
of a person with
IDD

**Remote
Monitoring
Technology**

**Computer-
Assisted
Technologies**
such as
smartphones and
tablets

**Transportation
Technologies**

**Electronic
Medication
Dispensers**

Smart Homes

**Personal
Robots &
Assistants**

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
Services &
Workforce
Registries**

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PHI QUALITY CARE
THROUGH
QUALITY JOBS

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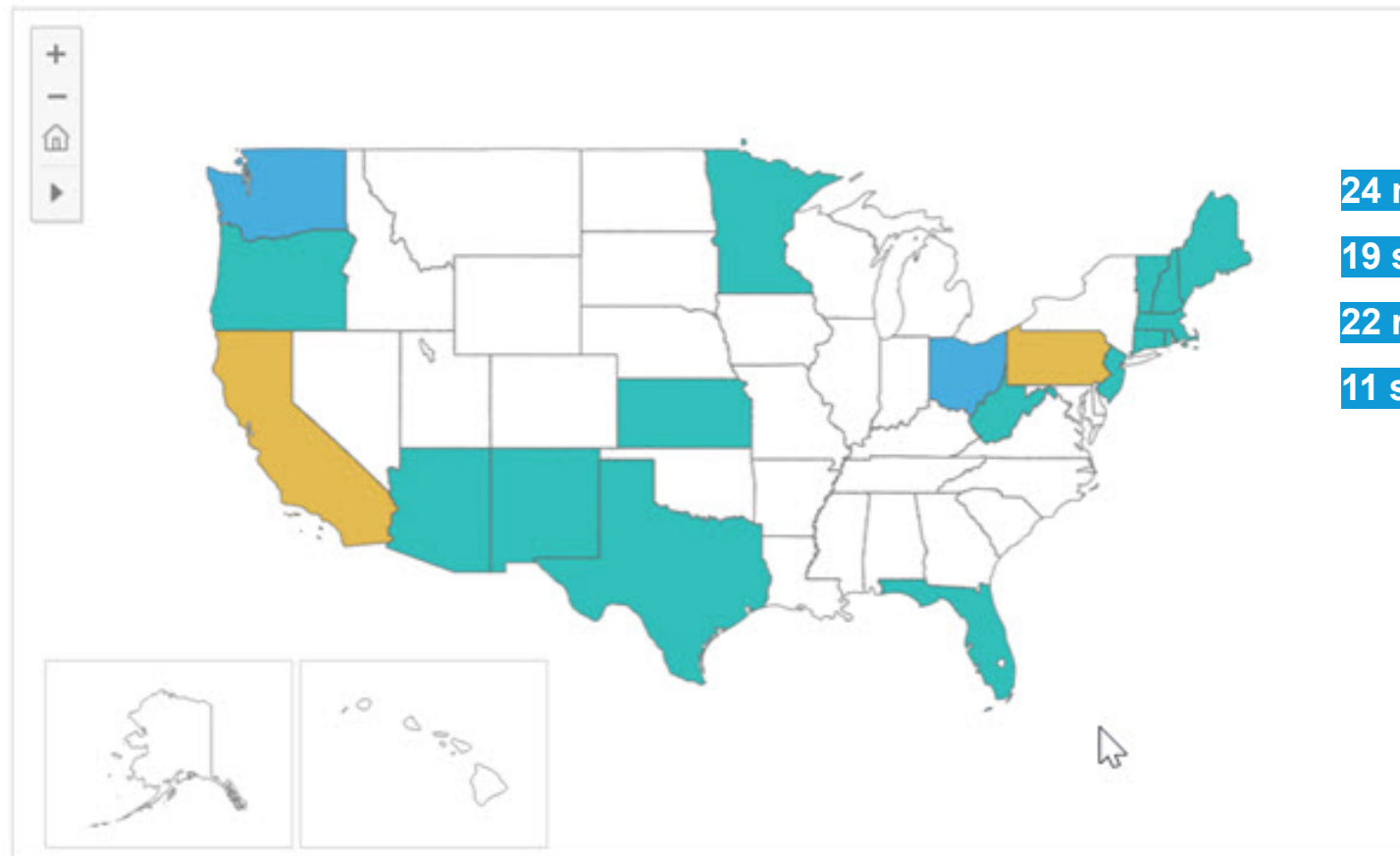
**Matching
Services &
Workforce
Registries**



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.



Few Stakeholder Convenings

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.

What Does This Mean for Us?

Whether you're pursuing a career in medicine, health, or another profession 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

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

Recommendations

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

- **Higher wages and benefits**
- **Health coverage**
- **Paid family and medical leave**



1.

Compensation

Higher wages and benefits, full-time hours, stable schedules

2.

Training & Advanced Roles

Training standards and opportunities, credentials

3.

Recruitment & Retention

Strategies to find and keep workers, expand labor pool

4.

Person-Centered Workplaces

Honoring the worker *and* the client as individuals

5.

Data Collection & Quality

Tracking and reporting workforce and quality data

6.

Financing

Adequate funding and reimbursement rates to improve jobs *and* supports

7.

Cultural Competence

Supports for immigrants, people of color, and others.

8.

Technology

Improve jobs and supports, create efficiencies, and save money

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Stakeholder Engagement

Engage diverse communities to find solutions

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Public Education

Educate diverse communities about key problems & solutions

Recommendations

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- **Paid family and medical leave**

What Are States Doing?

New York adopted a “wage parity” law that requires a minimum compensation for Medicaid-funded home health aides in certain counties.



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Recommendations

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

- **Training standards and opportunities**
- **Advanced roles**
- **Funding for infrastructure**



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What Are States Doing?

Washington State pass a ballot initiative that created a new training system for personal care attendants. New York has a "Career Gear Up" credentialing model.



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HOME CARE JOBS
IN MINNESOTA

Advanced home care roles can:



- Mentor newly hired aides
- Assist with entry-level training
- Support clients with complex conditions
- Maximize communication across the care team

PHInational.org

f t in



HOME CARE JOBS
IN MINNESOTA

The 'upskilled' home care worker

Upskilled workers can be trained to report and manage client issues such as:



- Health conditions, risk factors, care plans, and more
- Stressors in the home, social connections, and more

RESULTS

Optimal client health, reduced hospitalizations and ER visits

PHInational.org

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Recommendations

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

- **Recruitment and retention strategies**
- **Rural interventions**
- **Enhanced “business acumen”**



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- **Recruitment and retention strategies**
- **Rural interventions**
- **Enhanced “business acumen”**

What Are States Doing?

A Minnesota-based provider used social media to boost recruitment. New York is considering a fund to fuel recruitment and retention innovation in home care.



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Recruitment and Retention Strategies

Developing a successful recruitment and retention strategy takes time and effort, but even a small investment pays off.

- Recruit the Right Staff
- Improve the Hiring Process
- Strengthen Entry-Level Training
- Provide Employment Supports
- Promote Peer Support
- Ensure Effective Supervision
- Develop Advancement Opportunities
- Invite Participation
- Recognize and Reward Staff
- Measure Progress



Recommendations

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

- **Person-centered training**
- **Person-centered supervision**
- **Self-direction**



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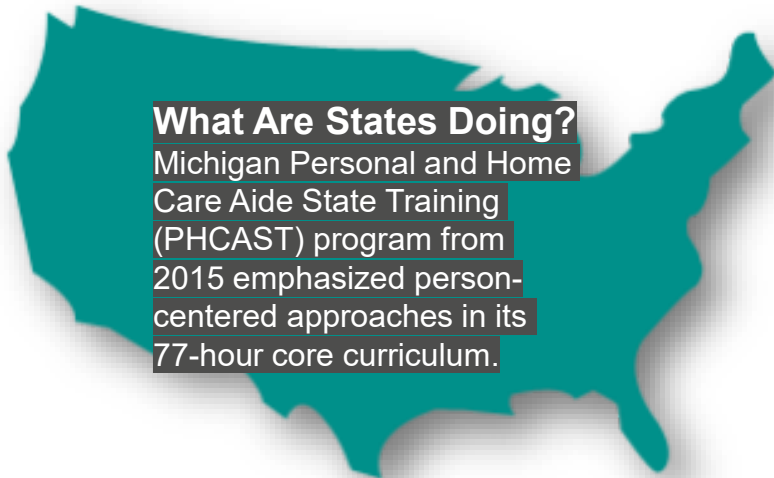
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What Are States Doing?

Michigan Personal and Home Care Aide State Training (PHCAST) program from 2015 emphasized person-centered approaches in its 77-hour core curriculum.



Recommendations

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

- **Data collection systems**
- **New occupation code: DSP**
- **Data reporting**



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- **New occupation code: DSP**
- **Data reporting**

What Are States Doing?

PHI is working with the New York State Department of Labor to advise and improve their state data collection systems and processes.



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Recommendations

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

- **More LTSS funding**
- **Adequate reimbursement**
- **Job quality improvements**



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What Are States Doing?

Hawaii enacted a program that makes LTSS available to non-Medicaid eligible residents age 60+, allowing them to live at home or in the community.



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Recommendations

Too few LTSS providers offer services that are culturally and linguistically appropriate for the broad diversity of clients and workers.

- **Culturally & linguistically appropriate workforce supports**
- **Community partnerships**
- **More research**



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What Are States Doing?

A New Mexico-based immigration organization created a culturally competent home health care training program for Latinx immigrants.



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Recommendations

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

- **Dedicated funding**
- **Public reimbursement**
- **Evaluations**



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- **Dedicated funding**
- **Public reimbursement**
- **Evaluations**

What Are States Doing?

A Washington, DC home care company created an online jobs platform that helps workers obtain full-time schedules, and families find the right worker.



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Recommendations

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?

- **Launch state taskforces**
- **Needs assessments, studies**
- **Public-private initiatives**



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- **Needs assessments, studies**
- **Public-private initiatives**

What Are States Doing?

California, Iowa, Maine, Michigan, and New Mexico have convened workgroups to address direct care workforce challenges and issue policy recommendations.



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

- **Public education campaigns**
- **Media advocacy**
- **Online resources**



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What Are States Doing?

PHI worked with three providers in Minnesota to co-launch a social media campaign that educates state residents about advanced roles in home care.



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Educate diverse communities about key problems & solutions

CREATING A STRONG **DIRECT SUPPORT WORKFORCE**

POLICY BARRIERS & OPPORTUNITIES

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