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# QUALITY JOBS ARE ESSENTIAL

## CALIFORNIA'S DIRECT CARE WORKFORCE AND THE MASTER PLAN FOR AGING

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.

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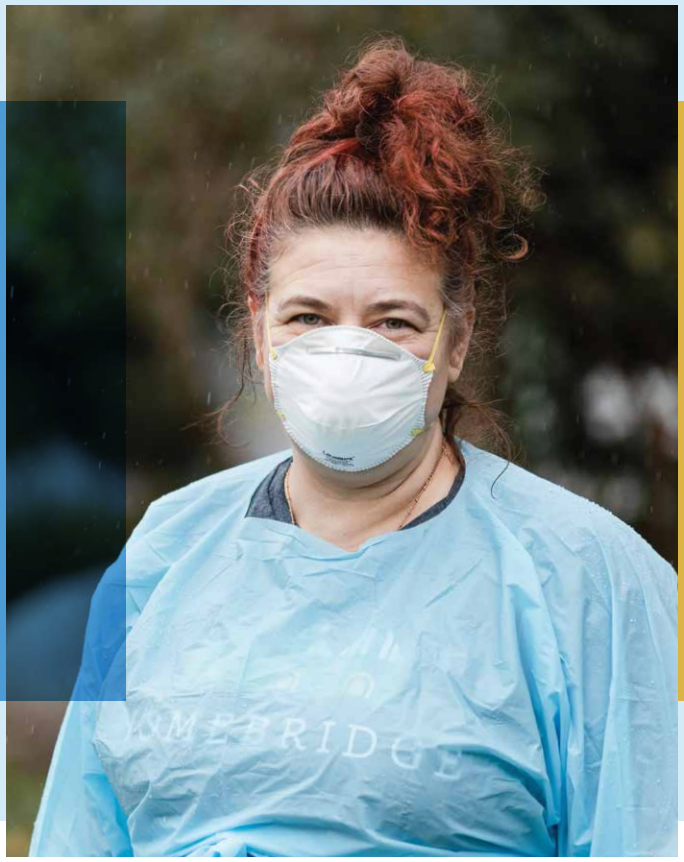
# INTRODUCTION

At the beginning of 2021, California released its Master Plan for Aging, a comprehensive 10-year blueprint designed "to ensure all people in California are engaged, valued, and afforded equitable opportunities to thrive as we go through different ages and stages of life."[1] The Master Plan speaks to a profound concern: as California's population continues to age rapidly and becomes even more diverse, will the state's aging and long-term care systems be adequately prepared? Moreover, how precisely should California strengthen its response to the state's aging and equity realities, and where should it invest its resources?

Critical to these questions and the Master Plan for Aging is California's direct care workforce—nearly 696,000 workers who serve as the paid frontline of support for older adults and people with disabilities in various settings throughout the state. These workers are central to the health and overall wellbeing of California's aging population, as well as to the state's economy, as this job sector is projected to add nearly 200,000 new jobs between 2018 and 2028.[2] Unfortunately, despite their profound value, direct care jobs in the state are often poor in quality, as reflected by low compensation, insufficient training, limited career paths, and other dimensions. Undervalued and impoverished, these workers often leave the field for other roles, threatening services and supports for older adults and people with disabilities. The Master Plan for Aging can play a meaningful role in correcting these inequities—improving economic security for workers and care for consumers, while also boosting the economy. Good jobs in this sector increase consumer spending, decrease public assistance expenditures, and help prevent unnecessary emergency department visits, hospital admissions, and other costly health outcomes.

This report, *Quality Jobs Are Essential: California's Direct Care Workforce and the Master Plan for Aging*, provides an in-depth analysis of the Master Plan's approach to direct care workforce needs. The report opens with a detailed snapshot of the direct care workforce in California that looks closely at key demographics, job characteristics, and future job projections. We then examine each of the goals, strategies, and initiatives in the Master Plan for Aging that pertain to the direct care workforce, comparing these ideas against the recommendations offered in a separate and earlier Long-Term Services and Subcommittee (LTSS) Stakeholder Report (described hereafter as the "LTSS Subcommittee Report").[3] The purpose of *Quality Jobs Are Essential* is to describe how the Master Plan supports this workforce, highlight where it incorporated the LTSS subcommittee's ideas, and propose where and how the Master Plan can be strengthened. Because direct care workers offer important and unique insights on this sector, this report also includes several worker stories told in their own words. We end our report by summarizing how direct care workers should be incorporated into California's Master Plan to transform aging throughout the state over the next 10 years.



"[The] pay for these jobs isn't a living wage here in the Bay Area."

**ERIKA HONAN,** Care Supervisor, Caregiver Emergency Response Team (CERT) Provider at Homebridge in San Francisco, CA

CAREGIVER AT COURAGE LLC AND
MEMBER OF PILIPINO WORKERS CENTER
LOS ANGELES, CA

9 YEARS AS A DIRECT CARE WORKER

# MARICHU BUENAVENTURA

### ON WHY SHE DECIDED TO BECOME A DIRECT CARE WORKER:

"I've been working as a caregiver since I came here from the Philippines in 2012. When I first got here, I had no job, and I needed to make ends meet. Back home, I took care of my grandmother until she died at 101-years-old. Someone from my church talked to me about how I could use this caregiving experience to get job security. My first job I had here was taking care of a patient with progressive supranuclear palsy—so I started from there. It takes courage and patience to take good care of others. It can be so hard dealing with sick people, but I have empathy for others and really enjoy this work."

### ON THE IMPACT OF COVID-19:

"When we got the stay-at-home order last March, I stopped working because I'm just so scared of the virus. I experience panic attacks because I'm all alone in the house, and paranoia that I'm going to get sick. I feel emotionally and mentally drained. Sometimes I get mental blocks, and I can't think straight because I'm too worried about my present situation. I started working again in August because I was a few months behind in paying my rent and was so worried about getting evicted. Right now, I'm just working once a week. I would like to work more, but it feels too risky. I pray a lot so I'm still strong for my children. They are in the Philippines, and I haven't seen them since I spent New Year's with them before the pandemic. I always miss them and cry for them. That's the saddest part."

### ON SUPPORTING DIRECT CARE WORKERS DURING THE PANDEMIC:

"I am currently employed with the [homecare cooperative] Courage LLC. There are a lot of benefits working at the cooperative, and I receive better compensation with them than I did with other clients before. I know they care for us workers, especially during the pandemic. I've been fortunate to get support from both Courage LLC and the Pilipino Workers Center (PWC) during this time. They notify me of how to apply to programs that can help, like cash assistance, delivery of care boxes with food, and other emergency funds and subsidies. And then I also have support from other co-caregivers and friends at PWC who I can confide in.

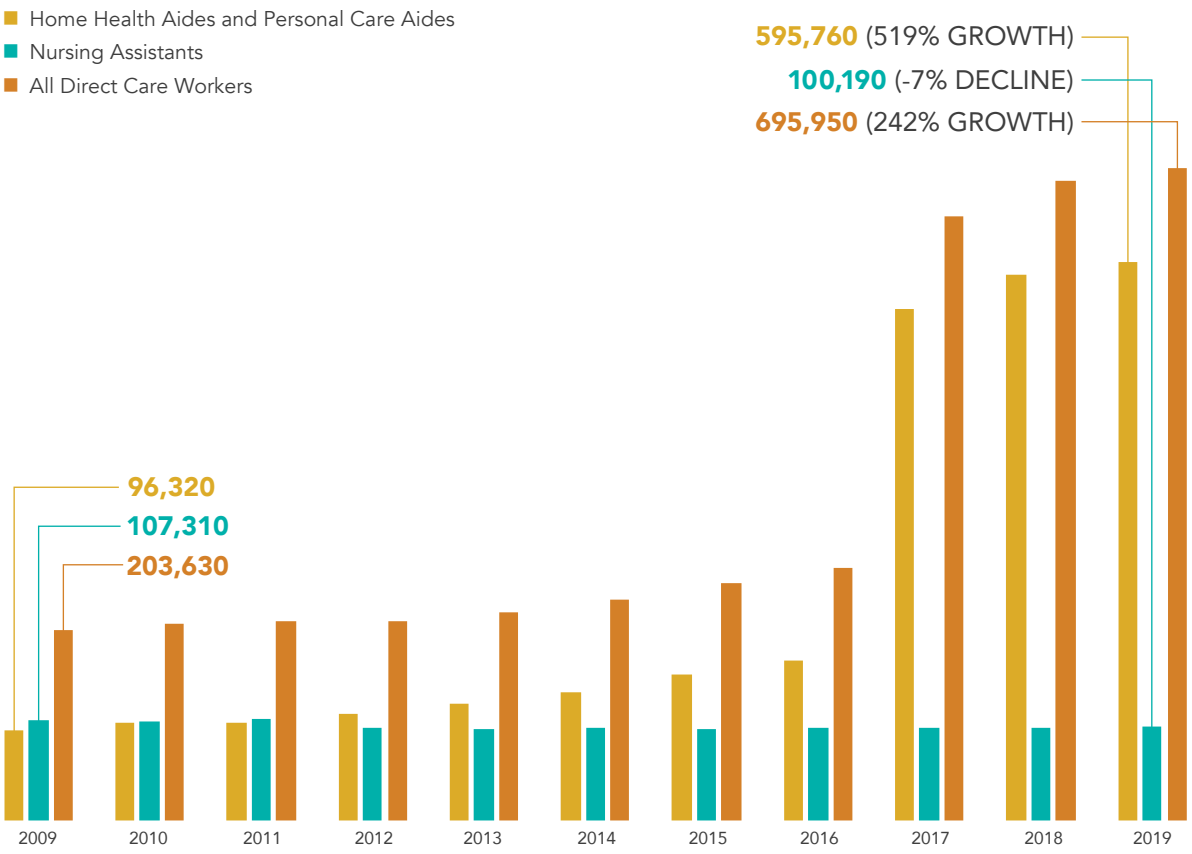
I used to take the bus to work, Monday through Saturday, up to an hour each way, but now I take a carpool because I am too scared to ride the bus. Otherwise, I might have to stop working again. Fortunately, I was able to get the first dose of the vaccine at the facility where my client lives and will get my next dose soon. I was happy to be able to get the vaccine because I know many other caregivers haven't gotten it yet. So many people are infected with COVID-19 at the facility, so we are all truly at risk. Luckily, we have N-95 masks and not just surgical masks for protection. But even with the vaccine and PPE, I still have paranoia, especially with the new variant of the virus."

As a direct care worker for nine years, Marichu has struggled financially during this pandemic and has not been able to work remotely.

# A DETAILED SNAPSHOT OF CALIFORNIA'S DIRECT CARE WORKFORCE[4]

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

**DIRECT CARE WORKER EMPLOYMENT BY OCCUPATION IN CALIFORNIA, 2009 TO 2019**



Despite their enormous value to Californians, direct care workers struggle to work and survive financially in jobs characterized by poor job quality, growing demand, and significant pressures, including most recently the COVID-19 crisis—all detailed in the figures to the right. Throughout this section, we also include national figures to compare California's direct care workers with their counterparts nationwide.

## A Large and Expanding Workforce

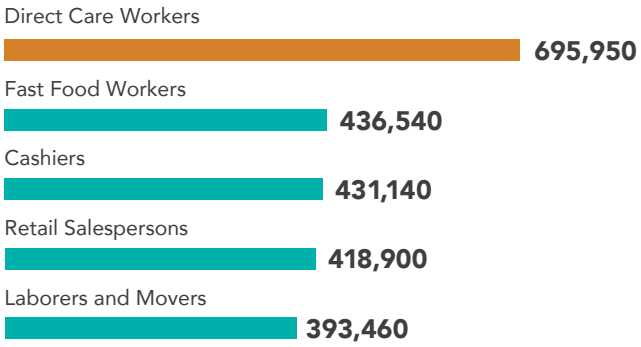
California is home to nearly 696,000 direct care workers—a rapidly growing workforce that currently outnumbers every single occupation in the state. This workforce has grown dramatically over the past decade, as demand for LTSS has increased—between 2009 and 2019, California's direct care workforce surged nearly 250 percent from 203,630 to 695,950 workers. Nationwide, the direct care workforce includes 4.6 million workers.

## Workforce Diversity

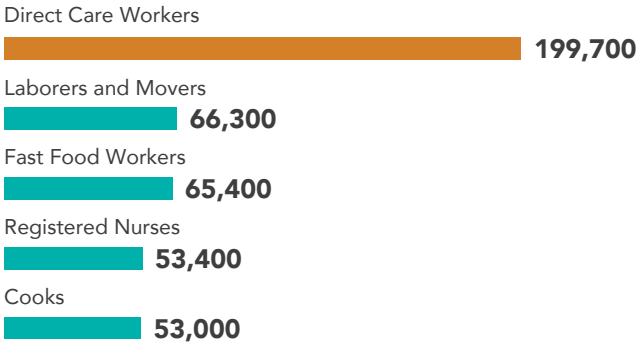
The demographic composition of California's direct care workforce is predominantly female (81 percent) and very diverse: 77 percent are people of color and 48 percent are immigrants. The median age for direct care workers in the state is 47, and 31 percent of direct care workers are aged 55 and older. Nationally, 87 percent of direct care workers are women, 59 percent are people of color, 27 percent are immigrants, and 27 percent are aged 55 and older. The national median age for direct care workers is 43.

**Charts Sources:** U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment Statistics. 2020. May 2009 to 2019 *State Occupational Employment and Wage Estimates California*. https://www.bls.gov/oes/current/oes_ca.htm; Projections Central. 2020. *Long Term Occupational Projections (2018-2028)*. https://www.projectionscentral.com/Projections/LongTerm; analysis by PHI (September 2020).

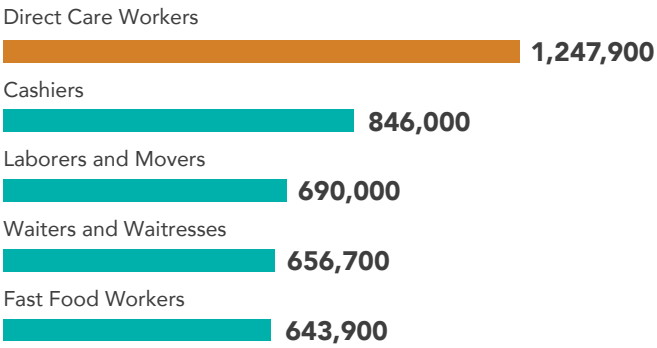
### LARGEST OCCUPATIONS IN CALIFORNIA, 2019




### OCCUPATIONS IN CALIFORNIA WITH MOST JOB GROWTH, 2018 TO 2028




### OCCUPATIONS IN CALIFORNIA WITH MOST JOB OPENINGS, 2018 TO 2028



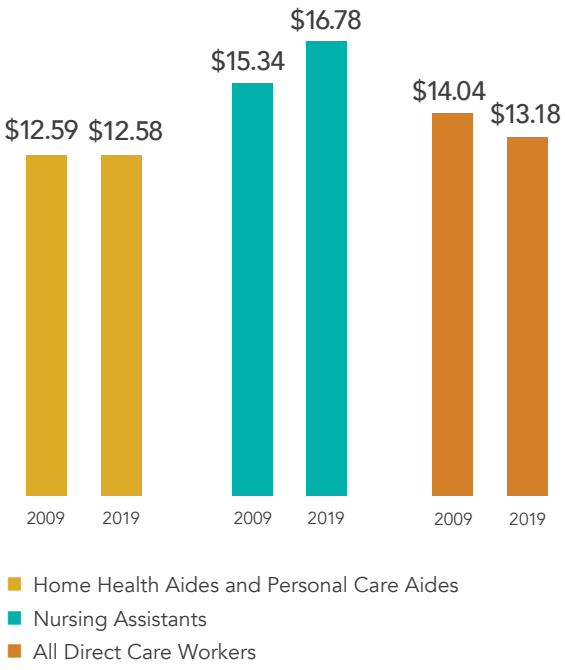
## A NOTE ON RACIAL AND GENDER EQUITY FOR DIRECT CARE WORKERS

Systemic racism has long harmed the lives and jobs of people of color in direct care—from the creation of these poor-quality jobs, through the decades-long exclusion of home care workers (and other domestic workers) from federal wage and overtime protections, to the widespread racial discrimination that people of color and immigrants continue to face regarding employment, housing, education, and health care, among others. Additionally, caregiving has historically been defined as "women's work" and is still often dismissed as a labor of love that requires only minimal compensation and support, perpetuating poor job quality in this sector. When focusing on direct care workforce development, we must center and uplift women, people of color, and immigrants—these workers deserve good jobs rooted in equity and justice.

## Low Wages, High Poverty

In California (and across the country), low wages in direct care force many workers into poverty. The median hourly wage for direct care workers in California is $13.18—a wage that, adjusted for inflation, actually decreased by $.86 between 2009 and 2019. The annual median income for California's direct care workers is $17,200. In turn, 44 percent of the state's direct care workforce lives in or near poverty, nearly half (49 percent) access some form of public assistance, and 19 percent do not have health coverage. How do these figures compare to the national profile of these workers? For direct care workers in the U.S., the median wage is $12.80, median annual earnings are $20,300, 45 percent live in or near poverty, 47 percent access some form of public assistance, and 15 percent do not have health coverage.

### DIRECT CARE WORKER WAGES BY OCCUPATION IN CALIFORNIA, 2009 TO 2019




## Poor Job Quality Drives a Crisis

A variety of factors—increased longevity, high turnover driven by poor job quality, direct care worker retirement trends, and more—are significantly increasing the need to fill job openings in direct care. California's long-term care sector will need to fill 1,247,900 job openings in direct care between 2018 and 2028, including 199,700 new jobs and just over one million separations caused by workers who leave this occupation or the labor force. Nationally, long-term care providers will need to fill 8.2 million job openings in direct care between 2018 and 2028, including 1.3 million new job openings and 6.9 million job openings as existing workers leave the field or exit the labor force altogether.[5]

## COVID-19's Repercussions

The COVID-19 pandemic has further strained this job sector in California and throughout the country, though the precise effects are still being measured.[6] Ongoing coronavirus-related impacts on the state's direct care workforce and long-term care system include: the disproportionately high number of COVID-19 cases and deaths among direct care workers and their clients and residents; the exacerbated impacts on workforce supply and long-standing job quality challenges in direct care; the economic fallout on workers, consumers, and state resources; and the necessary shift by the state to focus on navigating this emergency, which could affect how the state attends to long-term, systemic needs in the long-term services and supports system.

**Chart Source:** U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment Statistics. 2020. *May 2009 to 2019 State Occupational Employment and Wage Estimates California*. https://www.bls.gov/oes/current/oes_ca.htm; analysis by PHI (September 2020).

HOME CARE PROVIDER, CAREGIVER
EMERGENCY RESPONSE TEAM (CERT)
PROVIDER AT HOMEBRIDGE
SAN FRANCISCO, CA

1 YEAR AS A DIRECT CARE WORKER

# KAO SAEPHAN

## ON WHY HE DECIDED TO BECOME A DIRECT CARE WORKER:

"I was incarcerated for 16 years, starting at age 19. Towards the end of my incarceration, I had the honor of working with a hospice program at a medical facility in a role that was similar to home care. During that time, I got to evaluate myself, and I became the loving and caring person who I now know I was brought into this world to be. I knew when I got out that I wanted to help people in my community and care for the vulnerable. Fortunately, Homebridge gave me that chance."

## ON HIS RELATIONSHIP WITH HIS CLIENTS:

"Each client has their own unique personality and characteristics that make them so special. Before the pandemic, I worked with people who were in housing programs, and I was assigned to clients who I saw regularly and built relationships with. I provide personal care, emotional support, domestic work, and even run errands. I'm there for my clients if they need or want anything, offer an extra hand to help or an extra ear to listen, and let them know they are not alone and that there is somebody out there who cares about them.

When the pandemic started, I volunteered to join Homebridge's Caregiver Emergency Response Team (CERT) to care for the homeless population in San Francisco that is currently sheltering in hotel units to reduce the spread of the virus. I get to hear their stories and learn how they became homeless and bridge that gap between us. It's humbling that I can put so much energy and strength and motivation into my job and make a difference in their lives."

## ON THE IMPACT OF COVID-19:

"When the CERT team came about, I saw it as an opportunity to do even more good and serve people with the most need. Homebridge prepared me in more ways than I can wrap my head around, and I follow their instructions and CDC guidelines on how to keep myself safe. Even so, there are always still potential risks of contracting the virus and getting sick. But that is out of my control.

It can all be very emotionally draining, and the stress takes a big toll on me some days. I go to work and help people, come home, go to sleep, and then do the same thing all over again the next day. I'm not able to see my parents, friends, or other family. In a sense, it can feel like I am in prison all over again.

My parents are refugees from Laos, and in the Mien culture, I should be the one giving them the care they need. I am an only child, and they are getting older. But they are hundreds of miles away, and now I can't even see them. They are worried about me, and I'm worried about them. Sometimes I feel like I am neglecting them, but they assure me I'm doing a good job."


As a home care worker whose work has intensified during the pandemic, Kao recognizes both the value and strain in delivering quality care.

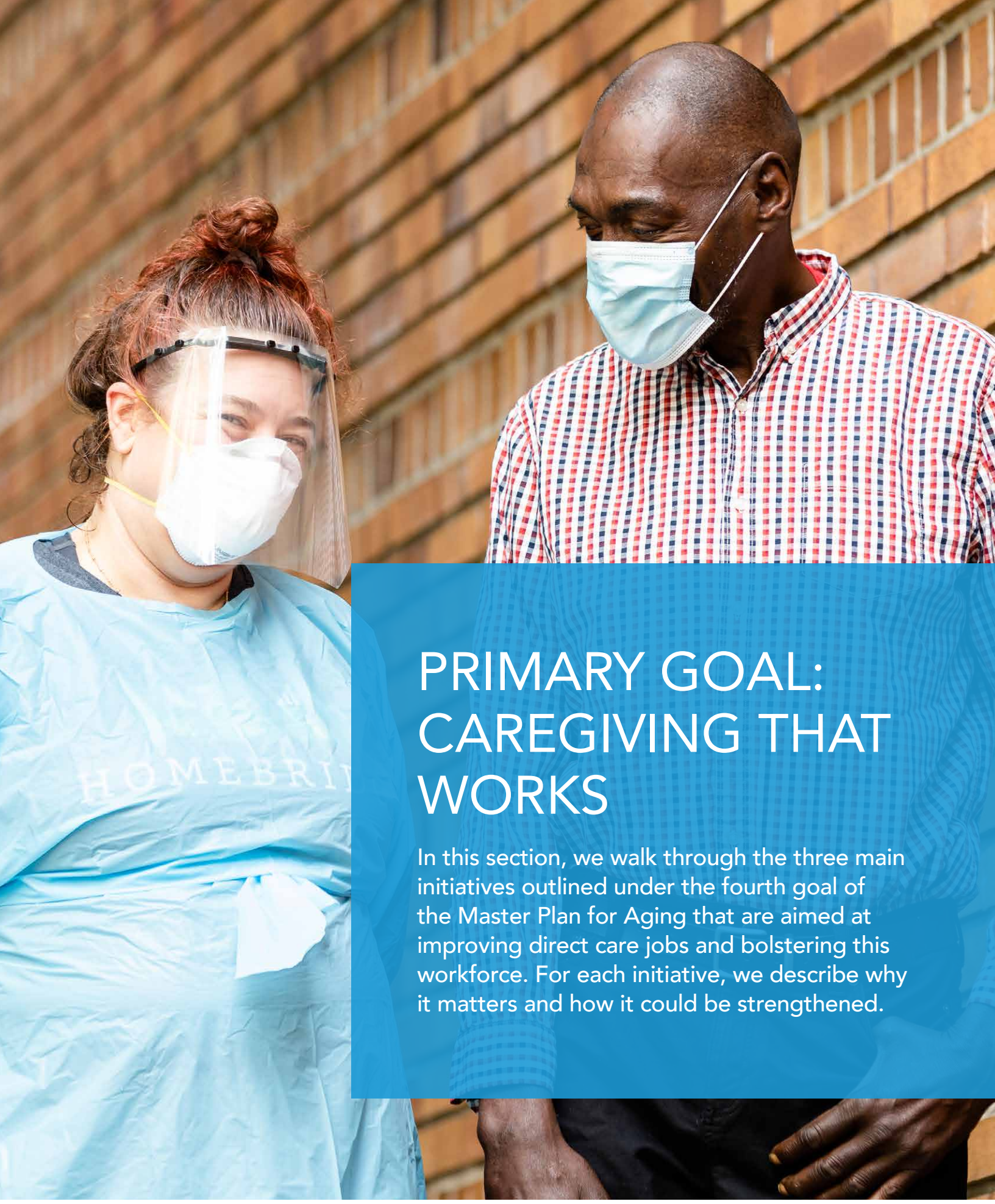
# CALIFORNIA'S MASTER PLAN FOR AGING AND THE LTSS SUBCOMMITTEE REPORT

California released its Master Plan for Aging in January 2021—the culmination of a process that began in June 2019 when California Governor Gavin Newsom issued an executive order to create a blueprint for how the state supports both a rapidly growing and diverse demographic of older adults and all Californians as they age across the lifespan.[7] The Master Plan recognizes the opportunities that this sizable aging demographic shift poses for the state, as older adults contribute "in untold ways to make the state more vibrant," and the profound challenges facing older people across five areas outlined in the Master Plan: housing; health; inclusion, equity, and isolation; caregiving; and economic security.

To inform the development of the plan, California sought extensive public input and formed four subcommittees comprised of diverse stakeholders and key experts to deepen key dimensions of the Master Plan. One of those subcommittees—the Long-Term Services and Supports (LTSS) Subcommittee—issued its final report in May 2020.[8] This report identifies five broad objectives for the Master Plan to strengthen LTSS in the state, including one objective focused on creating a "highly-valued, high-quality" direct care workforce.

This report, *Quality Jobs Are Essential*, examines how the Master Plan supports the direct care workforce, comparing the plan's current goals, strategies, and initiatives against the LTSS Subcommittee's recommendations. We begin with the Master Plan's fourth goal—"Caregiving That Works"—which speaks most directly to the policy issues facing California's direct care workers. This goal sets an ambitious target of creating one million high-quality caregiving jobs within the next 10 years, mainly through three core initiatives under the banner of "Good Caregiving Jobs Creation": supporting family caregivers, strengthening the direct care workforce (described in the plan as the "caregiving workforce"), and expanding virtual care to meet the needs of caregivers of all types. Later in *Quality Jobs Are Essential*, we highlight additional objectives from the Master Plan that could also help transform California's direct care jobs by 2031.

The Master Plan is described as a "living document for years to come," which opens the door to new initiatives as the state implements this plan and as other concerns emerge. In this spirit, *Quality Jobs Are Essential* discusses how each aspect of the Master Plan that relates to direct care workers could be strengthened and extended, drawing from the guidance offered in the LTSS Subcommittee Report and from the California-based experts who helped inform our thinking (see Acknowledgements on page 41.)

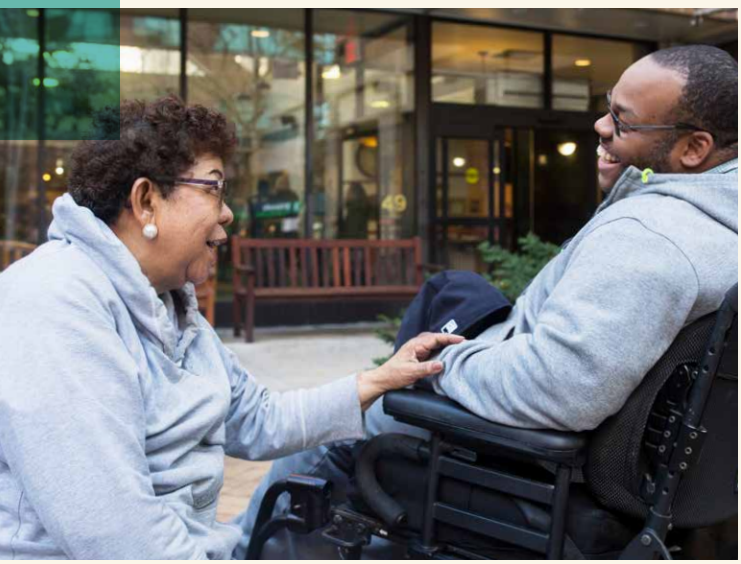


# PRIMARY GOAL: CAREGIVING THAT WORKS

In this section, we walk through the three main initiatives outlined under the fourth goal of the Master Plan for Aging that are aimed at improving direct care jobs and bolstering this workforce. For each initiative, we describe why it matters and how it could be strengthened.

MASTER PLAN GOAL 4 / CAREGIVING THAT WORKS
STRATEGY B / DIRECT CARE JOB CREATION / INITIATIVE 111

# "Convene a Direct Care Workforce Solutions Table to address workforce supply challenges and opportunities in skilled nursing facilities."



## Why This Matters

Bringing together stakeholders with different perspectives to strengthen the direct care workforce has been a successful approach in many states throughout the country.[9] A well-funded, properly coordinated "workforce solutions" table would help ensure that the many distinct challenges facing California's nursing assistants in nursing homes are explored and solved.

## How This Could Be Strengthened

The LTSS Subcommittee Report recommends creating a Direct Caregiver Workforce Development Task Force to study the entire workforce, examine training and workforce development programs, explore public-private partnerships, and much more. Accordingly, this initiative in the Master Plan should be broadened to include home care workers and residential care aides, two other segments of the workforce who would also benefit from a multi-stakeholder approach to identifying problems and generating solutions. Low compensation—a primary challenge facing these workers, and one which is inextricably linked to inadequate reimbursement rates under Medicaid—should also be addressed as part of this solutions table.[10]

### DID YOU KNOW?

In California, the direct care worker median wage—currently at $13.18—is $3.86 less than the median wage for all other occupations with similar entry-level requirements (such as janitors, retail salespersons, and customer service representatives) and $1.11 less than occupations with lower entry-level requirements (e.g., housekeepers, groundskeepers, and food preparation workers).

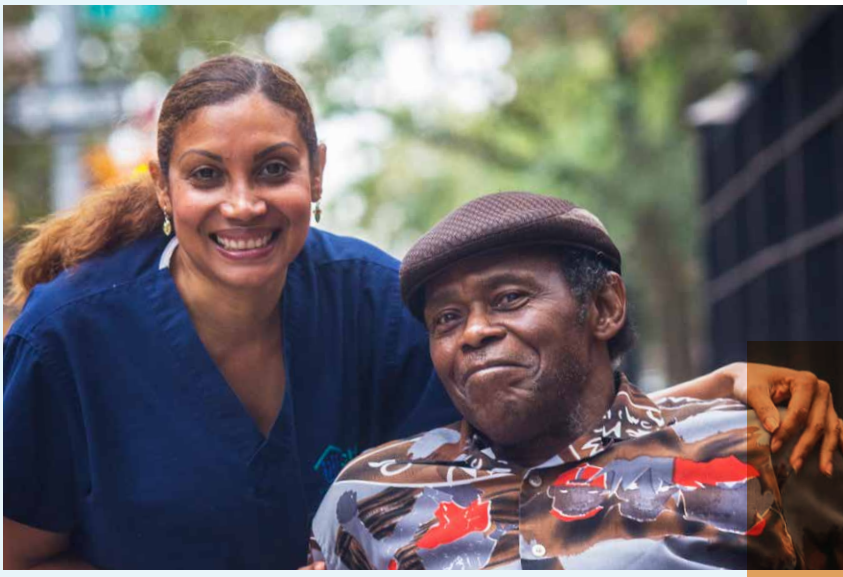
▸ **Source:** PHI. *Competitive Disadvantage: Direct Care Wages Are Lagging Behind*. PHI: Bronx, NY. https://phinational.org/resource/competitive-disadvantage-direct-care-wages-are-lagging-behind/.

MASTER PLAN GOAL 4 / CAREGIVING THAT WORKS
STRATEGY B / DIRECT CARE JOB CREATION / INITIATIVE 112

"Consider expanding online training platforms for direct care workers—including opportunities for dementia training for IHSS family caregivers seeking a career ladder and more—to meet need as funding available."

## Why This Matters

Direct care workers deserve effective, competency-based, and adult learner-centered training that equips them with the skills, knowledge, and confidence to succeed in their roles and deliver quality care.[10] When properly designed and evaluated for effectiveness, online training and e-learning approaches can help meet this goal, efficiently reaching vast numbers of workers in different locations as the need arises.[12] Online training has also been a beneficial approach during COVID-19, allowing training programs to be delivered without safety risks for trainers or trainees. Overall, this initiative highlights the importance of expanding training opportunities for direct care workers to ensure they are prepared to provide high-quality, condition-specific care (such as dementia care) and to strengthen career ladders within the workforce.[13]



## How This Could Be Strengthened

The LTSS Subcommittee Report offers various recommendations related to strengthening training for direct care workers; the report's strongest recommendation is to "invest in local, regional, and statewide workforce development and career ladder training." While online training should be an integral part of California's statewide training strategy for direct care workers (as described in Initiative 112), in-person and blended training programs rooted in adult learner-centered principles remain the gold standard for training in this sector.[14] In line with the LTSS Subcommittee Report, entry-level and ongoing training programs for direct care workers deserve adequate funding, testing, and expansion.

MASTER PLAN GOAL 4 / CAREGIVING THAT WORKS
STRATEGY B / DIRECT CARE JOB CREATION / INITIATIVE 113

"Diversify pipeline for direct care workers in home and community settings by testing and scaling emerging models (e.g., Healthcare Career Pathways; High-Road Direct Care; Universal Home Care Workers; more), to meet need as funding allows."

## Why This Matters

As detailed earlier in *Quality Jobs Are Essential*, the number of job openings in direct care is expected to increase significantly in the next 10 years—a trend driven mostly by workers leaving this sector for other fields (primarily because of poor job quality), growing demand, and retirement trends. Strengthening and diversifying the pipeline of workers entering this field through robust models related to recruitment, training, care integration, and advanced roles—as well as new models for this occupation, such as the universal home care approach—merits this level of attention in the Master Plan.[15] These models have been shown to improve job satisfaction and retention for workers, care for consumers, and cost savings for employers and the full system.[16] To be successful, these models need substantial funding and further testing and implementation.

## How This Could Be Strengthened

The LTSS Subcommittee Report provides a range of strategies that could help build the pipeline into direct care, beyond those named in the Master Plan. These additional strategies include: streamlining and coordinating training requirements, worker licensure, certification, and registry across state agencies; launching public education efforts; and offering employment supports such as providing stipends and loan forgiveness for students entering the field and compensating caregivers for training time and mileage. Paired with adequate compensation for workers, all these approaches and more should be explored as part of an initiative to diversify the pipeline for direct care workers across the entire LTSS system. The home care cooperative model, which has historically created high quality jobs with low turnover, should also be explored in this initiative.[17]

# ADDITIONAL GOALS, STRATEGIES, AND INITIATIVES

In this section, we examine how other goals, strategies, and initiatives in the Master Plan for Aging can be leveraged to improve jobs for direct care workers. For each initiative, we describe why it matters and how it could be strengthened to support direct care workers.

MASTER PLAN GOAL 2 / HOUSING FOR ALL STAGES & AGES
STRATEGY D / EMERGENCY PREPAREDNESS / INITIATIVE 27

"Conduct after-action analyses of COVID-19, including the impact on older, disabled, and at-risk adults, as one way to identify strategies to prevent future pandemic, emergency, and disaster-related deaths and disparities in deaths by age, ability, income, race, language, and other equity measures."

## Why This Matters

The COVID-19 pandemic has devastated California, with more than 3.3 million cases and over 41,000 deaths since its onset (as of February 3, 2021, according to *The New York Times*). The pandemic has had a disproportionate impact on older adults, people with disabilities, and people of color, among other at-risk populations.[18] It has also had a profound effect on the state's direct care workforce and long-term care sector. An in-depth, "after-action" analysis of this pandemic would educate the state and long-term care field on how to navigate this crisis and protect against future health crises.

### The LTSS Subcommittee Report and COVID-19

In its preface dated May 26, 2020, the LTSS Subcommittee Report acknowledges that the subcommittee had unanimously approved the recommendations for its report in March 2020, before the COVID-19 pandemic. Nevertheless, the report affirms the value of their original recommendations, expresses concerns about possible state budget cuts to critical LTSS programs, acknowledges widespread inequities facing older adults and people with disabilities, and signals the importance of "creative problem solving and a willingness to act expeditiously." Thus, the LTSS Subcommittee Reports' recommendations on this topic are relevant both during the crisis and far beyond it.

## How This Could Be Strengthened

Direct care workers must be an explicit focus of these analyses. As essential workers on the frontline of this crisis, direct care workers have been uniquely and disproportionately affected by COVID-19. PHI's experience in the field shows that many workers contracted—and a notable portion of them died from—the coronavirus (though the data on this topic is limited). Unfortunately, direct care workers and their employers continue to lack adequate supplies and support to manage this crisis, a problem that has worsened as employers have needed these supplies to administer vaccines.[19] The direct care workforce also shrunk during the pandemic's initial stage; national research shows that about 280,000 direct care workers exited the LTSS field between March and May 2020.[20] Additionally, new issues have surfaced related to vaccine hesitancy and rollout that would impact this workforce and the individuals they support.

MASTER PLAN GOAL 2 / **HEALTH REIMAGINED**
STRATEGY A / **BRIDGING HEALTH CARE WITH HOME** / INITIATIVE 33

"Advocate with the new federal Administration to create a universal Long-Term Services and Supports benefit and assess opportunities for federal/state partnership (e.g., Milliman study, Washington State model)."

## Why This Matters

A universal LTSS benefit would help California consumers cover the high and unpredictable costs of long-term care without impoverishing themselves to qualify for Medicaid.[21] This benefit would also ease the pressure on strained state Medicaid programs, allowing for other improvements in the system, including efforts to strengthen the direct care workforce.

## How This Could Be Strengthened

The LTSS Subcommittee Report recommends creating a statewide universal LTSS benefit program, relying on stakeholder partnerships, an actuarial study, and focus groups, among other strategies, to craft this program.

Since direct care workers are the paid frontline of support for LTSS consumers, a universal LTSS benefit should explore how to include and fund a range of policy improvements for direct care jobs so that a robust direct care workforce can effectively deliver those services. These improvements could include increased compensation, enhanced training requirements and a stronger training infrastructure, the creation of advanced roles in this sector, improved training and robust requirements for supervisors in direct care, an innovation fund and state-level advocate to improve recruitment and retention, a robust data collection system, and more.[22]

**"I'm there for my clients if they need or want anything, offer an extra hand to help or an extra ear to listen, and let them know they are not alone and that there is somebody out there who cares about them."**

**KAO SAEPHAN,** Home Care Provider, Caregiver Emergency Response Team (CERT) Provider at Homebridge in San Francisco, CA

MASTER PLAN GOAL 2 / **HEALTH REIMAGINED**
STRATEGY A / **BRIDGING HEALTH CARE WITH HOME** / INITIATIVE 43

"Reformulate an LTSS aging and disability stakeholder group to advise on long-term services and supports for all older adults and people with disabilities, drawing on stakeholders with experience on MPA LTSS Subcommittee and Olmstead Advisory, as well as new members, with increased diversity and continued participation by older adults, people with disabilities, and care providers."

## Why This Matters

An LTSS aging and disability stakeholder group builds upon the work and relationships created through the LTSS Subcommittee Report and establishes a platform for a broad range of stakeholders in LTSS to advise how this system address the lives and experiences of older adults and people with disabilities. Such a platform ensures that stakeholders with different and, at times, competing ideas—on long-standing challenges and new ones—can convene to resolve those differences under the shared goal of improving LTSS.

## How This Could Be Strengthened

The LTSS Subcommittee Report recommends creating a Direct Caregiver Workforce Development Task Force (noted earlier in this report) and a time-limited workgroup to address staffing issues. While it remains important to convene a task force to focus exclusively on direct care workforce challenges, the stakeholder group described in Initiative 43 of the Master Plan could also include direct care workforce advocates to ensure that their concerns are integrated into broader LTSS improvement efforts.

MASTER PLAN GOAL 2 / **HEALTH REIMAGINED**
STRATEGY E / **DEMENTIA IN FOCUS** / INITIATIVE 64

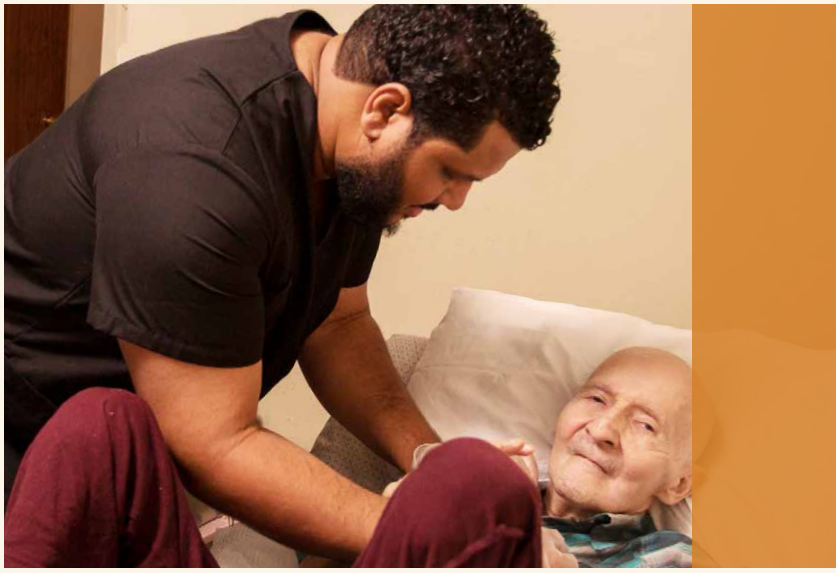
"Promote screening, diagnosis, and care planning by health care providers for patients and families with Alzheimer's and related dementias, through hub and spoke training model of health care providers; direct caregiver training opportunities; and consideration of how dementia standards of care could be further incorporated in Medi-Cal and Medicare managed care."

## Why This Matters

The growing rates of Alzheimer's disease and other forms of dementia require building dementia care competency within the health and long-term care workforce in California.[23] As Initiative 64 acknowledges, training for direct care workers should be a key priority in building this competence. Additionally, dementia-specific training for direct care workers has been shown to improve job satisfaction and reduce stress, which can spur a range of positive care- and cost-related outcomes.

## How This Could Be Strengthened

The LTSS Subcommittee Report recommends various approaches to promote dementia care competency among direct care workers that support this initiative, including building certification and career ladder programs related to dementia specialization, and adopting the Alzheimer's Association Dementia Care Practice Recommendations across all licensed settings.[24] The Dementia Care Specialist role that has already been pilot-tested in California provides a robust model that could be adapted to the direct care workforce, boosting dementia care competency in this workforce while providing a much-needed career pathway in direct care.[25]



MASTER PLAN GOAL 2 / HEALTH REIMAGINED
STRATEGY F / NURSING HOME INNOVATION / INITIATIVE 68

# "Produce 'COVID 2020' report on skilled nursing facilities and COVID-19, with California lessons learned and recommendations for national (CMS) policy reform."

## Why This Matters

The COVID-19 crisis has had a profound and disproportionate impact on nursing home residents and workers in California (as in every state across the country), raising pressing questions about the need for reform in this sector at the state and federal level. By examining and learning from nursing homes' experiences, the state will be better prepared to weather this and future crises, strengthening the delivery of care in nursing homes and the quality of nursing assistant jobs.

## How This Could Be Strengthened

While nursing homes have borne the brunt of COVID-19, this health crisis has indubitably strained the state's entire long-term care system—even if the data are not as available for home and community-based services as for nursing homes. The report proposed by Initiative 68 should examine the effects of COVID-19 on all long-term care settings in California with a clear focus on workers as well as consumers.

MASTER PLAN GOAL 2 / **HEALTH REIMAGINED**
STRATEGY F / **NURSING HOME INNOVATION** / INITIATIVE 69

# "Continue to expand transparency on state data on nursing homes, including quality, staffing, financing, both in COVID-19 and ongoing."

## Why This Matters

One of the greatest barriers to improving quality in nursing homes and other long-term care settings is the lack of consistent information and accountability.[26] COVID-19 has underscored the long-standing need for greater transparency about long-term care ownership, management, experiences, and outcomes—not least with regards to staffing. With greater transparency across the field, stakeholders will be able to better identify the most pressing challenges and effective solutions.

## How This Could Be Strengthened

The LTSS Subcommittee Report recommends that the state institute comprehensive workforce quality and safety standards for all LTSS businesses in California.

In this spirit, the state should strengthen its commitment to data collection and transparency across the board, not just in nursing homes. To better track job quality in direct care across long-term care settings, as one key priority, the state should include measures related to workforce volume, stability, compensation, and training/credentials (among other variables), accounting for workers employed through both agencies and in consumer-directed programs.

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

**MARICHU BUENAVENTURA**, Caregiver at Courage LLC and Member of Pilipino Workers Center in Los Angeles, CA

MASTER PLAN GOAL 2 / **HEALTH REIMAGINED**
STRATEGY F / **NURSING HOME INNOVATION** / INITIATIVE 71

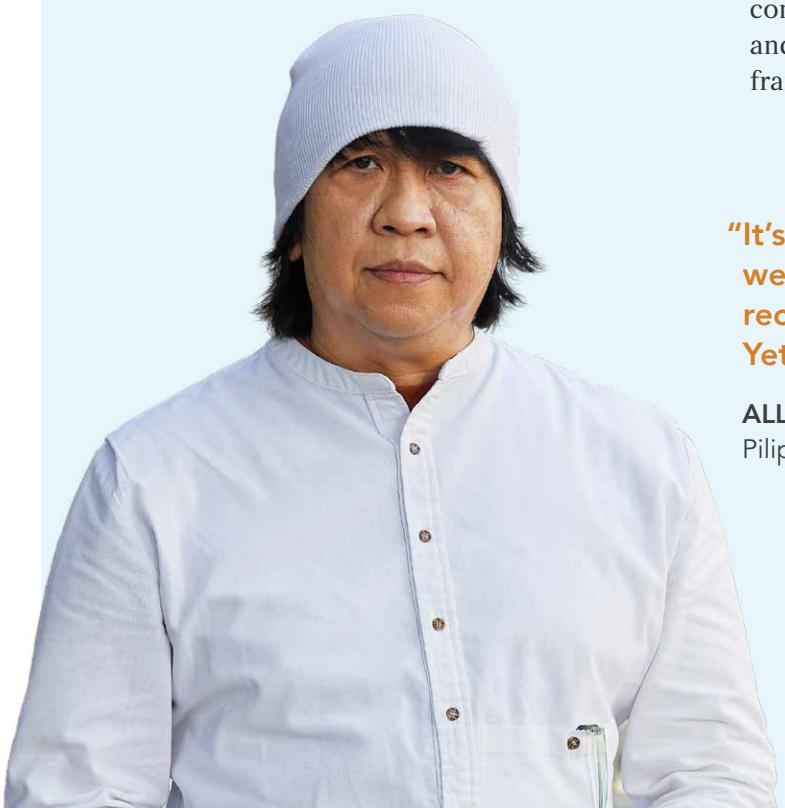
# "Explore additional value-based payment methodology changes in skilled nursing, focused on care quality, job quality, equity, and health outcomes."

## Why This Matters

Because they provide the majority of paid care to nursing home residents, significantly influencing residents' health outcomes, nursing assistants are central to achieving value in skilled nursing—for example, by helping to reduce potentially avoidable hospitalizations, among other costly outcomes.[27] Including the workforce in value-based payment approaches could be an avenue for incentivizing improvements in direct care jobs and amplifying the positive contribution of these workers.

## How This Could Be Strengthened

While the LTSS Subcommittee Report does not specifically address California's value-based payment program, this initiative holds promise for leveraging and strengthening the direct care workforce. This initiative should be broadened to include home and community-based services, where home care workers continually shape care and cost outcomes.[28] Further, as the Master Plan is adapted over time, this initiative should consider the range of job quality indicators relevant to value-based arrangements, including compensation, training, turnover, retention, and more. (See Appendix 3 for PHI's framework on direct care job quality.)



**"It's so unfortunate that in the world we live in, the caregiving profession receives the lowest category of pay. Yet it requires a lot of intelligence."**

**ALLEN GALEON**, Caregiver and Worker Leader, Pilipino Workers Center in Los Angeles, CA

MASTER PLAN GOAL 3 / **INCLUSION & EQUITY, NOT ISOLATION**
STRATEGY A / **INCLUSION & EQUITY IN AGING** / INITIATIVE 75

# "Continue to expand culturally and linguistically competent communications to older adults, people with disabilities, and families."

## Why This Matters

Culturally and linguistically competent communication ensures that all older adults, people with disabilities, and families in California—especially people of color and immigrants with limited English-proficiency—can genuinely access the resources they need to age successfully and in good health.[29] Without equitable access to aging- and health-related resources, these populations will continue to struggle with long-standing barriers and disparities related to health, aging, financial security, and more.[30]

## How This Could Be Strengthened

The LTSS Subcommittee Report recommends that the state identify best practices in cultural responsiveness within LTSS, as well as design culturally and linguistically responsive LTSS workforce training across a range of topics. In line with these recommendations, Initiative 75 in the Master Plan should include the creation of training modules for direct care workers that build their cultural and linguistic competence and help them better support their diverse clients and residents.

Additionally, effectively reaching direct care workers—who themselves need culturally and linguistically competent health and aging-related resources—might require developing a targeted outreach approach rooted in worker-specific frames, messages, and communications platforms.[31]

MASTER PLAN GOAL 3 / INCLUSION & EQUITY, NOT ISOLATION
STRATEGY A / INCLUSION & EQUITY IN AGING / INITIATIVE 107

## "Promote current state paid family leave benefits to older Californians, people with disabilities, and family caregivers."

### Why This Matters

California's Paid Family Leave program allows individuals to take paid time off from work to care for a loved one who is sick, bond with a new child, or participate in certain events when a relative in the military has been deployed to another country.[32] As low-wage workers who cannot typically afford to take unpaid time off for these purposes, direct care workers stand to benefit significantly from this program—but they must be made aware of the program to reap the benefits.[33]

### How This Could Be Strengthened

The LTSS Subcommittee Report calls for more funding to support paid family leave outreach, focusing on underserved communities and the need for community-based partnerships and culturally and linguistically competent information. Efforts to implement Initiative 107 should draw on these recommendations to effectively reach diverse and underserved older adults, people with disabilities, family caregivers, and the direct care workers who support them.

MASTER PLAN GOAL 3 / INCLUSION & EQUITY, NOT ISOLATION
STRATEGY A / INCLUSION & EQUITY IN AGING / INITIATIVE 108

## "Assess participation in state paid family leave, including recent legislation to expand equity, for equity, including LGBTQ, race, income, gender."

### Why This Matters

As described above, the success of California's Paid Family Leave program depends on broad participation from eligible individuals across the state, including older adults, people with disabilities, family caregivers, and direct care workers. Yet too often, systemic inequities and a lack of culturally and linguistically competent information prevent people of color, immigrants, women, LGBTQ people, and low-income people from accessing programs like this, even though their needs are significant.[34] Assessing participation in paid family leave across race, immigration status, gender and gender identity, sexual orientation, income, and occupation would help the state understand which populations could benefit from targeted outreach.

### How This Could Be Strengthened

In the same spirit, the LTSS Subcommittee Report recommends an investment in paid family leave outreach that acknowledges the unique barriers facing LGBTQ people, people of color, poor and low-income people, and women, as noted above. Given the high percentages of immigrants in the state and the direct care workforce, this assessment should include immigration status as well. The LTSS Subcommittee Report also recommends that the state allow a caregiver to designate a "family of choice" within the paid family leave program, which would help prevent the exclusion of people without biological family or spouses.[35]

**"We work so hard and sincerely from the heart. But we are being discriminated against, isolated, underpaid, and abused."**

**TERESITA SATTAR**, Caregiver at Courage LLC and Worker Leader at Pilipino Workers Center in Los Angeles, CA

CAREGIVER AT COURAGE LLC AND WORKER LEADER AT PILIPINO WORKERS CENTER, LOS ANGELES, CA

10 YEAR AS A DIRECT CARE WORKER

# TERESITA SATTAR

## ON WHY SHE DECIDED TO BECOME A DIRECT CARE WORKER:

"Ten years ago, I came to America with the hope of pursuing a good life and happiness as I believe this is the land of opportunity as long as you work hard for it, using the knowledge and skills that we have achieved through our education and experiences. I was an RN in the Philippines for 27 years before coming to America, but I did not have a nursing license to practice here. By becoming a caregiver, I have been able to continue my service to help others. I feel a sense of fulfillment when I know that I am able to give clients quality care."

## ON WHAT SHE FINDS MOST CHALLENGING IN HER ROLE:

"When I became a caregiver, I learned that this job is often looked down on as the lowest class of workers. This job can be very much exploited, especially with regards to immigrants of color, particularly women. As a caregiver, we are in very close contact with our clients, and I develop much closer one-on-one relationships than when I was a nurse. We work so hard and sincerely from the heart. But we are being discriminated against, isolated, underpaid, and abused.

I experienced this myself with my first company, but I stayed for years because I felt that my client really needed my help, and I also needed to earn a living to survive. Then I left that company to work with the [homecare cooperative] Courage LLC. Courage gave me a good job that allows me to support myself and my family, and I benefit from paid sick leave and approval for overtime pay. They have also sent me to a national conference for cooperative home care workers, and this training has helped me work with clients more effectively. I feel grateful to them for giving me these opportunities and the chance to become one of the co-owner members of the cooperative."

## ON THE IMPACT OF COVID-19:

"When the pandemic started, I decided to pause working because I am over 60 years of age, and I know that I am very vulnerable to this virus. I am staying home with my 10-year-old grandson right now while his school is closed and am waiting for the pandemic to go away. It's a big challenge because I have no income to support my family, but for now I have a little savings. But I am afraid that soon my savings will be gone, and I will have to find some other way to earn a living.

When people think of frontline workers, they often think of doctors, nurses, or police. But COVID-19 affects caregivers, too, and many of us are not being given the safety and protection that other workers are getting during this pandemic. Caregivers are suffering. We work with our hearts and our minds to give care to others, but I hope our elected leaders realize we also need care and protection."

As a caregiver and worker leader, Teresita knows that direct care workers are essential yet worries how they are mistreated in these roles.

# SUMMARY: CREATING 1 MILLION HIGH-QUALITY DIRECT CARE JOBS IN CALIFORNIA

By dedicating one of its five core goals to strengthening the direct care workforce and creating one million high-quality direct care jobs by 2031, California's Master Plan for Aging has rightfully elevated and centered these workers in its comprehensive strategy to improve aging supports and LTSS across the state. As detailed in this report, the plan also includes several other goals, strategies, and initiatives that could—with the right detail and funding—strengthen the direct care workforce over the next 10 years through pipeline development, improved training and career pathways, better data collection, increased paid family leave uptake, and a heightened focus on equity and cultural and linguistic competence throughout LTSS, among other strategies.

The Master Plan also recommends the formation of key advisory bodies to focus on strengthening workforce development, improving LTSS, and learning from COVID-19 to better prepare for future crises—all relevant to the direct care workforce. Finally, the Master Plan proposes creating a universal LTSS benefit that would enhance affordability and accessibility for consumers—which, this report argues, must also strengthen jobs for the direct care workers who are the backbone of the LTSS system.

As a living document, the Master Plan for Aging has plenty of room for improvement over the next 10 years. As noted in this report, several of the initiatives focus too narrowly on nursing homes (and in turn, nursing assistants) despite the clear need to also address the state's home and community-based services system and the home care workers who sustain it. Additionally, compensation-related initiatives—that would increase wages and benefits, matched by increased reimbursement rates under Medicaid—are scant in the Master Plan, despite the demonstrated effect that poverty-level wages have on direct care workers' financial security, their retention in this sector, and the quality and continuity of care they deliver. Finally, the Master Plan has a number of ancillary initiatives that were not included in this report's analysis but rely on a strong and stable direct care workforce, including: assessing "options to increase Adult Day Services, especially for people with dementia" (Initiative 66), creating "opportunities to increase stability for IHSS beneficiaries through back-up provider systems and registries" (Initiative 38), and revisiting a "pilot for 'small house' nursing homes" (Initiative 77). A direct care worker lens on these initiatives would bolster their efficacy.

The Master Plan must tackle the concerns it outlines with authority, clear actions, and adequate funding. Older adults, people with disabilities, and direct care workers deserve nothing less.

# COMPARISON OF KEY DIRECT CARE WORKFORCE RECOMMENDATIONS IN LTSS SUBCOMMITTEE REPORT TO CALIFORNIA'S MASTER PLAN FOR AGING

| LTSS Subcommittee Report Area | LTSS Subcommittee Report Key Recommendation | California Master Plan For Aging |
|---|---|---|
| Expand Workforce Supply and Improve Working Conditions | **"Establish a Direct Caregiver Workforce Development Task Force, to be convened by the Labor & Workforce Development Agency."** | **Explicitly Addressed in Master Plan, Needs Strengthening:** Goal 4 (Caregiving That Works), Strategy B (Direct Care Job Creation), Initiative 111: Convene a Direct Care Workforce Solutions Table |
| Expand Workforce Supply and Improve Working Conditions | **"Create and enforce comprehensive statewide workforce quality and safety standards for all businesses providing LTSS services in California, to be administered by the state."** | **Implicitly Addressed in Master Plan, Needs Strengthening:** Goal 2 (Health Reimagined), Strategy F (Nursing Home Innovation), Initiative 69: "Continue to expand transparency on state data on nursing homes, including quality, staffing, financing, both in COVID-19 and ongoing." |
| Expand Workforce Supply and Improve Working Conditions | **"Coordinate across state agencies and identify ways to streamline employee licensure, certification and registry."** | **Implicitly Addressed in Master Plan, Needs Strengthening:** Goal 4 (Caregiving That Works), Strategy B (Direct Care Job Creation), Initiative 113: "Diversify pipeline for direct care workers in home and community settings by testing and scaling emerging models (e.g., Healthcare Career Pathways; High-Road Direct Care; Universal Home Care Workers; more), to meet need as funding allows." |
| Expand Workforce Supply and Improve Working Conditions | **"Invest in local, regional and statewide workforce development and career ladder training. This could include public education campaigns to attract employees to the field."** | **Explicitly Addressed in Master Plan, Needs Strengthening:** Goal 4 (Caregiving That Works), Strategy A (Family & Friends Caregiving Support), Initiative 112: "Consider expanding online training platforms for direct care workers – including opportunities for dementia training for IHSS family caregivers seeking a career ladder and more - to meet need as funding available"; and Goal 4 (Caregiving That Works), Strategy B (Direct Care Job Creation), Initiative 113: "Diversify pipeline for direct care workers in home and community settings by testing and scaling emerging models (e.g., Healthcare Career Pathways; High-Road Direct Care; Universal Home Care Workers; more), to meet need as funding allows." |

## COMPARISON OF KEY DIRECT CARE WORKFORCE RECOMMENDATIONS IN LTSS SUBCOMMITTEE REPORT TO CALIFORNIA'S MASTER PLAN FOR AGING (CONT.)

| LTSS Subcommittee Report Area | LTSS Subcommittee Report Key Recommendation | California Master Plan For Aging |
|---|---|---|
| Strengthen IHSS Workforce Through Statewide Collective Bargaining | **"Consolidate employer responsibility for collective bargaining to one entity at the state level that can negotiate with IHSS employee representative organizations over wages, health benefits, retirement, training and other terms and conditions. This will allow the state to implement and have funding responsibility for policies that will increase recruitment and retention of the IHSS workforce as well as improve quality of services, for example, by offering a higher wage to providers who serve clients with complex needs."** | **Not Addressed in Master Plan** |
| Strengthen IHSS Workforce Through Statewide Collective Bargaining | **"Expand eligibility for Unemployment Insurance Benefits (UIB) to IHSS providers who are the spouse or parent of their client."** | **Not Addressed in Master Plan** |
| Strengthen IHSS Workforce Through Statewide Collective Bargaining | **"Implement a voluntary certified, standardized, and paid training curriculum for IHSS providers that offers career pathways and opportunities for increased pay for workers, increases their capacities to deliver care for the growing population of clients with complex care needs, addresses retention of the current workforce and attracts the workforce needed to meet future demands."** | **Explicitly Addressed in Master Plan, Needs Strengthening:** Goal 4 (Caregiving That Works), Strategy B (Direct Care Job Creation), Initiative 112: "Consider expanding online training platforms for direct care workers – including opportunities for dementia training for IHSS family caregivers seeking a career ladder and more – to meet need as funding available." |
| Strengthen IHSS Workforce Through Statewide Collective Bargaining | **"Require workforce training to be linguistically and culturally responsive and include topics such as implicit bias, declining cognitive and physical abilities, Alzheimer's and dementia related conditions and social isolation. It should also include a special focus on training people with intellectual/ developmental disability (I/DD) to do all or some IHSS tasks."** | **Explicitly Addressed in Master Plan, Needs Strengthening:** Goal 2 (Health Reimagined), Strategy E (Dementia in Focus), Initiative 64: "Promote screening, diagnosis, and care planning by health care providers for patients and families with Alzheimer's and related dementias, through hub and spoke training model of health care providers; direct caregiver training opportunities; and consideration of how dementia standards of care could be further incorporated in Medi-Cal and Medicare managed care; and Goal 3 (Inclusion & Equity, Not Isolation), Strategy A (Inclusion & Equity in Aging), Initiative 75: "Continue to expand culturally and linguistically competent communications to older adults, people with disabilities, and families." |

## COMPARISON OF KEY DIRECT CARE WORKFORCE RECOMMENDATIONS IN LTSS SUBCOMMITTEE REPORT TO CALIFORNIA'S MASTER PLAN FOR AGING (CONT.)

| LTSS Subcommittee Report Area | LTSS Subcommittee Report Key Recommendation | California Master Plan For Aging |
|---|---|---|
| Strengthen IHSS Workforce Through Statewide Collective Bargaining | **"Ensure that individuals who agree to work as IHSS providers are enrolled into the system and paid in a standardized and timely manner."** | **Not Addressed in Master Plan** |
| Strengthen IHSS Workforce Through Statewide Collective Bargaining | **"Repeal statutes that require IHSS providers to pay for their criminal background check."** | **Not Addressed in Master Plan** |
| Strengthen IHSS Workforce Through Statewide Collective Bargaining | **"Establish statewide policies on sexual harassment prevention and workplace violence prevention in the IHSS program."** | **Not Addressed in Master Plan** |
| Address Staffing Issues in Residential Settings | **"The state should convene stakeholders, including the Department of Health Care Services and Department of Social Services, in a time-limited workgroup to address staffing challenges and respond to proposals calling for increased staffing ratios, elimination of current staffing ratio waivers, and linking Medi-Cal reimbursement directly to staffing."** | **Explicitly Addressed in Master Plan, Needs Strengthening:** Goal 2 (Health Reimagined), Strategy A (Bridging Health Care with Home), Initiative 43: "Reformulate an LTSS aging and disability stakeholder group to advise on long-term services and supports for all older adults and people with disabilities, drawing on stakeholders with experience on MPA LTSS Subcommittee and Olmstead Advisory, as well as new members, with increased diversity and continued participation by older adults, people with disabilities, and care providers"; and Goal 4 (Caregiving That Works), Strategy B (Direct Care Job Creation), Initiative 111: "Convene a Direct Care Workforce Solutions Table to address workforce supply challenges CHHS & LWDA and opportunities in skilled nursing facilities." |
| Build a Dementia Capable Workforce | **"Explore certification and career ladder programs to promote dementia specialization."** | **Explicitly Addressed in Master Plan, Needs Strengthening:** Goal 2 (Health Reimagined), Strategy E (Dementia in Focus), Initiative 64: "Promote screening, diagnosis, and care planning by health care providers for patients and families with Alzheimer's and related dementias, through hub and spoke training model of health care providers; direct caregiver training opportunities; and consideration of how dementia standards of care could be further incorporated in Medi-Cal and Medicare managed care." |

## COMPARISON OF KEY DIRECT CARE WORKFORCE RECOMMENDATIONS IN LTSS SUBCOMMITTEE REPORT TO CALIFORNIA'S MASTER PLAN FOR AGING (CONT.)

| LTSS Subcommittee Report Area | LTSS Subcommittee Report Key Recommendation | California Master Plan For Aging |
|---|---|---|
| Build a Dementia Capable Workforce | **"Adopt the Dementia Care Practice Recommendations across all licensure categories."** | **Explicitly Addressed in Master Plan, Needs Strengthening:** Goal 2 (Health Reimagined), Strategy E (Dementia in Focus), Initiative 64: "Promote screening, diagnosis, and care planning by health care providers for patients and families with Alzheimer's and related dementias, through hub and spoke training model of health care providers; direct caregiver training opportunities; and consideration of how dementia standards of care could be further incorporated in Medi-Cal and Medicare managed care." |
| Build a Dementia Capable Workforce | **"Restore the Alzheimer's Day Care Resource Center model to augment Adult Day Services expertise and extend it into the community."** | **Explicitly Addressed in Master Plan, Needs Strengthening:** Goal 2 (Health Reimagined), Strategy E (Dementia in Focus), Initiative 66: "Assess options to increase Adult Day Services, especially for people with dementia." |
| Ensure a Linguistically and Culturally Responsive Workforce | **"Identify best practices in cultural responsiveness which may include implicit bias training and provide direct care staff with linguistically and culturally responsive education and resources to support them in their important work."** | **Explicitly Addressed in Master Plan, Needs Strengthening:** Goal 3 (Inclusion & Equity, Not Isolation), Strategy A (Inclusion & Equity in Aging), Initiative 75: "Continue to expand culturally and linguistically competent communications to older adults, people with disabilities, and families." |
| Invest in LTSS Workforce Education & Training Strategies | **"Support career pipelines for direct care staff focused on serving an aging population."** | **Explicitly Addressed in Master Plan, Needs Strengthening:** Goal 4 (Caregiving That Works), Strategy B (Direct Care Job Creation), Initiative 113: "Diversify pipeline for direct care workers in home and community settings by testing and scaling emerging models (e.g., Healthcare Career Pathways; High-Road Direct Care; Universal Home Care Workers; more), to meet need as funding allows." |
| Invest in LTSS Workforce Education & Training Strategies | **"Provide stipends and loan forgiveness for students entering the field, including high school, technical training programs, community and four-year colleges, and advanced degree programs."** | **Implicitly Addressed in Master Plan, Needs Strengthening:** Goal 4 (Caregiving That Works), Strategy B (Direct Care Job Creation), Initiative 113: "Diversify pipeline for direct care workers in home and community settings by testing and scaling emerging models (e.g., Healthcare Career Pathways; High-Road Direct Care; Universal Home Care Workers; more), to meet need as funding allows." |

## COMPARISON OF KEY DIRECT CARE WORKFORCE RECOMMENDATIONS IN LTSS SUBCOMMITTEE REPORT TO CALIFORNIA'S MASTER PLAN FOR AGING (CONT.)

| LTSS Subcommittee Report Area | LTSS Subcommittee Report Key Recommendation | California Master Plan For Aging |
|---|---|---|
| Invest in LTSS Workforce Education & Training Strategies | **"Support career ladders and mobility for direct care staff."** | **Explicitly Addressed in Master Plan, Needs Strengthening:** Goal 4 (Caregiving That Works), Strategy B (Direct Care Job Creation), Initiative 113: "Diversify pipeline for direct care workers in home and community settings by testing and scaling emerging models (e.g., Healthcare Career Pathways; High-Road Direct Care; Universal Home Care Workers; more), to meet need as funding allows." |
| Invest in LTSS Workforce Education & Training Strategies | **"Compensate caregivers for training time and reimburse mileage."** | **Implicitly Addressed in Master Plan, Needs Strengthening:** Goal 4 (Caregiving That Works), Strategy B (Direct Care Job Creation), Initiative 113: "Diversify pipeline for direct care workers in home and community settings by testing and scaling emerging models (e.g., Healthcare Career Pathways; High-Road Direct Care; Universal Home Care Workers; more), to meet need as funding allows." |
| Invest in LTSS Workforce Education & Training Strategies | **"Coordinate requirements so that training leads to professional licensing and certifications."** | **Implicitly Addressed in Master Plan, Needs Strengthening:** Goal 4 (Caregiving That Works), Strategy B (Direct Care Job Creation), Initiative 113: "Diversify pipeline for direct care workers in home and community settings by testing and scaling emerging models (e.g., Healthcare Career Pathways; High-Road Direct Care; Universal Home Care Workers; more), to meet need as funding allows." |
| Invest in LTSS Workforce Education & Training Strategies | **"Establish and scale a universal home care worker family of jobs with career ladders and associated training."** | **Explicitly Addressed in Master Plan, Needs Strengthening:** Goal 4 (Caregiving That Works), Strategy B (Direct Care Job Creation), Initiative 113: "Diversify pipeline for direct care workers in home and community settings by testing and scaling emerging models (e.g., Healthcare Career Pathways; High-Road Direct Care; Universal Home Care Workers; more), to meet need as funding allows." |
| Support Family Caregivers by Expanding Nurse Delegation of Certain Tasks | **"Clarify, or revise existing requirements, to allow home health aides to provide health maintenance tasks including, but not limited to, tube feedings, ventilator care, intramuscular injections, and ostomy care, with appropriate training and supervision."** | **Not Addressed in Master Plan** |

## COMPARISON OF KEY DIRECT CARE WORKFORCE RECOMMENDATIONS IN LTSS SUBCOMMITTEE REPORT TO CALIFORNIA'S MASTER PLAN FOR AGING (CONT.)

| LTSS Subcommittee Report Area | LTSS Subcommittee Report Key Recommendation | California Master Plan For Aging |
|---|---|---|
| Paid Family Leave for All Working Caregivers | **"Expand job protections for all caregivers, regardless of whether the individual is taking bonding leave or leave to care for a seriously ill adult."** | **Implicitly Addressed in Master Plan, Needs Strengthening:** Goal 4 (Caregiving That Works), Strategy A (Family & Friends Caregiving Support), Initiative 108: "Assess participation in state paid family leave, including recent legislation to expand equity, for equity, including LGBTQ, race, income, gender." |
| Paid Family Leave for All Working Caregivers | **"Broaden the definition of family member to allow a caregiver to designate a "family of choice" for the purposes of paid family leave."** | **Implicitly Addressed in Master Plan, Needs Strengthening:** Goal 4 (Caregiving That Works), Strategy A (Family & Friends Caregiving Support), Initiative 108: "Assess participation in state paid family leave, including recent legislation to expand equity, for equity, including LGBTQ, race, income, gender." |
| Paid Family Leave for All Working Caregivers | **"Expand funding for paid family leave outreach, with a focus on underserved communities, working with community-based organizations capable of delivering information that is linguistically and culturally responsive."** | **Explicitly Addressed in Master Plan, Needs Strengthening:** Goal 4 (Caregiving That Works), Strategy A (Family & Friends Caregiving Support), Initiative 107: "Promote current state paid family leave benefits to older Californians, people with disabilities, and family caregivers"; and Goal 4 (Caregiving That Works), Strategy A (Family & Friends Caregiving Support), Initiative 108: "Assess participation in state paid family leave, including recent legislation to expand equity, for equity, including LGBTQ, race, income, gender." |

**Source:** Long Term Services and Supports Subcommittee. 2020. *Master Plan for Aging Long Term Services and Supports Subcommittee Stakeholder Report.* Sacramento, CA: California Health and Human Services Agency. https://www.chhs.ca.gov/home/master-plan-for-aging/subcommittees/ltss/; and California Department of Aging. 2021. *Master Plan for Aging.* Sacramento, CA: California Department of Aging. https://mpa.aging.ca.gov/.

# PROFILE OF DIRECT CARE WORKFORCE IN CALIFORNIA

| | Home Care | Residential Care Homes | Nursing Homes | All Direct Care Workers |
|---|---|---|---|---|
| Gender | | | | |
| Male | 20% | 18% | 18% | 19% |
| Female | 80% | 82% | 82% | 81% |
| Age | | | | |
| 16-24 | 8% | 19% | 17% | 10% |
| 25-34 | 16% | 23% | 25% | 18% |
| 35-44 | 18% | 17% | 17% | 18% |
| 45-54 | 25% | 19% | 20% | 23% |
| 55-64 | 24% | 17% | 17% | 22% |
| 65+ | 10% | 5% | 4% | 9% |
| Median Age | 49 | 40 | 38 | 47 |
| Race and Ethnicity | | | | |
| White | 26% | 19% | 12% | 23% |
| Black or African American | 12% | 11% | 12% | 12% |
| Hispanic or Latino (Any Race) | 37% | 37% | 40% | 37% |
| Asian or Pacific Islander | 23% | 31% | 32% | 25% |
| Other | 3% | 3% | 4% | 3% |
| Children | | | | |
| Own Child in Household | 21% | 27% | 30% | 23% |
| Own Child Under Age 5 in Household | 8% | 13% | 17% | 10% |
| Own Child Aged 5 To 17 in Household | 18% | 21% | 22% | 19% |
| Own Children Under Age 5 and Aged 5 to 17 in Household | 4% | 6% | 8% | 5% |
| Citizenship Status | | | | |
| U.S. Citizen by Birth | 53% | 55% | 47% | 52% |
| U.S. Citizen by Naturalization | 28% | 21% | 30% | 27% |
| Not a Citizen of the U.S. | 19% | 24% | 24% | 20% |
| Educational Attainment | | | | |
| Less than High School | 22% | 15% | 14% | 20% |
| High School Graduate | 29% | 28% | 25% | 29% |
| Some College, No Degree | 27% | 34% | 38% | 29% |
| Associate's Degree or Higher | 21% | 23% | 23% | 22% |

## PROFILE OF DIRECT CARE WORKFORCE IN CALIFORNIA (CONT.)

| | Home Care | Residential Care Homes | Nursing Homes | All Direct Care Workers |
|---|---|---|---|---|
| Employment Status | | | | |
| Full-Time | 58% | 76% | 81% | 66% |
| Part-Time, Non-Economic Reasons | 31% | 19% | 15% | 25% |
| Part-Time, Economic Reasons | 11% | 5% | 4% | 9% |
| Annual Earnings | | | | |
| Median Personal Earnings | $15,500 | $20,100 | $24,300 | $17,200 |
| Median Family Income | $46,600 | $54,400 | $64,400 | $49,500 |
| Federal Poverty Level | | | | |
| Less than 100% | 16% | 15% | 8% | 15% |
| Less than 138% | 28% | 26% | 15% | 26% |
| Less than 200% | 46% | 45% | 34% | 44% |
| Public Assistance | | | | |
| Any Public Assistance | 53% | 42% | 32% | 49% |
| Food and Nutrition Assistance | 22% | 18% | 14% | 21% |
| Medicaid | 39% | 30% | 21% | 36% |
| Cash Assistance | 4% | 3% | 1% | 3% |
| Health Insurance Status | | | | |
| Any Health Insurance | 88% | 84% | 89% | 88% |
| Health Insurance through Employer/Union | 38% | 44% | 61% | 42% |
| Medicaid, Medicare, or Other Public Coverage | 47% | 34% | 24% | 43% |
| Health Insurance Purchased Directly | 11% | 11% | 9% | 11% |
| Affordable Housing | | | | |
| Owned or Being Bought (Loan) | 45% | 37% | 42% | 43% |
| Home Ownership Costs Above 30% of Household Income | 35% | 29% | 30% | 33% |
| Rented | 55% | 63% | 58% | 57% |
| Rent Costs Above 30% of Household Income | 58% | 52% | 43% | 55% |
| Housing Costs Above 30% of Household Income | 48% | 43% | 38% | 46% |

**Source:** Ruggles, Steven, Sarah Flood, Ronald Goeken, Josiah Grover, Erin Meyer, Jose Pacas, and Matthew Sobek. 2020. *IPUMS USA: Version 10.0.* https://doi.org/10.18128/D010.V10.0; Flood, Sarah, Miriam King, Renae Rodgers, Steven Ruggles and J. Robert Warren. 2020. *Integrated Public Use Microdata Series, Current Population Survey: Version 7.0.* https://doi.org/10.18128/D030.V7.0; analysis by PHI (September 2020).

# PHI FRAMEWORK: THE 5 PILLARS OF DIRECT CARE JOB QUALITY

## QUALITY TRAINING

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

## FAIR COMPENSATION

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

## QUALITY SUPERVISION & SUPPORT

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

## RESPECT & RECOGNITION

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

## REAL OPPORTUNITY

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

**Source:** PHI. *The 5 Pillars of Direct Care Job Quality.* PHI: Bronx, NY. https://phinational.org/resource/the-5-pillars-of-direct-care-job-quality/.

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