

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

MICHELLE GODWIN

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FEDERAL FACT SHEET

The Direct CARE Opportunity Act

On May 4, 2021, Rep. Robert C. “Bobby” Scott (D-VA), Rep. Susan Wild (D-PA), and Rep. Susie Lee (D-NV) introduced the Direct Creation, Advancement, and Retention of Employment (CARE) Opportunity Act.¹ If enacted, this bill would invest more than \$1 billion over five years in workforce interventions that improve training, recruitment, and retention in the direct care workforce—a significant need as the rapid aging of our population and high turnover in this job sector will continue to spur demand for direct care workers in the decades ahead. The bill would also invest in career advancement opportunities for direct care workers, ensuring that they can pursue a satisfying and well-compensated career in this field. This fact sheet explains why the Direct CARE Opportunity Act matters for direct care workers and the future of long-term care.

A woman with vibrant red hair styled in a high bun with bangs is smiling and looking towards another person whose back is partially visible on the right. She is wearing a blue polo shirt with a small logo on the sleeve and large gold hoop earrings. The background is softly blurred, suggesting an indoor setting.

Did You Know?

From 2019 to 2029, the direct care workforce is projected to add nearly 1.3 million new direct care jobs.² Additionally, the long-term care sector will need to fill almost 6.2 million direct care job openings in this period as workers leave the field for a new occupation or leave the labor force altogether due to retirement, disability, or some other reason. An investment in direct care worker recruitment, retention, and advancement will help fill these 7.4 million total job openings.

Why It's Needed

Effective, scalable strategies in direct care support workers, consumers, employers, and the economy.

The wide range of workforce interventions that this bill would support will help strengthen and stabilize the direct care workforce, which means increased economic security for workers, quality care for older adults and people with disabilities, better staffing outcomes for employers, and a boost to the economy through reduced health care costs and increased consumer spending. The direct care workforce is now larger than any other single occupation—and this bill would strengthen this job sector to compel greater economic growth.

Direct care workers suffer from inadequate training and advancement opportunities—and their employers struggle to recruit and retain workers.

The national training landscape for direct care workers remains insufficient, as evidenced by limited training requirements and an under-resourced training infrastructure.³

Likewise, these workers can rarely access opportunities to advance within and beyond direct care. As a result of these and other factors, employers cannot find and keep the workers they need to meet growing demand—a problem that will intensify as the number of older adults and people with disabilities surges and this workforce shortage worsens.

The evidence base on direct care workforce interventions needs a significant boost.

From training approaches to advanced roles and much more, workforce interventions in this job sector need strengthening and evaluation.⁴ Workforce interventions are needed that: meet the unique and diverse needs of a particular region or population; train and support workers; recruit new populations into this field; and promote upskilling, advanced roles, and care team integration. These strategies should be paired with robust evaluations of their impact on client and worker outcomes and reductions in health care spending.

THE INTERVENTION ECOSYSTEM

The Direct CARE Opportunity Act affirms the wide range of players critical to workforce interventions in direct care, including state and city governments, nonprofits, labor organizations, employers (home care agencies, nursing homes, and residential care providers), training and further education entities, Indian tribes or tribal organizations, and supportive service agencies related to transportation, childcare, and more. Successful strategies in this sector coordinate across many of these stakeholders to fully support direct care workers.



What It Includes

An unprecedented investment in rigorous direct care workforce strategies.

The bill allocates \$300 million per year for five years (through 2027) to recruitment, retention, and advancement strategies in direct care. (The bill stipulates that at least 30 percent of the awarded funds be directed at advancement opportunities.) The bill also requires detailed planning and needs assessments from grant applicants, including assessments of the populations being served, projections of unmet need and job openings in direct care at the local level, consultations with the people being served (and related experts) as strategies are developed, and a direct care wage and benefits assessment, among other requirements.

Opportunities to design strategies tailored to local and regional realities.

The bill specifies that grants be awarded equitably with regard to geographic and demographic diversity. Given the demographic differences and inequities facing workers across race, gender, age, immigration status, and more, as well as the unique conditions within rural and urban areas, this bill will diversify and deepen the national evidence base on this workforce. The bill also requires that grants focus on locations where demand for direct care workers is demonstrably high.

“By funding innovative strategies to recruit, retain, and support direct care workers, the Direct CARE Opportunity Act will ensure that our nation’s seniors and individuals have access to vital, everyday care.”

REP. ROBERT C. “BOBBY” SCOTT (D-VA)

May 4, 2021

A clear focus on evaluation to grow the evidence base on direct care workforce strategies.

The bill requires that grantees submit regular reports on progress and outcomes, which can include employment outcomes, care outcomes, and cost savings. Additionally, grantees must disaggregate this outcomes data by race, ethnicity, sex, and age, allowing for a better sense of the disparities facing people of color, immigrants, women, and older adults in direct care interventions. Finally, the bill stipulates that the U.S. Comptroller General at the Government Accountability Office submit a report to Congress—no later than one year after the completion of each funded project—that assesses the impact of the project and provides federal policy recommendations based on these results.



What Should Happen Next

- **Long-term care stakeholders should reach out to their members of Congress and advocate for the passage of this bill.** Elected officials should hear from different actors in their districts affected by the workforce shortage in direct care: workers, older adults, people with disabilities, family members, and long-term care providers, as well as direct care experts and economists (who can speak to the link between good jobs and a thriving economy). One key message: while this front-end investment is sizable, the long-term benefits are worth the cost.
- **Congress should enact the Direct CARE Opportunity Act and strengthen recruitment, retention, and advancement in the direct care workforce.** A sweeping investment in these areas complements the wage increase for home care workers proposed through the American Jobs Plan and the expansion of paid family and medical leave (and other supports) under the American Families Plan. Because long-term care affects everyone, strengthening and stabilizing the direct care workforce will benefit all Americans across the country.
- **State and local workforce innovators should design interventions that address their unique needs and foster innovation in this job sector.** As reflected in the bill, interventions are crucial in high-need locations, both urban and rural. These interventions should also be designed in consultation with workers, consumers, and other local stakeholders. Finally, these strategies should be adequately evaluated to understand whether they positively impact workers, clients and residents, and overall care costs.

NOTES

1. Education and Labor Committee. 2021. "Chairman Scott, Rep. Wild, Rep. Lee Introduce Legislation to Invest in Direct Care Workers." News release, May 4. <https://edlabor.house.gov/media/press-releases/chairman-scott-rep-wild-rep-lee-introduce-legislation-to-invest-in-direct-care-workers>.
2. Campbell, Stephen. 2021. "Will COVID-19 Change Direct Care Employment? New Data Offer Clues." *PHI Newsroom*, April 12. <https://phinational.org/will-covid-19-change-direct-care-employment-new-data-offer-clues/>
3. Drake, Angelina. 2020. *Direct Care Work is Real Work: Elevating the Role of the Direct Care Work*. Bronx, NY: PHI. <https://phinational.org/resource/direct-care-work-is-real-work-elevating-the-role-of-the-direct-care-worker/>.
4. Campbell, Stephen, Angelina Del Rio Drake, Robert Espinoza, and Kezia Scales. 2021. *Caring for the Future: The Power and Potential of America's Direct Care Workforce*. Bronx, NY: PHI. <http://phinational.org/caringforthefuture/>.

Read about the Direct CARE Opportunity Act here: <https://tinyurl.com/xd3y9x8s>



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