

DIRECT CARE WORKERS IN THE UNITED STATES

KEY FACTS

2021



PHI

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QUALITY JOBS

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EXECUTIVE SUMMARY

Direct care workers assist older adults and people with disabilities with essential daily tasks and activities across a range of long-term care settings. This report explores the three primary segments of this workforce:

- **Home Care Workers** are the 2.4 million personal care aides and home health aides (and in some cases, nursing assistants) who support individuals in private homes.¹
- **Residential Care Aides** are the 675,000 personal care aides, home health aides, and nursing assistants who assist individuals in group homes, assisted living communities, and other residential care settings.²
- **Nursing Assistants in Nursing Homes** are the 527,000 workers who provide services to residents who require 24-hour nursing care as well as personal care assistance.³

A growing population of older adults has driven up demand for direct care workers. This workforce added nearly 1.5 million new jobs in the past 10 years, growing from 3.1 million workers in 2010 to 4.6 million in 2020, and this growth will continue into the future.⁴ From 2019 to 2029, this workforce will add an estimated 1.3 million new jobs to meet rising demand, more new jobs than any other single occupation.⁵ When including jobs that must be filled when existing workers transfer to other occupations or exit the labor force, there will be a total of 7.4 million job openings in direct care from 2019 to 2029.⁶

This past and projected workforce growth is caused primarily by rising demand for home care workers and residential care aides. In contrast, demand for nursing assistants is falling. These diverging trends across long-term care industries largely result from consumer preferences for home and community-based services (HCBS) and government policies that have expanded HCBS funding and access.⁷

Despite high demand for direct care workers overall, their wages remain low—the median hourly wage for this workforce was \$13.56 in 2020.⁸ Low wages combined with a high rate of part-time work make it challenging for direct care workers to financially support themselves and their families. Median annual earnings are just \$20,200, 44 percent of direct care workers live in low-income households, and 45 percent rely on some form of public assistance such as Medicaid, nutrition assistance, or cash assistance.⁹ These trends both reflect and perpetuate the racial and gender inequalities faced by direct care workers, who are largely women and people of color.

The COVID-19 pandemic has highlighted direct care workers' essential contributions and exacerbated the challenges they face. Across long-term care settings, these workers have risked their health and lives providing care for many of those who are most vulnerable to the virus, often without access to hazard pay, paid time off, pandemic-specific training, affordable

and accessible childcare, or adequate personal protective equipment, among other necessities.¹⁰ Although the lasting impact of the pandemic on long-term care service delivery patterns and workforce recruitment and retention remains to be seen, there is no doubt that absolute demand for direct care workers will continue to increase over time.¹¹ Given the greater attention on long-term care and the direct care workforce generated by the pandemic, now more than ever is the moment to improve direct care jobs and strengthen and stabilize the workforce.

This report begins by describing how the growing, changing population of older adults is driving up demand for direct care—then examines the primary characteristics of home care workers, residential care aides, and nursing assistants in nursing homes in the next three sections. Each of these sections focuses on demographics, occupational roles, job quality challenges, and projected job openings. Taken together, these analyses underscore the need for job quality interventions across long-term care settings—to improve the lives of direct care workers and the older adults and people with disabilities they support.

DIRECT CARE WORKER

EMPLOYMENT
BY INDUSTRY, 2020



Home Care Workers	53%
Residential Care Aides	15%
Nursing Assistants in Nursing Homes	12%
Direct Care Workers in Other Industries	21%

WAGES BY INDUSTRY, 2010 TO 2020

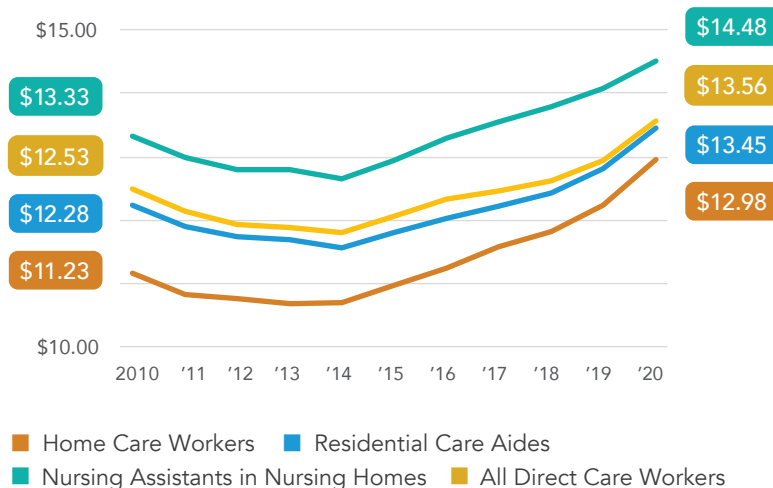


Chart Sources: Other industries employing direct care workers include hospitals (9 percent) and numerous others. U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics (OEWS). 2021. *May 2020 National Occupational Employment and Wage Estimates*. https://www.bls.gov/oes/current/oes_nat.htm; BLS OEWS. 2021. *May 2020 National Industry-Specific Occupational Employment and Wage Estimates*. <https://www.bls.gov/oes/current/oesrsci.htm>; analysis by PHI (June 2021).

U.S. POPULATION PROJECTIONS

From 2016 to 2060, the population of adults aged 65 and older in the U.S. will nearly double, from 49.2 million to 94.7 million.¹²

The number of adults aged 85 and older is expected to nearly triple over the same period, from 6.4 million to 19 million. This demographic shift is the primary driver of job growth in the direct care workforce.

In contrast to the rapid expansion of the older adult population, the population of adults aged 18 to 64 is expected to remain relatively static, which means that there will be fewer potential paid and unpaid caregivers available to support older adults. Currently, there are 31 adults aged 18 to 64 for every adult aged 85 and older, but by 2060, that ratio will drop to 12 to 1.

PROJECTED POPULATION GROWTH BY AGE GROUP, 2016 TO 2060

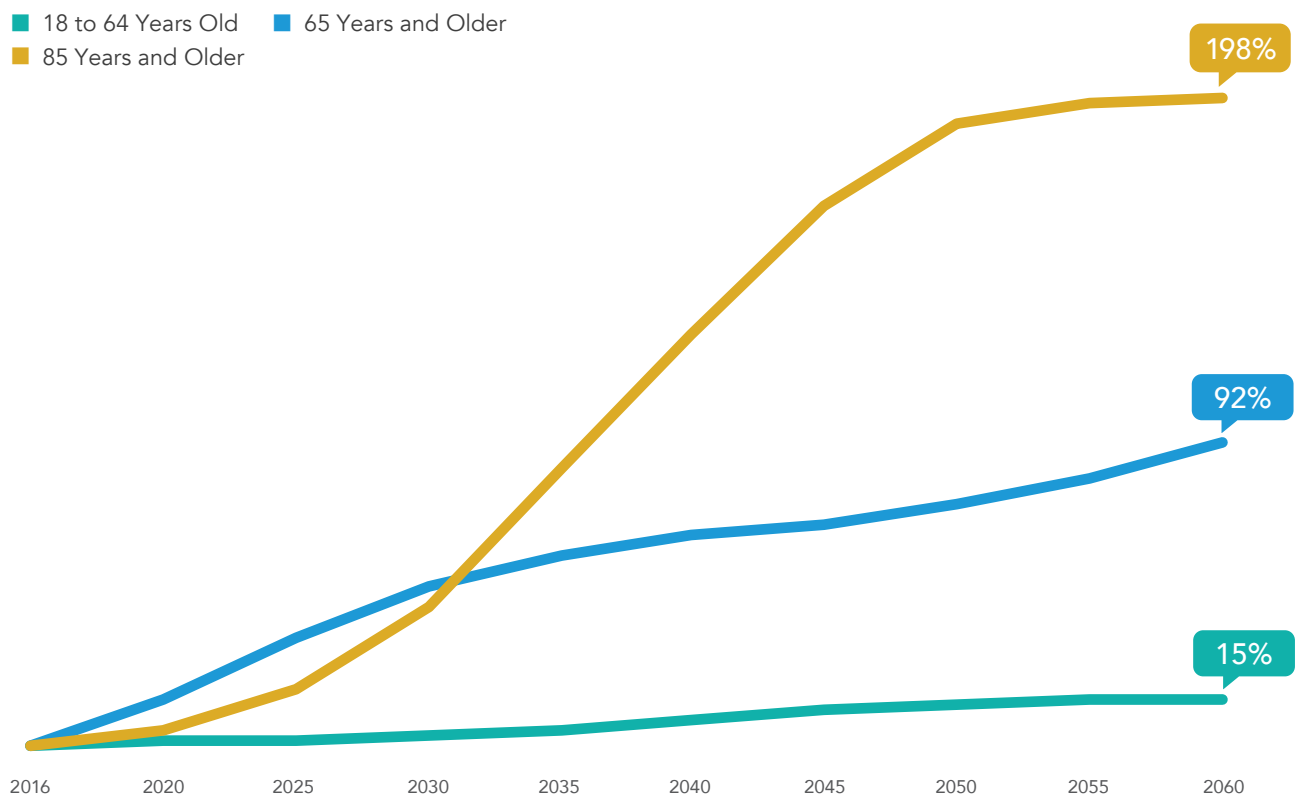


Chart Source: U.S. Census Bureau. 2017. 2017 National Population Projections Datasets, Projected Population by Single Year of Age, Sex, Race, and Hispanic Origin for the United States: 2016 to 2060. <https://www.census.gov/data/tables/2017/demo/popproj/2017-summary-tables.html>; analysis by PHI (July 2020).

Growing diversity and acuity among older adults will also drive direct care workforce demand in the future.¹³

The population of older adults aged 65 and over will become more diverse by 2060.

From 2016 to 2060, the proportion of older adults of color will increase from 23 percent to 45 percent, and the proportion of older adults who are immigrants will increase from 14 percent to 23 percent.

These demographic changes among older adults will likely impact overall long-term care needs and service utilization patterns. These changes also highlight the need to promote cultural and linguistic competency among the direct care

workforce, while recognizing these workers' own diverse backgrounds, experiences, and barriers.¹⁴

Individuals are also living longer with complex chronic conditions, such as Alzheimer's disease and other forms of dementia (among other conditions).

There are 6.2 million people aged 65 and older currently living with Alzheimer's disease, the most common form of dementia, and this population is projected to more than double to 12.7 million by 2050.¹⁵ This trend is expected to drive up demand for direct care workers since more than a third of consumers across all long-term care settings are living with Alzheimer's disease or another form of dementia.¹⁶

OLDER ADULT POPULATION BY RACE / ETHNICITY AND NATIVITY, 2016 AND 2060

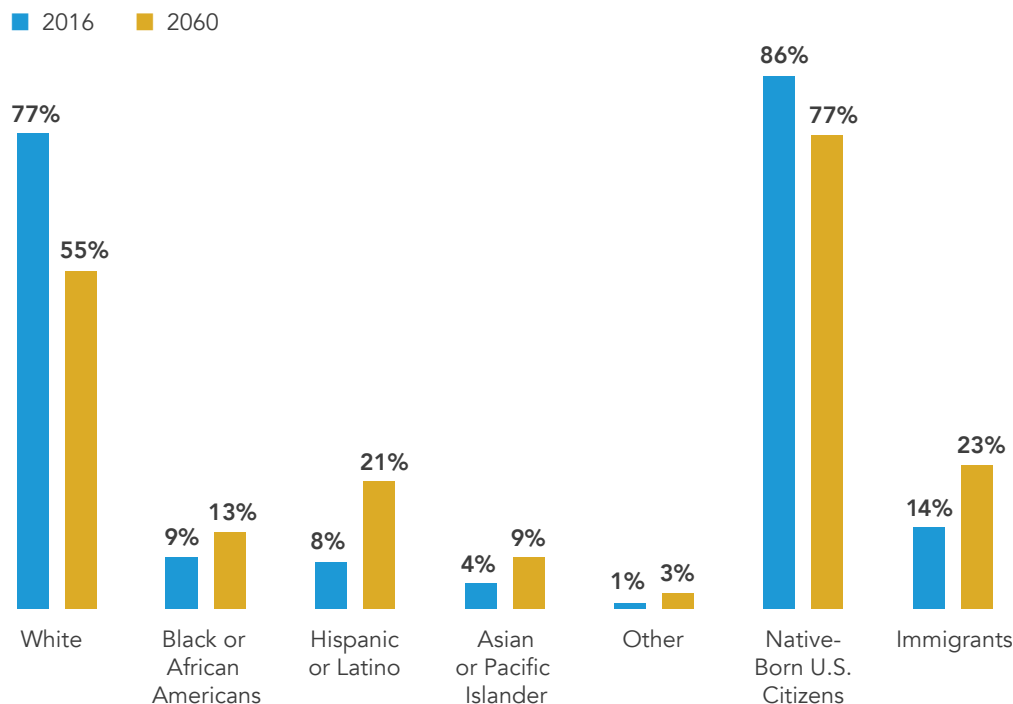


Chart Source: U.S. Census Bureau. 2017. *2017 National Population Projections Datasets, Projected Population by Single Year of Age, Sex, Race, and Hispanic Origin for the United States: 2016 to 2060*. <https://census.gov/data/tables/2017/demo/popproj/2017-summary-tables.html>; U.S. Census Bureau. 2017. *2017 National Population Projections Datasets, Projected Population by Single Year of Age, Sex, Race, Hispanic Origin and Nativity for the United States: 2016 to 2060*. <https://census.gov/data/tables/2017/demo/popproj/2017-summary-tables.html>; analysis by PHI (July 2020).

HOME CARE WORKERS

Home care workers are direct care workers (primarily personal care aides and home health aides, as well as some nursing assistants) who assist more than 8.6 million older adults and people with disabilities who live at home.¹⁷ The home care workforce is one of the largest and fastest growing occupations in the U.S. due to a combination of factors, including the rapidly growing population of older adults and consumer preferences for aging and receiving care in place.¹⁸ While wages for direct care workers have increased slightly in recent years, they are still remarkably low—and a large number of workers live in low-income households and rely on public assistance. While turnover rates have fluctuated in recent years, home care employers consistently struggle to recruit and retain enough workers to meet escalating demand.¹⁹

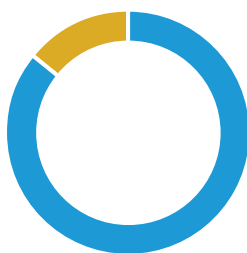
WHO ARE HOME CARE WORKERS?

Home care workers are primarily women, people of color, and immigrants. Therefore, they are at heightened risk of experiencing discrimination across their lifespans in areas such as housing, education, employment, health care, and more.²⁰ Gender and racial equity are central concerns for this workforce.²¹

- **Nearly 9 in 10 home care workers are women.**
- **Home care workers have a median age of 47.** Thirty-four percent of the home care workforce is aged 55 and over, compared to 23 percent of the U.S. labor force overall.²²
- **While people of color make up 39 percent of the total U.S. labor force,²³ they constitute 63 percent of all home care workers.** Twenty-seven percent of home care workers are Black or African American and 24 percent are Hispanic or Latino (any race).

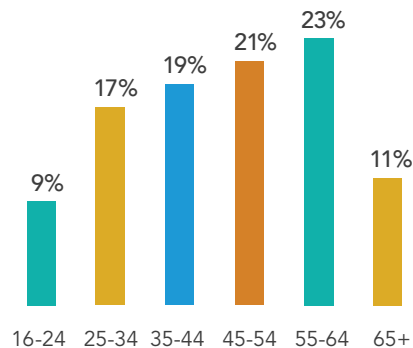
HOME CARE WORKERS BY

GENDER, 2019

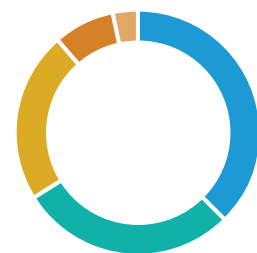


■ Female 86%
■ Male 14%

AGE, 2019



RACE AND ETHNICITY, 2019



■ White 37%
■ Black or African American 27%
■ Hispanic or Latino (Any Race) 24%
■ Asian or Pacific Islander 9%
■ Other 3%

Chart Source: "Hispanic or Latino" refers to people of any race who identify as Hispanic or Latino; these individuals are excluded from all other race/ethnicity categories. Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; analysis by PHI (June 2021).

- Immigrants constitute 31 percent of the home care workforce, compared to 17 percent of the total labor force.²⁴
- Nearly one in four home care workers has at least one child under age 18 at home, and 10 percent have one or more children under the age of five.
- Over half of home care workers have completed no formal education beyond high school.

HOME CARE WORKERS BY

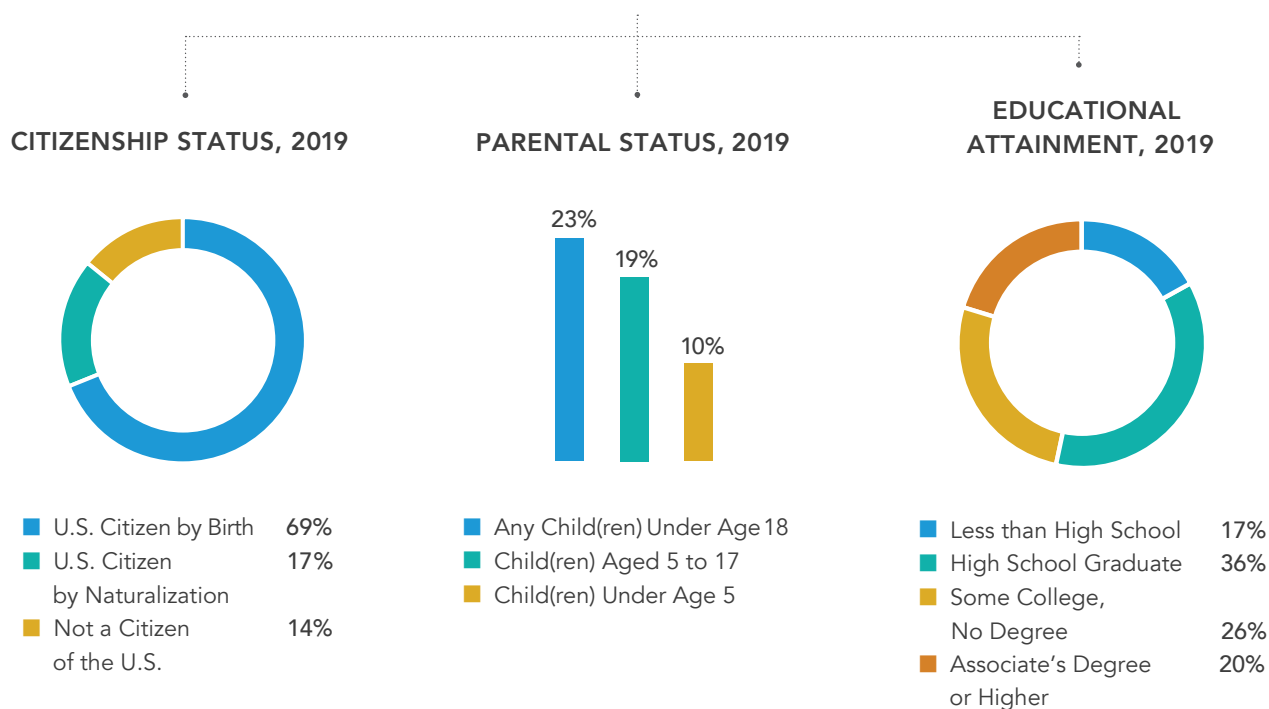


Chart Source: The percentages shown in the educational attainment figure do not total 100 percent because they are rounded to the nearest whole percentage. Ruggles, Steven, Sarah Flood, Ronald Goeken, Josiah Grover, Erin Meyer, Jose Pacas, and Matthew Sobek. 2020. *IPUMS USA: Version 10.0*. <https://doi.org/10.18128/D010.V10.0>; analysis by PHI (June 2020).

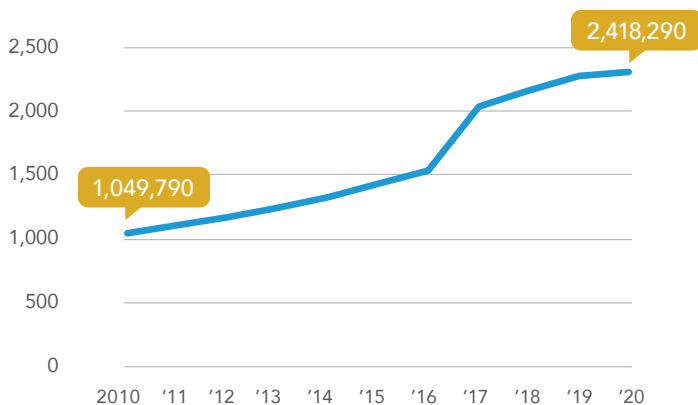
THE ROLE OF HOME CARE WORKERS

All home care workers assist older adults and people living with disabilities with daily tasks such as eating, dressing, and bathing, while other responsibilities differ across occupational groups. **Personal care aides** also provide other household assistance and/or social support to help individuals remain engaged in their communities. **Home health aides** (and in some cases, **nursing assistants**) also perform certain clinical tasks under the remote or intermittent onsite supervision of a licensed professional.²⁵ As well as these federally defined occupational groups, **direct support professionals** provide habilitation services, employment assistance, and other supports to people with intellectual and developmental disabilities.²⁶ (See *Occupational Titles and Industry Classifications* on page 28 for more details.)

- The home care workforce more than doubled in size over the past 10 years, from just over one million in 2010 to more than 2.4 million in 2020.
- It is very difficult to accurately estimate the number of home care workers who are directly hired by consumers as “independent providers.” PHI estimates that **at least 1.2 million independent providers are employed through Medicaid-funded consumer-directed programs**, given the most recent survey data on consumer enrollment in these programs.²⁷

Due to a 2017 methodological change, a proportion of independent providers are now captured by the Bureau of Labor Statistics Occupational Employment and Wage Statistics program.²⁸ However, the accuracy of this data varies by state and likely excludes many independent providers. In all cases, these data exclude home care workers who are hired directly and paid out-of-pocket by consumers through the “gray market.”²⁹

HOME CARE WORKER EMPLOYMENT,
2010 TO 2020



DIRECT CARE WORKER
EMPLOYMENT BY INDUSTRY, 2020

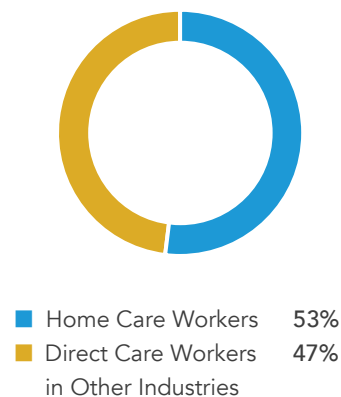


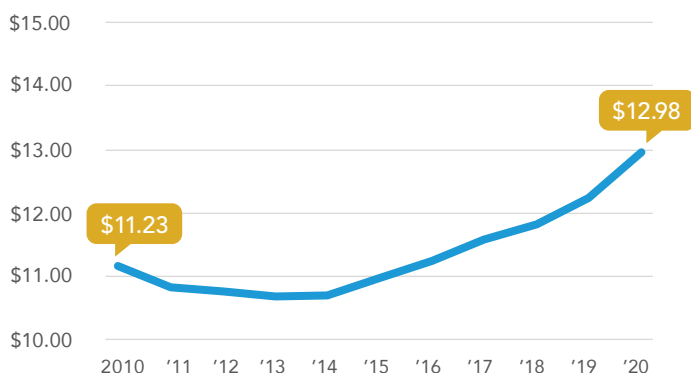
Chart Sources: U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics (OEWS). 2021. *May 2010 to May 2020 National Industry-Specific Occupational Employment and Wage Estimates*. <https://www.bls.gov/oes/current/oesrci.htm>; BLS OEWS. 2021. *May 2020 National Occupational Employment and Wage Estimates*. https://www.bls.gov/oes/current/oes_nat.htm; analysis by PHI (June 2021).

- **Home care workers constitute 53 percent of the total direct care workforce**, which also includes workers who are employed in residential care, nursing homes, and other settings.
- Home care jobs are predominantly government-funded. **Payments from public programs (primarily Medicaid and Medicare) constitute approximately two-thirds of total home care industry annual revenue.**³⁰

CHALLENGES FOR HOME CARE WORKERS

- **Home care workers' wages have risen slightly over the past 10 years:** inflation-adjusted median hourly wages rose from \$11.23 in 2010 to \$12.98 in 2020. This means that home care workers' wages have only increased slightly faster than the costs of goods and services over the past decade.
- **Approximately two in five home care workers work part time**, defined as fewer than 35 hours per week.³¹ Thirty-two percent work part time for “non-economic reasons,” which include personal or family obligations and health issues, among other reasons.³² Seven percent work part time for “economic reasons,” which means they cannot find full-time work due to economic conditions at their workplaces or in the broader labor market.

HOME CARE WORKER MEDIAN HOURLY WAGES
ADJUSTED FOR INFLATION, 2010 TO 2020

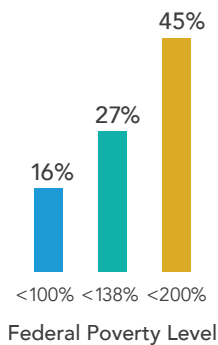
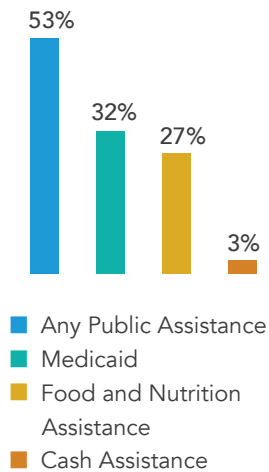
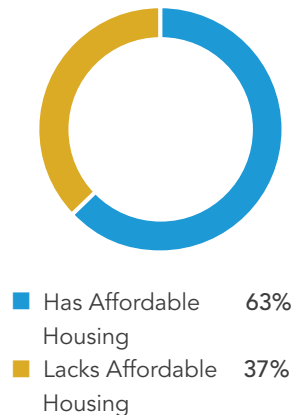
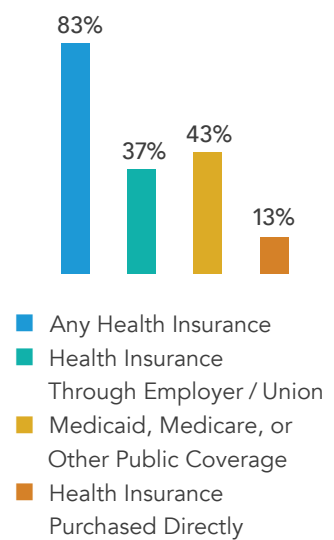


HOME CARE WORKERS
BY EMPLOYMENT STATUS, 2020



Chart Sources: U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics (OEWS). 2021. *May 2010 to May 2020 National Industry-Specific Occupational Employment and Wage Estimates*. <https://www.bls.gov/oes/current/oesrci.htm>; Flood, Sarah, Miriam King, Renae Rodgers, Steven Ruggles, and J. Robert Warren. 2021. *Integrated Public Use Microdata Series, Current Population Survey: Version 8.0*. <https://doi.org/10.18128/D030.V8.0>; analysis by PHI (June 2021).

HOME CARE WORKERS

BY POVERTY LEVEL
2019ACCESSING PUBLIC
ASSISTANCE, 2019LIVING IN AFFORDABLE
HOUSING, 2019BY HEALTH INSURANCE
STATUS, 2019

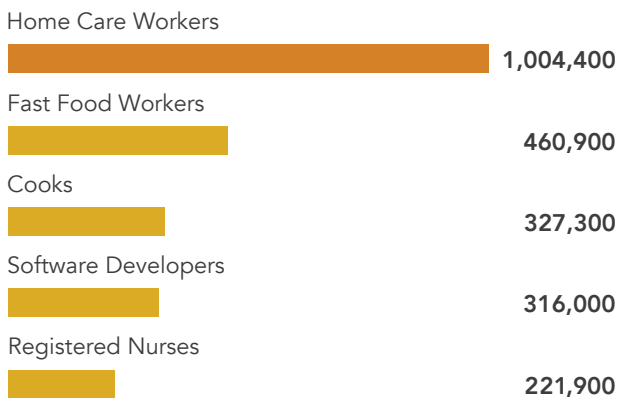
- Fourteen percent of home care workers typically work more than 40 hours per week.³³
- Because of low wages and part-time hours, the median annual income for home care workers is \$18,100.³⁴
- Low incomes lead to high poverty rates among home care workers: one in six lives in a household below the federal poverty line and 45 percent live in low-income household.³⁵
- Because of high poverty rates, more than half of home care workers receive some form of public assistance.
- Thirty-seven percent of home care workers do not live in affordable housing. Affordable housing is defined by housing costs—including rent or mortgage payments and utility bills—that fall below 30 percent of a household's total income.³⁶
- Seventeen percent of home care workers lack health insurance, while 43 percent rely on public coverage, most commonly Medicaid.

Chart Source: Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; analysis by PHI (June 2021).

FUTURE DEMAND FOR HOME CARE WORKERS

- The home care workforce is projected to add one million new jobs from 2019 to 2029—more new jobs than any other occupation in the U.S. This workforce will add more new jobs than fast food workers and cooks combined, which are the second and third occupations with the most projected growth over the coming decade.
- From 2019 to 2029, the home care workforce will have 4.5 million total job openings. This figure includes one million new jobs created by growth in demand, 1.6 million job openings caused by workers moving into other occupations, and 1.9 million job openings due to workers leaving the labor force altogether.³⁷ The home care workforce ranks fifth among all U.S. occupations for total projected job openings.

OCCUPATIONS WITH MOST JOB GROWTH, 2019 TO 2029



OCCUPATIONS WITH THE MOST TOTAL JOB OPENINGS, 2019 TO 2029



CONCLUSION

Minimum wage increases and Medicaid policy changes in some states have marginally increased wages for home care workers in recent years. However, these raises have not translated into improvements to their financial wellbeing, as a large proportion still live in low-income households and rely on public assistance. The poor-quality nature of home care jobs does not align with the high demand for their services, nor does it reflect their overall contributions and sacrifices. Job quality concerns continue to drive high turnover in home care and cause widespread job vacancies—and these recruitment and retention challenges have worsened during the COVID-19 pandemic.³⁸ These workforce challenges, in turn, threaten care access and quality now and into the future.

Chart Source: U.S. Bureau of Labor Statistics (BLS), Employment Projections Program (EPP). 2020. *Employment Projections: 2019–29, National Employment Matrix - Industry*. <https://data.bls.gov/projections/nationalMatrixHome?ioType=o>; BLS EPP. 2020. *EP Data Tables, Table 1.4 Occupations with the Most Job Growth, 2019 and Projected 2029*. <https://www.bls.gov/emp/tables.htm>; BLS EPP. 2020. *EP Data Tables, Table 1.10 Occupational Separations and Openings, Projected 2019-2029*. <https://www.bls.gov/emp/tables.htm>; analysis by PHI (June 2021).

RESIDENTIAL CARE AIDES

Residential care aides support over 1.1 million individuals living in residential care settings in the U.S., which range from small group homes to assisted living and continuing care retirement communities.³⁹

As with home care workers, demand for residential care aides has increased considerably in recent years, reflecting consumer preferences for community-based care and policy changes that support this preference. However, despite their growing prominence in the nation's long-term care system, residential care aides—like other direct care workers—continue to work in poor-quality jobs.

WHO ARE RESIDENTIAL CARE AIDES?

Residential care aides are primarily women, people of color, and/or immigrants. Therefore, they are at heightened risk of experiencing discrimination across their lifespans in areas such as housing, education, employment, health care, and more.⁴⁰ Gender and racial equity are central concerns for this workforce.⁴¹

- **Eighty-one percent of residential care aides are women.**
- **Residential care aides have a median age of 37.** Twenty-one percent of residential care aides are aged 16 to 24, compared to 14 percent of the total U.S. labor force.⁴²
- **While people of color make up 39 percent of the total U.S. labor force,⁴³ they constitute 53 percent of residential care aides.** Thirty percent of residential care aides are Black or African American.

RESIDENTIAL CARE AIDES BY

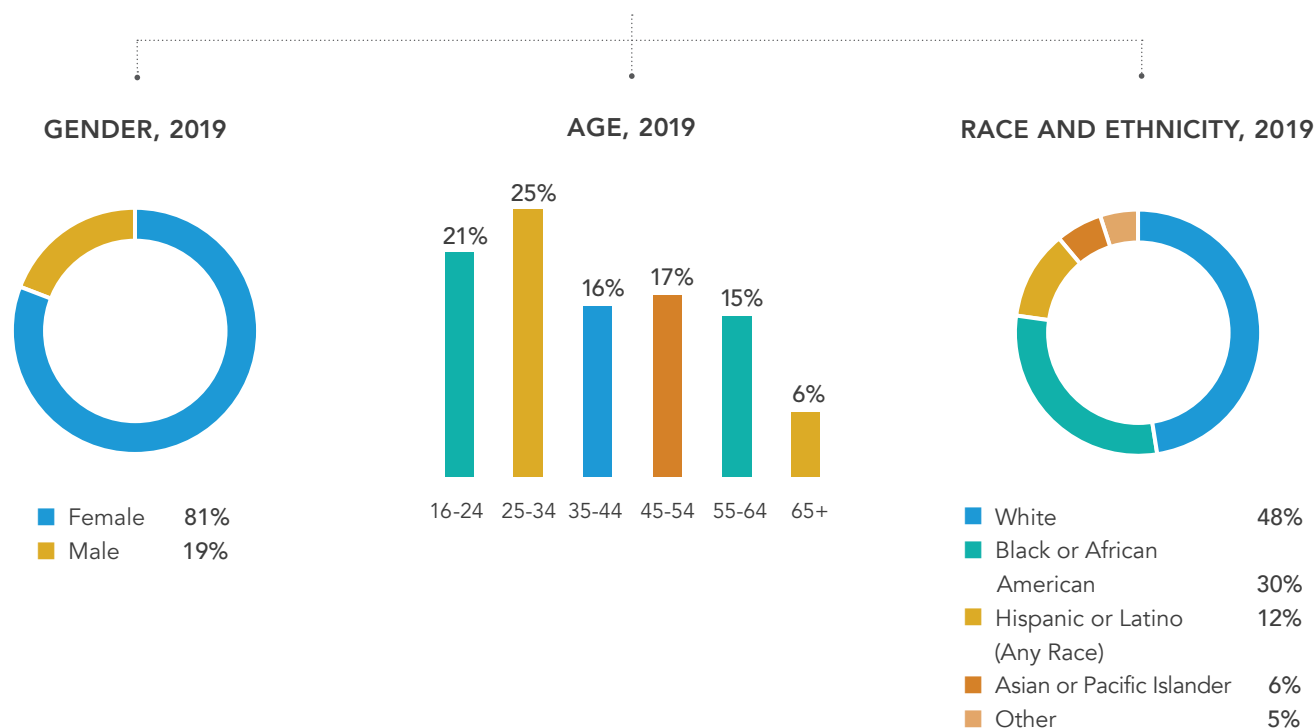


Chart Source: "Hispanic or Latino" refers to people of any race who identify as Hispanic or Latino; these individuals are excluded from all other race/ethnicity categories. The percentages shown in the race and ethnicity figure do not total 100 percent because they are rounded to the nearest whole percentage. Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; analysis by PHI (June 2021).

- Immigrants constitute 21 percent of the residential care aide workforce, compared to 17 percent of the total U.S. labor force.⁴⁴
- Twenty-six percent of residential care aides have at least one child under age 18 at home, and 13 percent have one or more children under the age of five.
- Nearly half of residential care aides have completed no formal education beyond high school.

RESIDENTIAL CARE AIDES BY

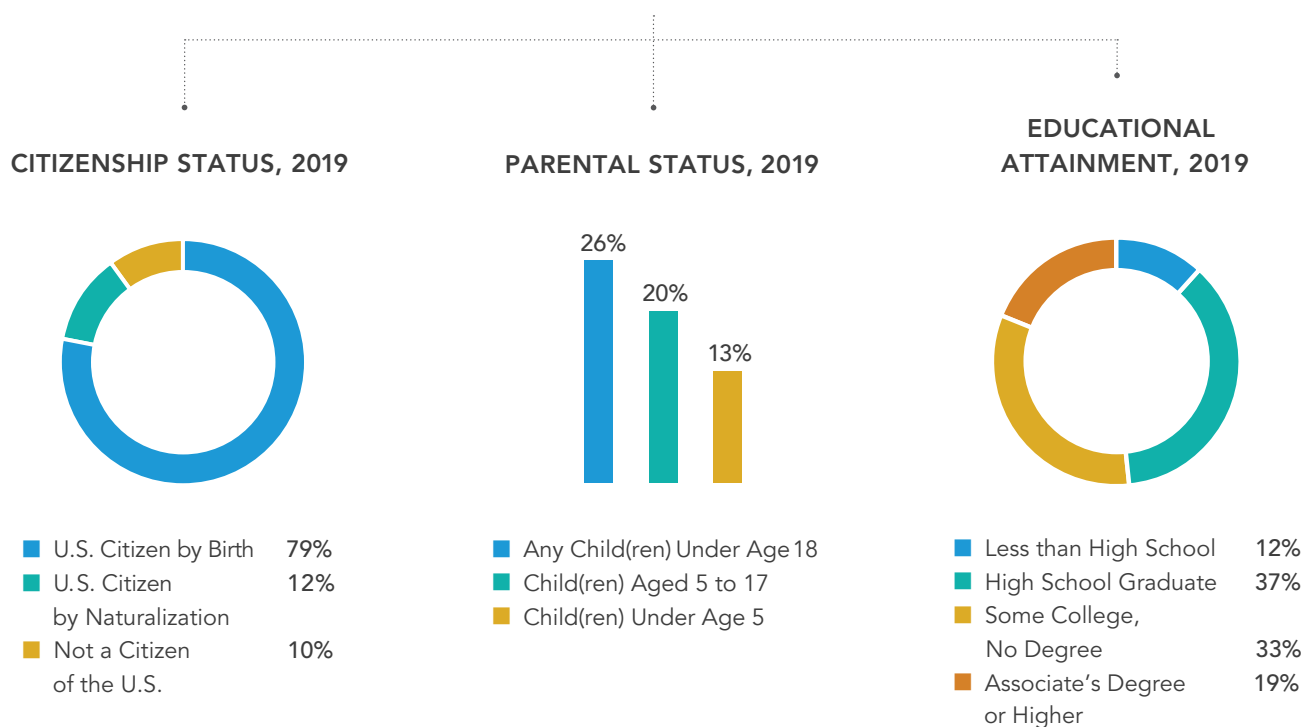


Chart Source: The summary percentage of residential care aides who are immigrants (21 percent) does not align directly with the detailed citizenship status figures because they are rounded to the nearest whole percentage. The percentages shown in the educational attainment figure do not total 100 percent because they are rounded to the nearest whole percentage. Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; analysis by PHI (June 2021).

THE ROLE OF RESIDENTIAL CARE AIDES

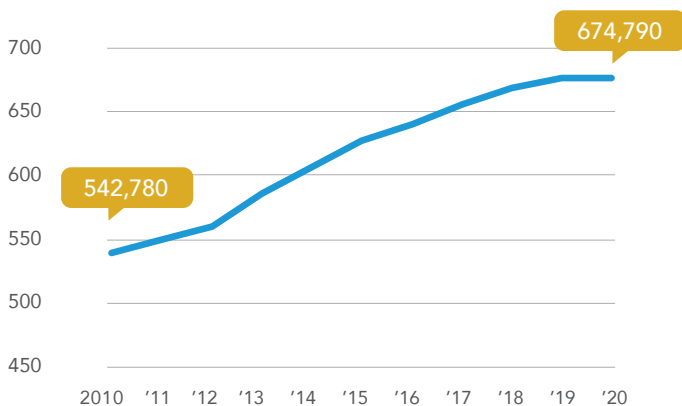
Residential care aides are direct care workers who assist individuals with daily tasks and activities in community-based residential care settings. These roles are filled by **personal care aides, home health aides, or nursing assistants**, depending on state-level regulations and employers' hiring practices. In addition to these federally defined occupational groups, **direct support professionals** provide habilitation services, employment assistance, and other supports to people with intellectual and developmental disabilities. (See *Occupational Titles and Industry Classifications* on page 28 for more details.)

- The residential care aide workforce has added 132,000 jobs over the past 10 years, increasing in size from **542,800 workers in 2010 to almost 674,800 in 2020**.⁴⁵

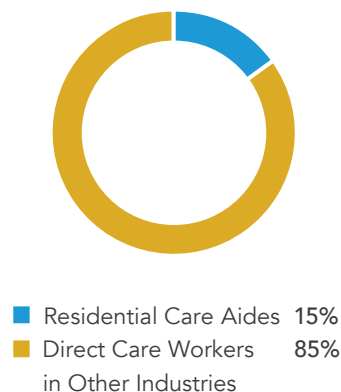
- Residential care aides constitute 15 percent of the total direct care workforce**, which also includes workers who are employed in home care, nursing homes, and other settings.
- Of the residential care industry's \$120.3 billion in annual revenue, **36 percent comes from private sources**, including long-term care insurance and out-of-pocket payments, and **37 percent comes from public programs**, primarily Medicaid and Medicare.

Revenue sources vary within residential care. Public sources constitute 68 percent of revenue in residential care homes for people with intellectual and developmental disabilities, versus 15 percent of revenue in assisted living and continuing care retirement communities.⁴⁶

RESIDENTIAL CARE AIDE EMPLOYMENT,
2010 TO 2020



DIRECT CARE WORKER
EMPLOYMENT
BY INDUSTRY, 2019



RESIDENTIAL CARE
REVENUE
BY SOURCE, 2019

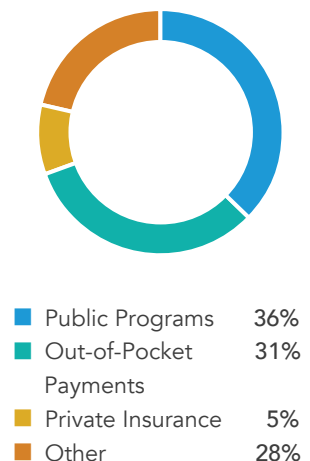


Chart Sources: Other revenue includes investment and property income; contributions, gifts, and grants; and other sources of care-related and non-care-related revenue. U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics (OEWS). 2021. *May 2010 to May 2020 National Industry-Specific Occupational Employment and Wage Estimates*. <https://www.bls.gov/oes/current/oesrci.htm>; BLS OEWS. 2021. *May 2020 National Occupational Employment and Wage Estimates*. https://www.bls.gov/oes/current/oes_nat.htm; U.S. Census Bureau. 2021. *Service Annual Survey, Table 4: Estimated Sources of Revenue for Employer Firms: 2013 through 2019*. <https://www.census.gov/data/tables/2019/econ/services/sas-naics.html>; analysis by PHI (June 2021).

CHALLENGES FOR RESIDENTIAL CARE AIDES

- **Residential care aides' wages have risen slightly over the past 10 years:** inflation-adjusted median hourly wages were \$12.28 in 2010 and \$13.45 in 2020. This trend means that residential care aides' wages have only increased slightly faster than the costs of goods and services over the past decade
- **Nearly one in four residential care aides work part time,** defined as fewer than 35 hours per week.⁴⁷ Twenty percent work part time for “non-economic reasons,” which include personal or family obligations and health issues, among other reasons.⁴⁸

Three percent work part time for “economic reasons,” which means they cannot find full-time work due to economic conditions at their workplaces or in the broader labor market.

- **Sixteen percent of residential care aides typically work more than 40 hours per week.**⁴⁹

RESIDENTIAL CARE AIDE(S)

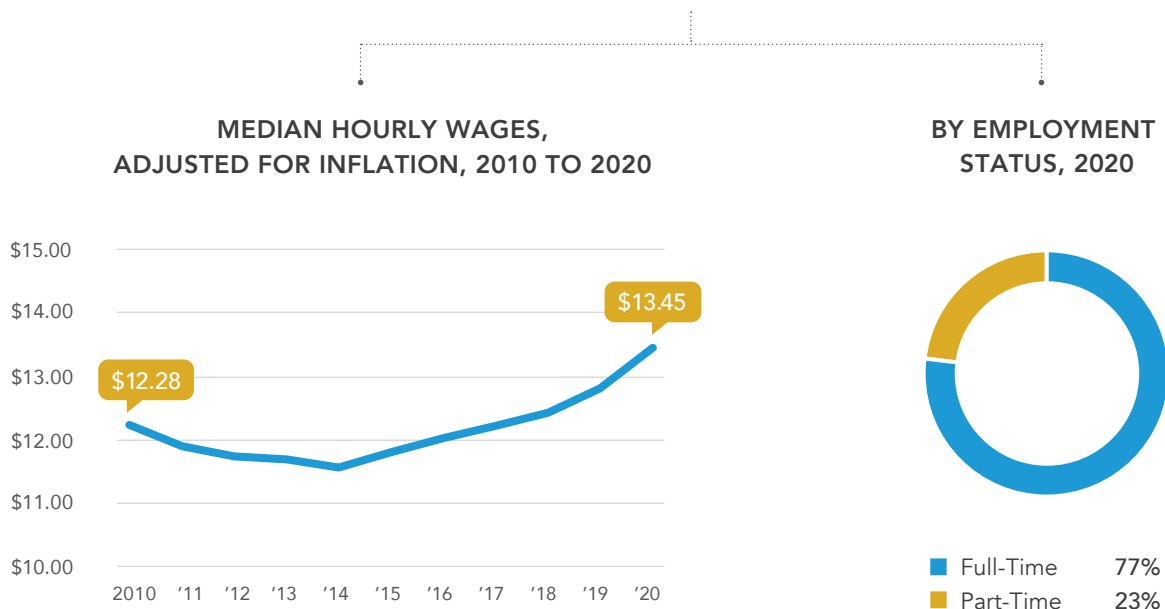
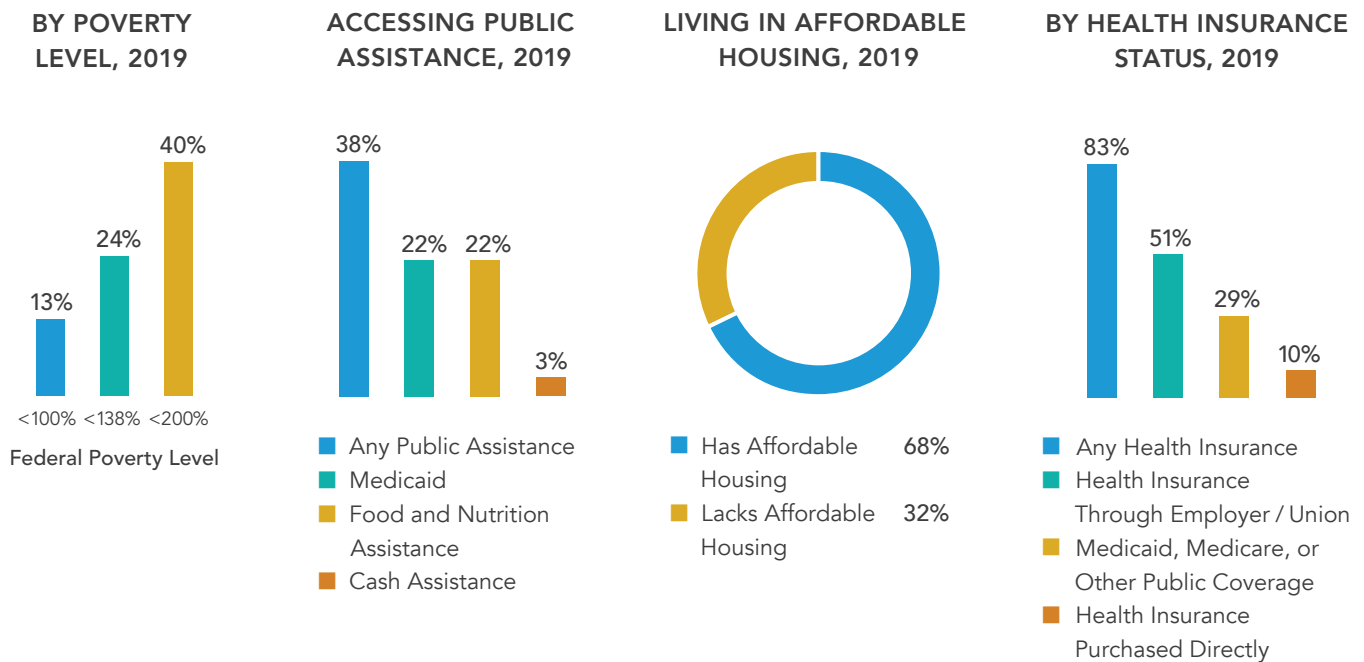


Chart Sources: U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics (OEWS). 2021. *May 2010 to May 2020 National Industry-Specific Occupational Employment and Wage Estimates*. <https://www.bls.gov/oes/current/oesrci.htm>; Flood, Sarah, Miriam King, Renae Rodgers, Steven Ruggles, and J. Robert Warren. 2021. *Integrated Public Use Microdata Series, Current Population Survey: Version 8.0*. <https://doi.org/10.18128/D030.V8.0>; analysis by PHI (June 2021).

RESIDENTIAL CARE AIDES



- Because of low wages and part-time schedules, **the median annual income for residential care aides is \$22,200.**⁵⁰
- Low incomes lead to high poverty rates among residential care aides: nearly, **one in eight lives in a household below the federal poverty line and two in five live in low-income households.**⁵¹
- Because of high poverty rates among residential care aides, **38 percent receive some form of public assistance.**
- **Thirty-two percent of residential care aides do not live in affordable housing.** Affordable housing is defined by housing costs—including rent or mortgage payments and utility bills—that fall below 30 percent of a household's total income.⁵²
- **Seventeen percent of residential care aides lack health insurance.** Fifty-one percent receive insurance through an employer or union (including insurance through a spouse or another job), while 29 percent rely on public coverage, most commonly Medicaid.

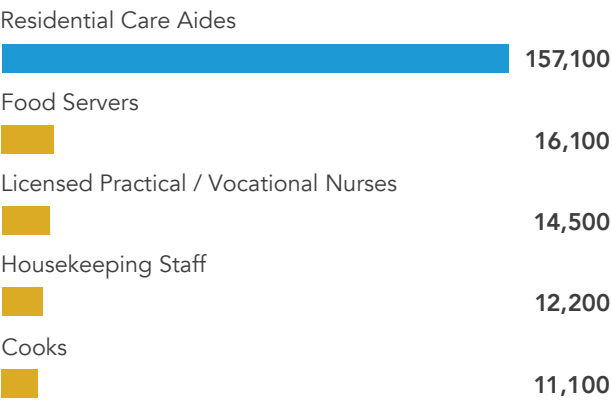
Chart Source: Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; analysis by PHI (June 2021).

FUTURE DEMAND FOR RESIDENTIAL CARE AIDES

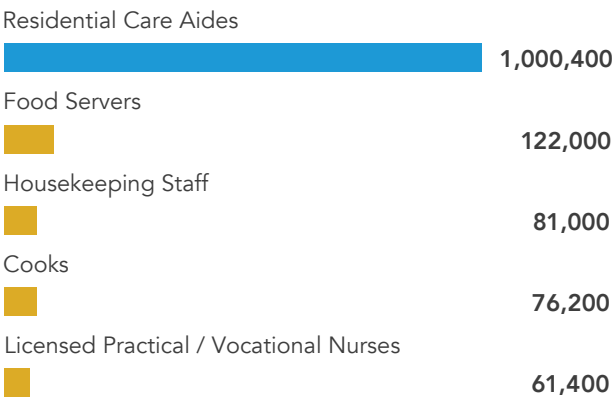
- The residential care aide workforce, which is the largest occupational group within residential care by far, is projected to add 157,100 new jobs from 2019 to 2029.
- From 2019 to 2029, the residential care aide workforce will have one million total job openings. This figure includes 163,100 new jobs

created by growth in demand plus 418,300 job openings caused by workers moving into other occupations and 495,600 job openings due to workers leaving the labor force altogether.⁵³ Fifty-four percent of all job openings across residential care settings in this time frame will be residential care aide jobs.

JOB GROWTH IN RESIDENTIAL CARE BY OCCUPATION, 2019 TO 2029



TOTAL JOB OPENINGS IN RESIDENTIAL CARE BY OCCUPATION, 2019 TO 2029



CONCLUSION

Because of low wages and other job quality concerns, employers are struggling to recruit and retain residential care aides—a challenge that intensified during the COVID-19 pandemic, given the risks faced by those living and working in congregate settings.⁵⁴ Considering the prominent role of private payers and providers in determining compensation and other aspects of job quality for residential care aides, transforming these jobs will require significant investments through public and private channels.

Chart Sources: U.S. Bureau of Labor Statistics (BLS), Employment Projections Program (EPP). 2020. *Employment Projections: 2019–29, National Employment Matrix - Industry*. <https://data.bls.gov/projections/nationalMatrixHome?ioType=o>; BLS EPP. 2020. *EP Data Tables, Table 1.10 Occupational Separations and Openings, Projected 2019–2029*. <https://www.bls.gov/emp/tables.htm>; analysis by PHI (June 2021).

NURSING ASSISTANTS IN NURSING HOMES

Nursing assistants provide 24-hour care and personal assistance to 1.3 million nursing home residents across the U.S.⁵⁵ Because of pervasive job vacancies and understaffing in nursing homes, nursing assistants commonly support many residents on every shift, often without enough time to properly meet residents' needs and preferences. Heavy workloads and long work hours also lead to stress, injury, and burnout among nursing assistants, which all contribute to workforce turnover.⁵⁶ While demand for nursing home care has declined in recent years, nursing homes continue to play a critical role in supporting individuals with complex needs. To ensure quality care for nursing home residents—during the COVID-19 pandemic and into the future—job quality interventions are needed to strengthen the nursing assistant workforce.

WHO ARE NURSING ASSISTANTS?

Nursing assistants are primarily women, people of color, and immigrants. Therefore, they are at heightened risk of experiencing discrimination across their lifespans in areas such as housing, education, employment, health care, and more.⁵⁷ Gender and racial equity are central concerns for this workforce.⁵⁸

- **More than 9 in 10 nursing assistants are women.**
- **Nursing assistants have a median age of 38.** Nearly one in five nursing assistants are aged 16 to 24, compared to 14 percent of the total U.S. labor force.⁵⁹
- **While people of color make up 39 percent of the total U.S. labor force,⁶⁰ they constitute 58 percent of all nursing assistants in nursing homes.** Thirty-eight percent of nursing assistants are Black or African American.

NURSING ASSISTANTS BY

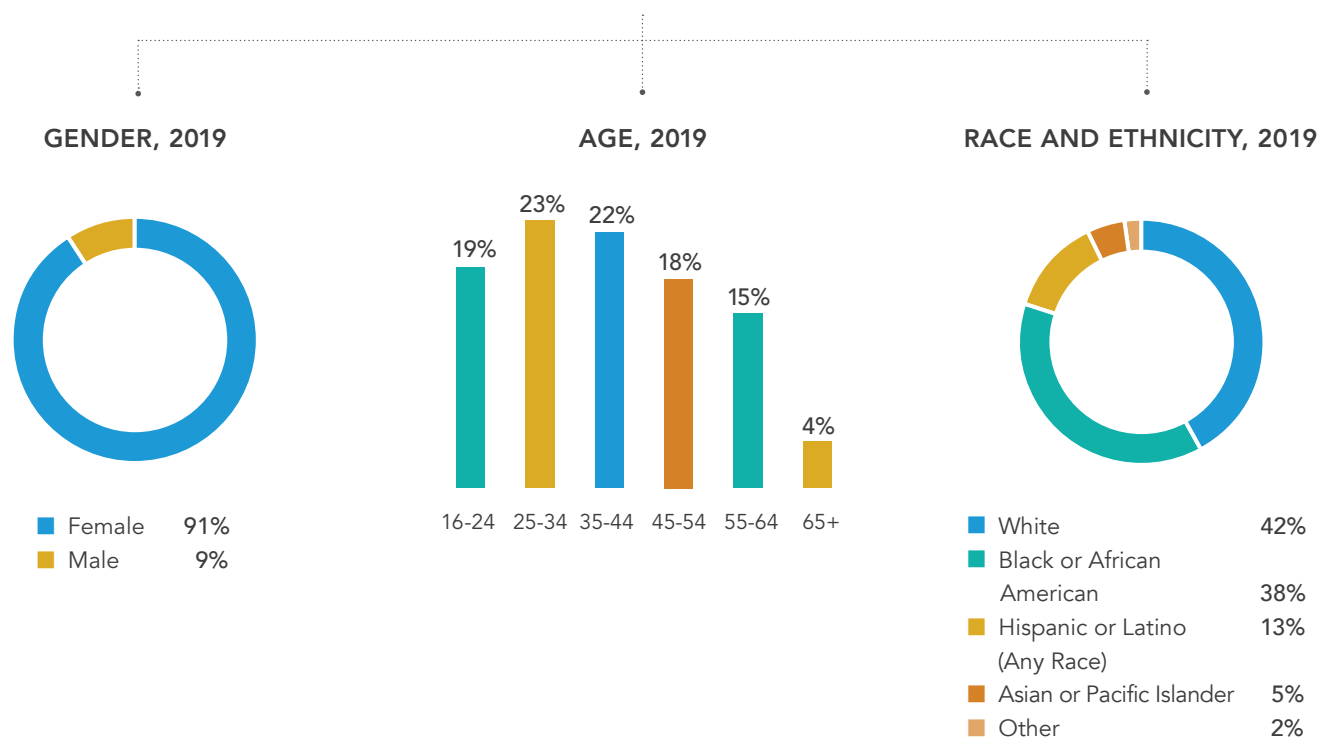


Chart Source: The percentages shown in the age figure do not total 100 percent because they are rounded to the nearest whole percentage. "Hispanic or Latino" refers to people of any race who identify as Hispanic or Latino; these individuals are excluded from all other race/ethnicity categories. Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; analysis by PHI (June 2021).

- Immigrants constitute 21 percent of the nursing assistant workforce, compared to 17 percent of the total U.S. labor force.⁶¹
- Nearly one in three nursing assistants has a child under the age of 18 at home, and 15 percent have one or more children under the age of five.
- More than half of nursing assistants have completed some formal education beyond high school.

NURSING ASSISTANTS BY

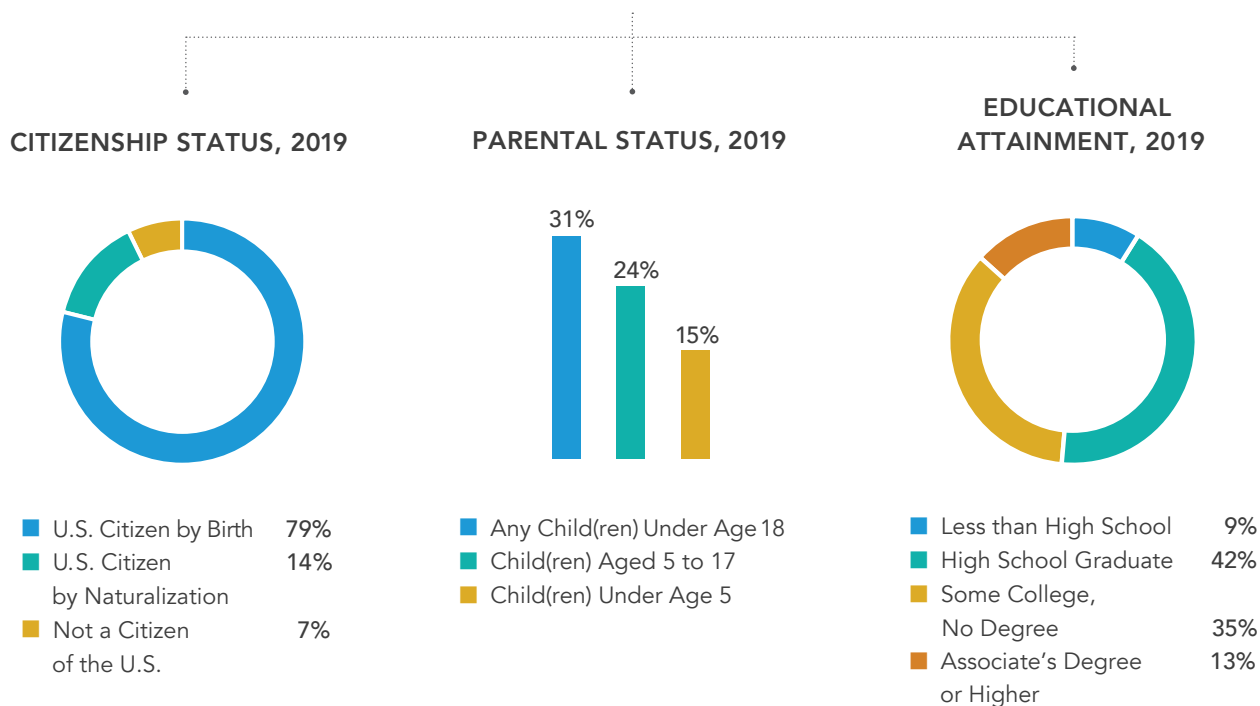


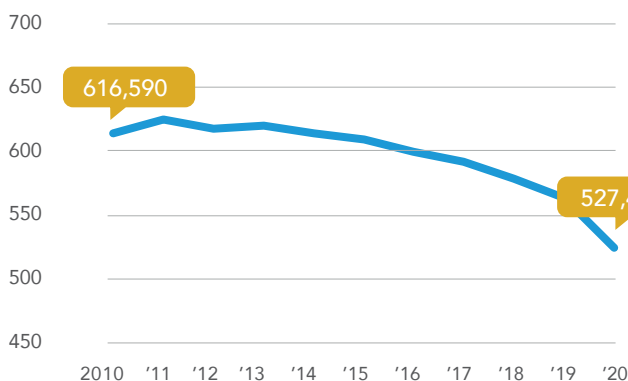
Chart Source: The percentages shown in the educational attainment figure do not total 100 percent because they are rounded to the nearest whole percentage. Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; analysis by PHI (June 2021).

THE ROLE OF NURSING ASSISTANTS IN NURSING HOMES

Nursing assistants support nursing home residents with daily tasks such as dressing, bathing, eating, and mobility. They also help residents participate in various social activities and events such as classes, performances, and religious services. Further, nursing assistants perform certain clinical tasks under the supervision of onsite licensed professionals. (See *Occupational Titles and Industry Classifications* on page 28 for more details.)

- The number of nursing assistants in nursing homes declined from 616,600 in 2010 to 527,500 in 2020.
- Nursing assistants in nursing homes constitute 12 percent of the total direct care workforce, which also includes workers employed in home care, residential care, and other settings.⁶²

NURSING ASSISTANT EMPLOYMENT
IN NURSING HOMES, 2010 TO 2020



DIRECT CARE WORKER EMPLOYMENT
BY INDUSTRY, 2019

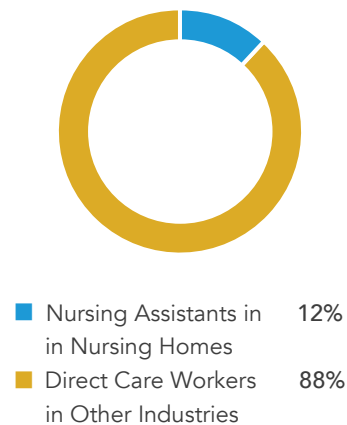
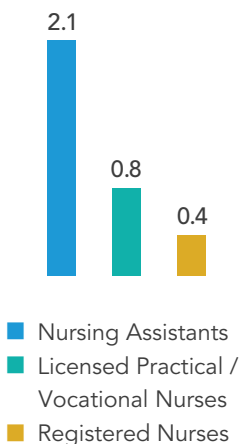


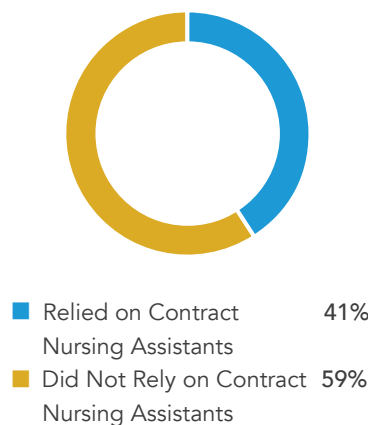
Chart Sources: U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics (OEWS). 2021. May 2010 to May 2020 National Industry-Specific Occupational Employment and Wage Estimates. <https://www.bls.gov/oes/current/oesrci.htm>; BLS OEWS. 2021. May 2020 National Industry-Specific Occupational Employment and Wage Estimates. <https://www.bls.gov/oes/current/oesrci.htm>; analysis by PHI (June 2021).

- Among all nursing staff, nursing assistants spend the most time assisting residents, providing a median of 2.1 hours of direct care per resident per day. Because of their frequent interactions with residents, nursing assistants are well-positioned to observe changes in resident condition and report these changes to licensed nursing staff.
- On average, nursing assistants support 13 residents during a typical shift, while one in 10 nursing assistants typically assists 17 or more residents.⁶³
- Seventeen percent of nursing homes report a shortage of nursing assistants.⁶⁴
- More than two in five nursing homes (41 percent) hired temporary nursing assistants from staffing agencies in 2020 to fill staffing vacancies. Nursing homes that brought in contract nursing assistants relied on these temporary workers for a median of 89 days during the year.⁶⁵
- One-third (33 percent) of nursing homes employ medication aides, who are nursing assistants that have been trained to administer medications under the supervision of a licensed professional.⁶⁶
- Nursing assistant jobs are predominantly government funded. Payments from public programs (primarily Medicaid and Medicare) constituted 67 percent of the industry's more than \$124.2 billion annual revenue in 2019.

MEDIAN STAFF HOURS PER RESIDENT PER DAY BY OCCUPATION, 2020



NURSING HOMES WITH CONTRACTED NURSING ASSISTANT STAFF, 2020



NURSING HOME REVENUE BY SOURCE, 2019

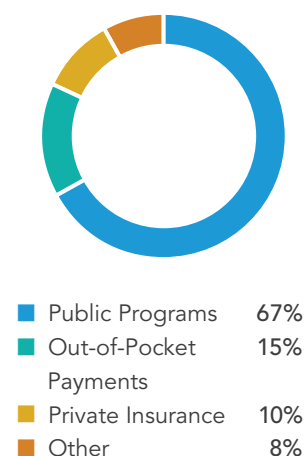


Chart Sources: Centers for Medicare & Medicaid Services (CMS). 2021. *PBJ Daily Nurse Staffing CY 2020*. <https://data.cms.gov/Special-Programs-Initiatives-Long-Term-Care-Facility/PBJ-Daily-Nurse-Staffing-CY-2020Q1/gem2-d34y>; U.S. Census Bureau. 2020. *Service Annual Survey, Table 4: Estimated Sources of Revenue for Employer Firms: 2013 through 2019*. <https://www.census.gov/data/tables/2018/econ/services/sas-naics.html>; analysis by PHI (June 2021).

CHALLENGES FOR NURSING ASSISTANTS IN NURSING HOMES

- **Nursing assistants' wages have risen slightly over the past 10 years:** inflation-adjusted median hourly wages were \$13.33 in 2010 and \$14.48 in 2020. This trend means that nursing assistants' wages have only increased slightly faster than the costs of goods and services over the past decade.
- **Almost one in four nursing assistants work part time,** defined as fewer than 35 hours per week.⁶⁷ Twenty-one percent work part time for "non-economic reasons," which include personal

or family obligations and health issues, among other reasons.⁶⁸ Three percent work part time for "economic reasons," which means they cannot find full-time work due to economic conditions at their workplaces or in the broader labor market.

- **Thirteen percent of nursing assistants typically work more than 40 hours per week.**⁶⁹
- Because of low wages and part-time hours, **nursing assistants earn a median income of \$24,200 per year.**⁷⁰

NURSING ASSISTANT(S)

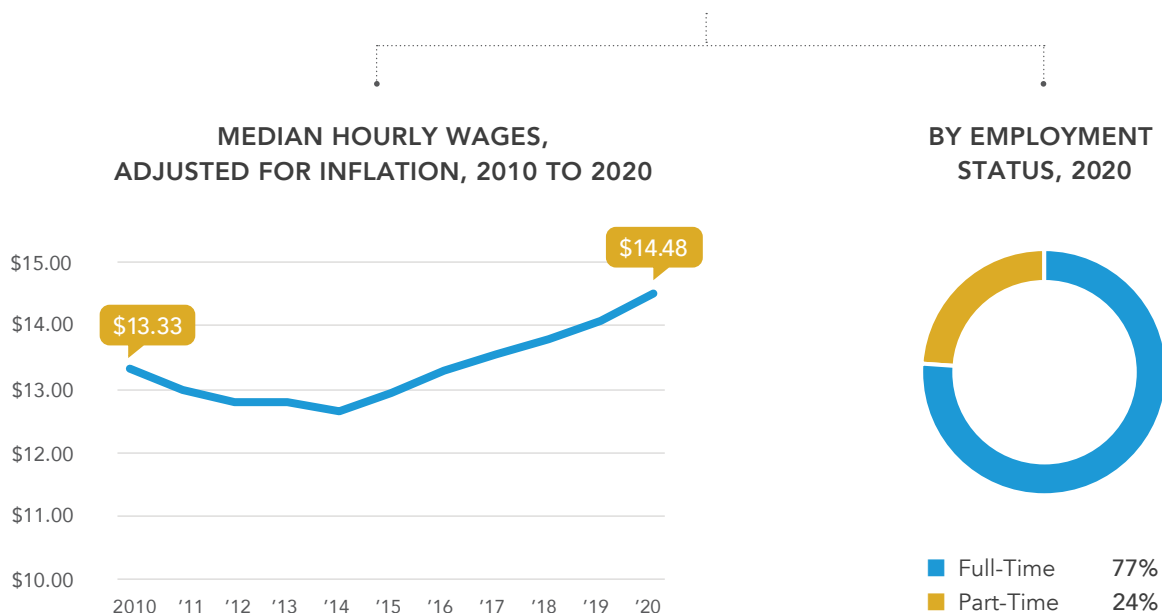


Chart Sources: The summary percentage of nursing assistants who work part time (24 percent) does not align directly with the detailed employment status figures because they are rounded to the nearest whole percentage. U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics (OEWS). 2021. *May 2010 to May 2020 National Occupational Employment and Wage Estimates*. https://www.bls.gov/oes/current/oes_nat.htm; Flood, Sarah, Miriam King, Renae Rodgers, Steven Ruggles, and J. Robert Warren. 2021. *Integrated Public Use Microdata Series, Current Population Survey: Version 8.0*. <https://doi.org/10.18128/D030.V8.0>; analysis by PHI (June 2021).

- Low incomes lead to high poverty rates among nursing assistants: **12 percent live in a household below the federal poverty line and 41 percent live in low-income households.**⁷¹
- Because poverty rates are high among nursing assistants, **34 percent rely on some form of public assistance.**
- **Thirty-one percent of nursing assistants do not live in affordable housing.** Affordable housing is defined by housing costs—including rent or mortgage payments and utility bills—that fall below 30 percent of a household's total income.⁷²
- **Nursing assistants are more than three times likelier to experience workplace injuries than the typical U.S. worker,** even though the nursing assistant injury rate per 10,000 workers has declined somewhat in recent years (from 393 in 2013 to 299 in 2019).⁷³
- **Thirteen percent of nursing assistants in nursing homes lack health insurance.** Sixty-one percent of nursing assistants have insurance through an employer or union (including insurance through their spouses), while nearly a quarter rely on public coverage, most commonly Medicaid.

NURSING ASSISTANTS

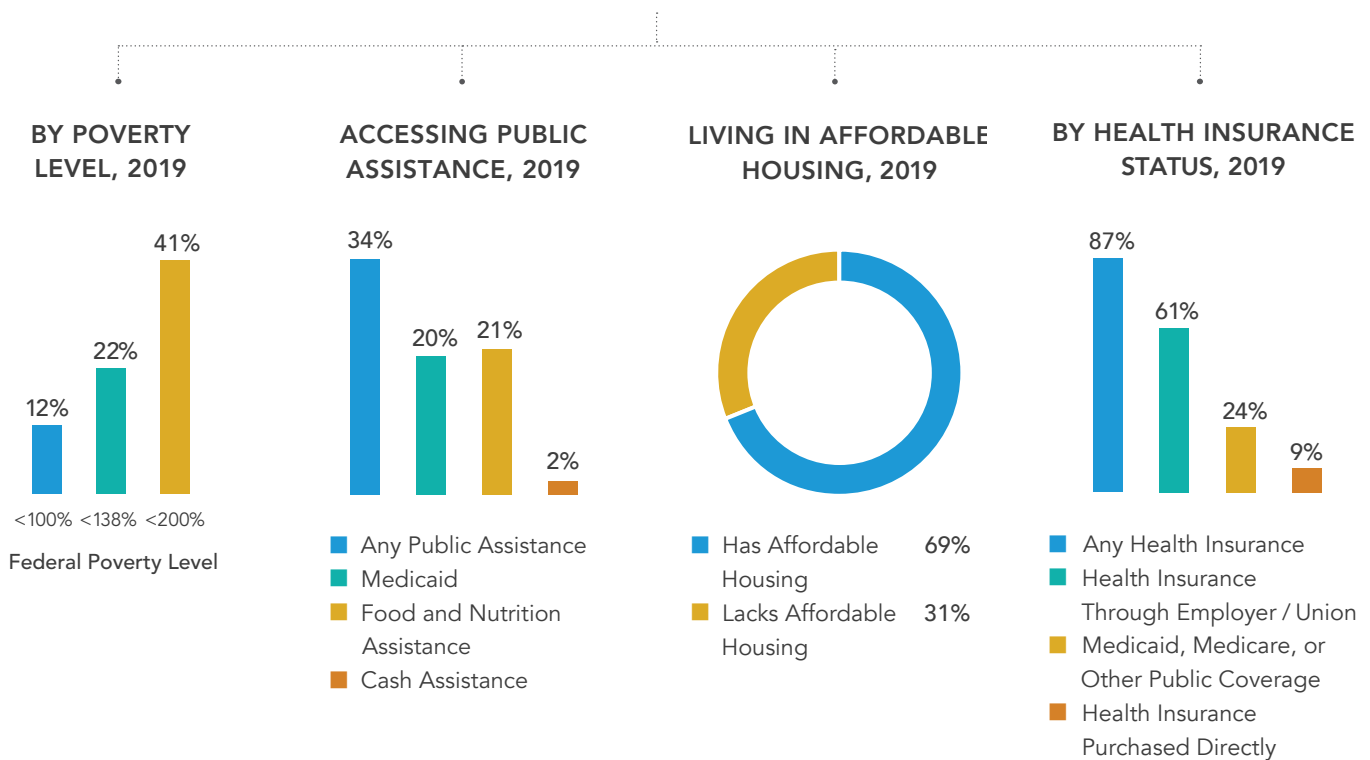


Chart Sources: Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2021. *IPUMS USA: Version 11.0*. <https://doi.org/10.18128/D010.V11.0>; analysis by PHI (June 2021).

THE IMPACT OF COVID-19 ON NURSING HOMES

The COVID-19 pandemic has devastated the nursing home sector, and the crisis is not over. Even as COVID-19 cases have declined nationwide, many nursing home residents and staff (especially nursing assistants) are not fully vaccinated and remain at risk of contracting COVID-19.

- From January 2020 to July 2021, **654,400 nursing home residents and 582,000 nursing home staff have contracted COVID-19. Among them, 131,900 residents and over 1,700 staff have died from the disease.**⁷⁴
- **Compared to residents and other nursing home staff, nursing assistants are the least likely to be fully vaccinated.** According to data from nearly 3,500 Medicare- and Medicaid-certified nursing homes (24 percent all of certified nursing homes), just 47 percent of nursing

assistants and other unlicensed staff are fully vaccinated, and 40 percent have turned down a vaccine.⁷⁵ By comparison, 58 percent of all U.S. adults were fully vaccinated as of July 4, 2021.⁷⁶ Concerted effort is still needed to address the systemic barriers to vaccination—e.g., time away from work, language barriers, and transportation issues⁷⁷—and to develop culturally sensitive, community-informed approaches to improve vaccine acceptance.⁷⁸

COVID-19 VACCINATION RATES AMONG STAFF AND RESIDENTS IN NURSING HOMES, 2021

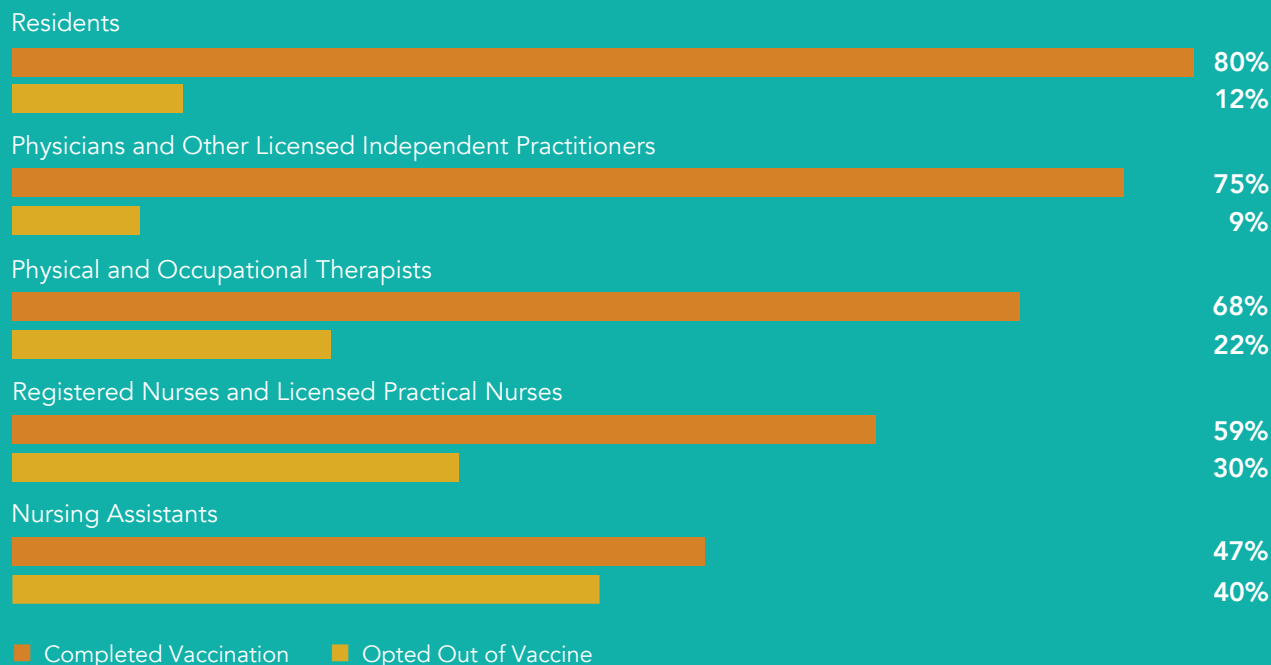
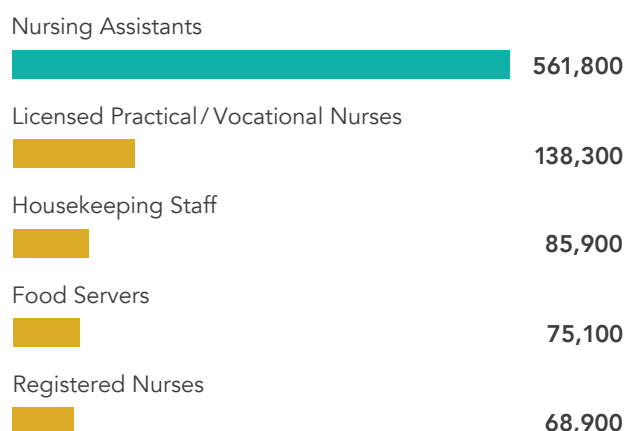


Chart Source: Centers for Medicaid and Medicare Services (CMS). 2020b. *COVID-19 Nursing Home Dataset*. <https://data.cms.gov/Special-Programs-Initiatives-COVID-19-Nursing-Home/COVID-19-Nursing-Home-Dataset/s2uc-8wxp>; analysis by PHI (June 2021).

FUTURE DEMAND FOR NURSING ASSISTANTS

- **From 2019 to 2029, the nursing assistant workforce will have 561,800 total job openings.** This figure includes 272,000 job openings caused by workers moving into other occupations and 299,900 job openings due to workers exiting the labor force altogether.⁷⁹ Thirty-five percent of all nursing home job openings will be nursing assistant positions.
- **Total job openings will be offset by the loss of 10,100 nursing assistant positions** caused by falling demand for nursing home care overall.

JOB OPENINGS IN NURSING HOMES BY OCCUPATION, 2019 TO 2029



CONCLUSION

Although demand for nursing homes is declining due to the rebalancing of services to home and community-based settings, a pressing need remains to recruit and retain enough nursing assistants to provide this care. Where these recruitment and retention efforts fall short, understaffing and temporary staffing become the norm—to the detriment of job quality and care quality, as the COVID-19 pandemic made devastatingly clear. It is time to make significant improvements in nursing assistant job quality to ensure care access and quality for all individuals across the long-term services and supports system.

Chart Sources: U.S. Bureau of Labor Statistics (BLS), Employment Projections Program (EPP). 2020. *Employment Projections: 2019–29, National Employment Matrix - Industry*. <https://data.bls.gov/projections/nationalMatrixHome?ioType=o>; BLS EPP. 2020. *EP Data Tables, Table 1.10 Occupational Separations and Openings, Projected 2019–2029*. <https://www.bls.gov/emp/tables.htm>; analysis by PHI (June 2021).

OCCUPATIONAL TITLES AND INDUSTRY CLASSIFICATIONS

OCCUPATIONAL TITLES

The direct care worker occupational categories used in this report are defined by the Standard Occupational Classification (SOC) system developed by the Bureau of Labor Statistics (BLS) at the U.S. Department of Labor (DOL). Under this classification system, workers are classified based on their on-the-job responsibilities, skills, education, and training. Occupation definitions can be found at: <http://www.bls.gov/SOC>. In practice, state regulations, employer norms, and other factors determine the roles and responsibilities associated with occupational titles in different settings.

TITLE	OTHER TITLES	JOB DESCRIPTION
Personal Care Aides (SOC 31-1122)	Caregiver, Home Care Aide, Personal Care Assistant (PCA), Personal Care Attendant (PCA), Resident Care Assistant (RCA)	In addition to assisting with activities of daily living (ADLs), personal care aides often help with housekeeping, chores, meal preparation, and medication management. They may also help individuals engage in work and/or community life, and provide advice on nutrition, household maintenance, and other activities.
Home Health Aides (SOC 31-1121)	Certified Home Health Aide (CHHA), Home Hospice Aide, Home Health Attendant	In addition to assisting with ADLs, home health aides also perform clinical tasks such as wound care, blood pressure readings, and range-of-motion exercises. Their work is supervised remotely or intermittently onsite by a licensed professional.
Nursing Assistants (SOC 31-1131)	Certified Nursing Assistant, Certified Nursing Aide, Nursing Attendant, Nursing Aide, Nursing Care Attendant, Medication Aide	Nursing assistants assist individuals with ADLs and may also perform certain clinical tasks under the onsite supervision of a licensed professional.

A NOTE ON OTHER OCCUPATIONAL TITLES

Two other direct care occupations have distinct on-the-job responsibilities, but do not have their own federal occupation codes.

Independent providers are home care workers who are employed directly by older adults, people with disabilities, or their families. Their roles may include a mix of personal care and health monitoring and maintenance tasks, depending on the needs of the consumers who employ them. Due to a 2017 methodological change, a proportion of independent providers are now captured by the Bureau of Labor Statistics Occupational Employment and Wage Statistics program.⁸⁰ However, the accuracy of this data

varies by state and likely excludes many independent providers. In all cases, these data exclude home care workers who are hired directly and paid out-of-pocket by consumers through the “gray market.”⁸¹

Direct support professionals provide habilitation services, employment assistance, and other supports to people with intellectual and developmental disabilities in home and community-based settings.⁸² They are included in BLS data and other public datasets (unless they are employed directly by consumers or their families), but because they do not have their own federal occupation code, they are combined with other direct care workers and are not separately quantifiable.

INDUSTRY CLASSIFICATIONS

Long-term care industries are defined by the North American Industry Classification System (NAICS) developed by the Office of Management and Budget (OMB). Business establishments are coded based on their primary activity. Industry definitions can be found at <https://www.census.gov/eos/www/naics/>.

TITLE	EXAMPLES	INDUSTRY DESCRIPTION
Home Care		
Home Health Care Services (NAICS 621610)	Home Health Care Agencies, Visiting Nurse Associations, In-Home Hospice Care Services	This industry comprises establishments that provide personal care, homemaking, and companionship services. These establishments also provide skilled nursing care and a range of other home-based medical services.
Services for the Elderly and Persons with Disabilities (NAICS 624120)	Non-Medical Home Care Providers, Homemaker Service Providers, Self-Help Organizations, Companion Service Providers, Adult Day Care Centers, Activity Centers for Older Adults and People with Disabilities	This industry comprises establishments that provide social assistance services to improve the quality of life for older adults, people with intellectual and developmental disabilities, and people with physical disabilities who live in their homes and communities. Services include non-medical personal care and homemaker services.
Residential Care		
Continuing Care Retirement Communities and Assisted Living Facilities for the Elderly (NAICS 623310)	Assisted Living Communities, Continuing Care Retirement Communities, Residential Care Homes, Personal Care Homes	This industry comprises establishments primarily engaged in providing residential and personal care services for older adults and people with disabilities. This care typically includes room, board, supervision, and assistance with daily tasks and activities.
Residential Intellectual and Developmental Disability Facilities (NAICS 623210)	Group Homes, Intermediate Care Facilities, Residential Care Homes, Homes for Individuals with Intellectual and Developmental Disabilities	This industry comprises establishments primarily engaged in providing residential care services for people with intellectual and developmental disabilities. These communities may provide some health care, though their focus is room, board, protective supervision, and counseling.
Nursing Homes		
Nursing Care Facilities (Skilled Nursing Homes) (NAICS 623110)	Skilled Nursing Facilities, Nursing Homes, Rest Homes with Nursing Care, Retirement Homes with Nursing Care, Group Homes for People with Disabilities with Nursing Care, Homes for the Aged with Nursing Care, Inpatient Hospice	This industry comprises establishments that are primarily engaged in providing inpatient, 24-hour nursing, rehabilitative, and personal care services. These establishments have a permanent core staff of registered and licensed practical/vocational nurses who provide care along with nursing assistants and other staff.

DATA SOURCES AND METHODS

Hourly wage and employment data were sourced from the Bureau of Labor Statistics (BLS) Occupational Employment and Wage Statistics (OEWS) program and employment projections were sourced from the BLS Employment Projections Program. While nursing assistant wage data were drawn directly from the OEWS, home care worker and residential care aide wages were calculated as a weighted average of median hourly wages for each occupation in each industry. Median wages are preferable to mean wages in these calculations, since mean wages may be skewed by a small proportion of atypically high-paid workers. The Consumer Price Index for All Urban Consumers (Current Series) was used to adjust wages for inflation to 2020 dollars.

The U.S. Census Bureau's American Community Survey (ACS) and Current Population Survey (CPS) were used to calculate workforce demographics, parental status, full-time/part-time status, median annual earnings, poverty rate, use of public assistance, health insurance coverage, and access to affordable housing.

For nursing assistants in nursing homes specifically, Payroll-Based Journal data from the Centers for Medicare & Medicaid Services were used to analyze staffing, including hours per resident day, residents per nursing assistant, and medication aide employment. To estimate the ratio of residents to nursing assistants, we divided the number of residents in each nursing home by the number of full-time equivalent (FTE) nursing assistants. We estimated the number of FTE positions by dividing total daily nursing assistant hours by three (the typical number of shifts in a day) and eight (the number of hours in a full-time shift).

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ABOUT PHI

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.

Drawing on 30 years of experience working side-by-side with direct care workers and their clients in cities, suburbs, and small towns across America, PHI offers all the tools necessary to create quality jobs and provide quality care. PHI's trainers, researchers, and policy experts work together to:

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

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