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An Overview of the Direct Care Workforce

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

These 4.6 million home care workers, residential care aides, and nursing assistants provide critical daily support to older adults and people with disabilities in all parts of the country. Unfortunately, as the data below illustrates, these workers struggle with poor-quality jobs that lead to poverty, high turnover, and a worsening workforce shortage that impacts workers, consumers, and employers alike. **Here's what you should know about this workforce.**

A RAPIDLY GROWING JOB SECTOR

Because of growing demand, the direct care 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. From 2019 to 2029, this workforce will add an estimated 1.3 million new jobs to meet rising demand, which is more new jobs than any other single occupation. Already, the direct care workforce is larger than any other single occupation.

A DIVERSE WORKFORCE

Nationwide, 87% of direct care workers are women, 61% are of color, and 27% are immigrants. Additionally, while the median age of the direct care workforce is 43, people aged 55 and above make up 27% of direct care workers.

POVERTY-LEVEL WAGES, ECONOMIC INSTABILITY

The median wage for U.S. direct care workers in 2020 was \$13.56, which was only \$1.03 more than the median wage in 2010 (adjusted for inflation). Low wages and part-time schedules lead to poverty and economic instability for direct care workers; the median annual income for these workers is \$20,200, 44% live in or near poverty, 45% access some form of public assistance, and 16% have no health coverage.

COMPETITIVE DISADVANTAGE

In all 50 states and the District of Columbia, the direct care worker median wage is lower than the median wage for other occupations with similar entry-level requirements, such as janitors, retail salespersons, and customer service representatives. In many states, direct care worker wages also do not compete with occupations with lower entry-level requirements.

FROM CRISIS TO EMERGENCY


Long-term care employers will need to fill 7.4 million job openings in direct care from 2019 to 2029, including 1.3 million new jobs and another 6.1 million job openings to replace workers who leave the labor force or transfer to new occupations, often in search of higher wages or safer working conditions. A variety of trends are converging to spur this emergency: increased longevity and population aging; evolving family structures; retirement and other factors that compel direct care workers to leave this workforce; the persistence of poor job quality that pushes direct care workers out of this sector and into other careers; and the realities of a changing U.S. workforce that has decreased the number of family caregiver and working-age women for this job sector.

THE IMPACT OF COVID-19

The COVID-19 crisis has profoundly and tragically impacted long-term care, claiming thousands of lives while straining employers and federal and state budgets. This pandemic has also amplified the many challenges facing direct care workers, including low compensation, inadequate training, limited access to benefits (such as paid sick days and paid family and medical leave), and a general lack of support (as evidenced by the ongoing shortage of personal protective equipment and other supplies in this sector).

JOB QUALITY AND ECONOMIC DEVELOPMENT

The quality of direct care jobs should reflect the size and value of this workforce—but instead, poor job quality leads to high and costly turnover, increased expenditure on public assistance, and reduced consumer spending. The lack of robust training and advancement opportunities for direct care workers prevents other economic benefits as well; research has shown that investment in training and advanced roles can reduce emergency department visits, hospital admissions, and other expensive health outcomes.

Read our latest annual research report on the direct care workforce 

Build Back Better, HCBS, and Direct Care Workers

2021 will be remembered in history as a major milestone for the direct care workforce. A new presidential administration has advanced several measures for direct care workers, beginning with the American Rescue Plan Act, which provides \$1.9 trillion to mitigate the ongoing impacts of the pandemic. As part of this funding, many states have submitted spending plans with strong measures related to the direct care workforce. In addition, President Biden's proposed billion-dollar investment in expanding home and community-based services (HCBS)—currently detailed in a \$3.5 trillion budget reconciliation bill tied to the Build Back Better Act—will transform these jobs nationwide. **Below are the critical policy moments leading up to this moment.**

JULY 2020

President Biden first signals his intent to improve direct care jobs in July 2020 when—while running for President—he releases his visionary plan to “create a 21st-century caregiving and education workforce.” This 10-year, \$775 billion plan acknowledges that our country is experiencing a “caregiving crisis” and proposes a range of initiatives to elevate and improve direct care jobs, notably increased wages and enhanced employment benefits for direct care workers, including affordable health insurance and childcare, paid sick leave, and paid family and medical leave. The plan also highlights the need for stronger legal protections for direct care workers, the option to join a union and collectively bargain, and improved access to quality training and meaningful career ladders.

MARCH 2021

President Biden announces the American Jobs Plan, which is the first half of his administration's “build back better” infrastructure initiative. The American Jobs Plan proposes a \$2 trillion investment in infrastructure, including \$400 billion for expanding HCBS and raising home care worker wages, among other benefits.

APRIL 2021

President Biden announces the American Families Plan, which is the second half of his administration's “build back better” infrastructure initiative. The American Families Plan proposes \$1.8 trillion to provide affordable childcare, universal preschool, expanded higher education access, individual and family tax credits, and comprehensive paid leave.

JUNE 2021

Congress introduces the Better Care Better Jobs Act, which aims to allocate hundreds of billions of dollars toward strengthening home and community-based services, addressing disparities in access to these essential services, and elevating the quality of jobs for the direct care workers who provide them. The Act includes: more than \$100 million to states to develop “HCBS infrastructure improvement plans”; a permanent 10 percentage-point increase in the federal matching rate to states for delivering HCBS, plus an 80 percent match for related administrative costs; and increased funding for self-directed service programs that enable older adults and people with disabilities to directly employ and manage their own workers and for states to develop matching service registries, among many other measures.

JULY 2021

The Health, Employment, Labor, and Pensions Subcommittee and Higher Education and Workforce Investment Subcommittee under the U.S. Committee on Education and Labor hold a Congressional hearing on the challenges facing direct care workers and how federal leaders should respond. At the hearing, Congressional leaders discuss the merits of recent federal proposals on this workforce, including the Direct CARE Opportunity Act, which would invest more than \$1 billion over five years in interventions that improve direct care workforce training, recruitment, and retention.

AUGUST 2021

The U.S. Senate passes a historic, bipartisan \$1.2 trillion infrastructure bill that unfortunately excludes the \$400 billion investment in HCBS

proposed in the original \$2 trillion infrastructure package from March 2021. Senate Democrats turn to the budget reconciliation process to advance these measures.

SEPTEMBER 2021

Congressional leaders begin moving the Build Back Better Act through a \$3.5 trillion budget reconciliation bill that would fund the expanded investment in home and community-based services, direct care jobs, and much more. As part of this process, the House Committee on Education and Labor marks up its portion of the Build Back Better Act and designates \$1.5 billion over 10 years to fund direct care workforce interventions related to recruitment, retention, training, and career advancement; and \$5 million to establish a national technical assistance center on direct care workers—among other notable investments.

Read our July 2021 federal policy priorities report, which details nearly 50 concrete recommendations for the White House, Congress, and key federal departments and agencies across eight issue areas: financing, compensation, training, workforce interventions, data collection, direct care worker leadership, equity, and the public narrative. ▶

Read our fact sheets on critical federal bills from this year, including the American Rescue Plan Act of 2021, the Direct Care Opportunity Act of 2021, The American Jobs Plan, the American Families Plan, and the U.S. Citizenship Act of 2021. ▶

About PHI

PHI is a national organization committed to strengthening the direct care workforce by producing robust research and analysis, leading federal and state advocacy initiatives, and designing groundbreaking workforce interventions and models. For 30 years, we have brought a 360-degree perspective on the long-term care sector to our evidence-informed strategies throughout the country.

As the nation's leading authority on the direct care workforce, PHI promotes quality direct care jobs as the foundation for quality care.

WHY PHI?

We know what direct care workers need to do their jobs well and to live in financial security. As the nation's leading expert on the direct care workforce, PHI strives to ensure that direct care workers can thrive in their jobs and provide high-quality care to older adults and people with disabilities across long-term care settings.

WHAT MAKES US UNIQUELY EFFECTIVE

- A 360° Perspective on Long-Term Care
- Diverse Geographic Experience
- Extensive State-Level Knowledge
- A Worker-Centered Perspective
- Actionable Ideas Rooted in Practical and Financial Realities
- A Successful Track Record for 30 Years

ADDITIONAL PHI RESOURCES

PHI's National Direct Care Workforce Resource Center

allows users to search through an extensive online library of direct care workforce reports, briefs, fact sheets, multimedia resources, and select journal articles published in the field since 2010 [▶](#)

PHI's Direct Care Worker Story Project

features worker stories from around the country, sharing their experiences on the job and their ideas for reforming the job sector [▶](#)

PHI's Workforce Data Center

provides up-to-date state and national data on direct care workers, including key demographics, job characteristics, and projected job openings [▶](#)

PHI's Virtual Newsroom houses the latest press coverage on direct care workers, as well as key news and opinion articles by PHI [▶](#)

PHI's State Developments

online hub features regular state developments on the direct care workforce [▶](#)

KEY PHI SPOKESPEOPLE



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TIMELINE

Defining Historical Moments for the Direct Care Workforce Movement

2021 has been a monumental year for direct care workers. The American Rescue Plan Act will soon resource states with \$1.9 trillion to improve direct care jobs through their COVID-recovery plans. Also, if enacted, President Biden's budget reconciliation package to Build Back Better will augment and extend this funding significantly, helping transform the home care sector and the direct care workforce. But we didn't arrive at this point in history overnight. As with other social movements, today's direct care policy victories are due to decades of hard-fought struggles led by workers, older adults, people with disabilities, and a growing constellation of organizations and advocates that dared to imagine a new reality for the direct care workforce—and then made it happen. **Here are our thoughts on the historical moments that defined the direct care workforce movement.**

● **1893** | Lillian Wald, the country's first public health nurse and a renowned human rights advocate, begins delivering home health services throughout New York City, establishing what would become one of the oldest and largest non-profit home health care agencies in the country, Visiting Nurse Service of New York. Today, VNSNY is part of a vast long-term care sector that includes more than 12,000 home health agencies, more than 15,000 nursing homes, and nearly 29,000 residential care communities.¹

● **1930s** | Critical employment rights for U.S. workers are established in law through the National Labor Relations Act (1935) and the Fair Labor

Standards Act (1938), including collective bargaining rights and wage and overtime protections.² However, agricultural and domestic workers are intentionally excluded from these rights and protections. Despite their specific skill set and responsibilities (which only become more complex over time), home care workers are among these excluded workers—which perpetuates poor job quality in the direct care sector for decades and impoverishes a largely female, people of color workforce.³

● **1935** | The Social Security Act is signed into law, guaranteeing adults aged 65 and above a post-retirement income, among other provisions.⁴ Social Security

serves as the foundation of the contemporary long-term services and supports (LTSS) system in the United States.

● **1965** | Medicare and Medicaid are created through amendments to the Social Security Act, with LTSS set up under Medicaid as a means-tested (i.e., accessible only to eligible individuals under a certain income level) rather than a universal benefit.⁵ Over the next few decades, various policy decisions limit the large-scale impact of Medicaid and create profound racial disparities in health care access; these policies include limiting desegregation in nursing homes, delinking Medicaid eligibility from other public assistance programs during the "welfare reform" era,

making Medicaid expansion under the Affordable Care Act optional rather than mandatory, and defunding Medicaid and other public benefit programs with ideological attacks, among others.⁶ As a result, these action end up harming consumers, who need affordable health and long-term care coverage, and direct care workers, whose jobs are financed significantly through Medicaid dollars.

1965 | Congress passes the Older Americans Act (OAA), constructing a national federal and state infrastructure for aging services, and the federal Administration on Aging (now known as the Administration for Community Living).⁷ With a focus on supporting older adults to age in place, the OAA establishes the foundation for the home and community-based services (HCBS) system.

1985 | A small team of workforce experts and home health aides found Cooperative Home Care Associates (CHCA), a first-of-its-kind worker-owned home care agency in the South Bronx. Since then, CHCA grows exponentially from 12 home health aides to more than 1,700 workers, becoming the largest worker cooperative in the country.⁸ CHCA serves as a national model for home care worker training, workforce development, and employee-owned home care businesses, inspiring the worker cooperative movement nationwide.⁹

1985 | California becomes the first state to pass a “wage pass-through” (WPT) law, which increases Medicaid funding for long-term care settings with requirements that these additional funds be “passed through” to direct care workers in the form of increased compensation. However, the California WPT law is not recognized until 1999. Meanwhile, in 1990, Michigan becomes the first state to pass and implement a WPT law. As of December 2019, 22 states have valid WPT laws.¹⁰

1987 | Through the Omnibus Budget Reconciliation Act of 1987, the federal government establishes a requirement that nursing assistants receive at least 75 hours of entry-level training and adopts a similar requirement for home health aides in 1989. Although states have been able to provide personal care through their Medicaid programs since 1975, federal leaders have never enacted any training requirement for personal care aides. Forty-three states have adopted some level of training requirements for these workers, but most of these states have varying requirements for personal care aides working in specific Medicaid programs versus for private-pay home care agencies. Seven states still do not regulate training for personal care aides at all.

1990 | The Americans with Disabilities Act of 1990 is enacted, prohibiting discrimination based on disability and paving the way for future decisions that expand access to HCBS and build the direct care workforce; various significant amendments are added to this legislation in 2008.¹¹ In 1999, the *Olmstead v. L.C.* Supreme Court decision establishes the civil rights of individuals with disabilities to receive services in their homes and communities, and in 2014, CMS issues a final rule on Medicaid-funded HCBS to ensure that consumers receive services in the most integrated LTSS setting of their choice.^{12,13} Despite this progress, many people with disabilities still cannot access the supports they need in the setting of their choice.

1991 | The Paraprofessional Healthcare Institute (now known as PHI) is formed as the non-profit partner of CHCA and focuses over the next decade on operating CHCA’s entry-level training program and supporting the creation of other home care cooperatives, including Home Care Associates in Philadelphia (1993) and Cooperative Home Care of Boston (1994-1999), while expanding employee-centered models in Detroit and New Hampshire. As it grows, PHI cements itself firmly as the nation’s leading expert on the direct care workforce, rooted

in the belief that quality direct care jobs are the foundation for delivering quality care. In the decades that follow, many national organizations dedicate themselves to strengthening the direct care workforce, including (in alphabetical order):

American Geriatrics Society, CHCA, the Community Living Policy Center at the University of California, San Francisco (UCSF), the Health Workforce Research Center on Long-Term Care at the UCSF, Healthcare Career Advancement Program (H-CAP), LeadingAge, NADSP, the National Employment Law Project, National Fund for Workforce Solutions, National Skills Coalition, NDWA, PHI, NADSP, SEIU, and The ICA Group, among many others. This constellation of organizations at all geographic levels, including an extensive network of state and local groups, has flourished in recent years, reflecting the direct care workforce movement's growing importance and effectiveness.

1996 | The National Association of Direct Support Professionals (NADSP) is founded, becoming over time the preeminent voice for direct support workers (i.e., direct care workers who support people with intellectual and developmental disabilities).¹⁴ Among its many accomplishments, NADSP works with the U.S. Department of Labor to craft apprenticeship standards for direct support professionals (DSPs) (2001);

creates the first-ever national credentialing program for DSPs (2007); and co-authors on behalf of the President's Committee for People with Intellectual Disabilities the formative report, *America's Direct Support Workforce Crisis: Effects on People with Intellectual Disabilities, Families, Communities and the U.S. Economy* (2017).¹⁵

1996 | The Cash & Counseling demonstration project is initially launched in three states (Arkansas, Florida, and New Jersey) and later expanded to 12 other states, generating the evidence needed to support the widespread adoption of the consumer-direction model in LTSS.¹⁶ This model has expanded the direct care workforce significantly to include family members and friends as well as other "independent providers" serving self-directing consumers.

2000 | With the first major federal grant or contract to support direct care workers, the U.S. Department of Health and Human Services (HHS) funds the establishment of the National Clearinghouse on the Direct Care Worker, a historic online resource of publications on the direct care workforce. PHI and the Institute for the Future of Aging Services (now known as the LeadingAge LTSS Center @UMass Boston) co-lead this initiative, which is instrumental in raising early

awareness in this country about the critical role of direct care workers. The clearinghouse evolves into the National Direct Care Workforce Resource Center, as relaunched and updated by PHI in 2020, which now serves as the country's premier online library of information on these workers.

2002 | A 4-year initiative ("Better Jobs Better Care") led by PHI and the American Association of Homes and Services for the Aging (now known as LeadingAge) tests and demonstrates the correlation between quality direct care jobs and quality care.¹⁷ This major initiative also produces a new framework for promoting job quality in direct care. Organized across three dimensions—compensation, opportunity, and supports—*The Nine Elements of a Quality Job Caregiving Job* is a seminal framework in the long-term care sector, shaping workforce interventions, public policy, and research in the many years that follow.

2002 | As evidence of some of the earliest federal investments in direct care workers, the Centers for Medicare & Medicaid Services (CMS) funds PHI to produce a series of publications to help state agencies, service providers, and individual consumers recruit, train, and retain home care workers. Three years later, HHS again funds PHI and the Institute for the Future of Aging Services to create a collection

of papers exploring public policies and industry practices related to recruiting and retaining direct care workers.

2003 | Between 2003 and 2019, at least 16 states create statewide workgroups to analyze the challenges facing direct care workers and produce action-oriented reports with clear recommendations on compensation, training, public awareness, and data collection, among other issue areas.¹⁸ This trend illustrates how advocacy for direct care workers has also become a state-level priority, as more and more states begin grappling with and addressing their direct care workforce challenges.

2006 | CMS establishes the Direct Service Workforce Learning Collaborative and the National Direct Service Workforce Resource Center to develop innovative strategies for the direct service workforce (i.e., direct care workers).¹⁹ The Lewin Group coordinates these activities and works with organizations like PHI and the Center for Applied Research (no longer active) to develop a range of online resources and provide technical assistance to state leaders on how to strengthen this workforce.

2006 | PHI begins publishing detailed data on the U.S. direct care workforce, giving policymakers and industry

leaders unprecedented, up-to-date figures on this workforce while creating several benchmarks to assess how this workforce changes over time.²⁰ The latest version of this research, *Direct Care Workers in the U.S.: Key Facts*, is released in September 2021.²¹

2007 | Care.com is founded, which serves as an online platform to assist families with finding workers to support their caregiving needs while helping paid caregivers find jobs. Over the years, countless care-related technology companies emerge, bringing their innovations to the direct care workforce and advancing a conversation about the role of technology in supporting this job sector; a few of these companies include Caring.com (2007), Honor (2014), Carina (2015) CareAcademy (2016), and many others.²²

2007 | The U.S. Supreme Court considers *Long Island Care at Home, Ltd. v. Coke*, a historic case brought by Evelyn Coke, a Jamaican immigrant and home health aide, against her former employer for not paying her the minimum wages and overtime wages she believed she deserved. Although the Supreme Court rules against Coke, this case lays the foundation for years of advocacy to extend FLSA protections to home care workers.²³

2007 | At a domestic workers' gathering at the first United States Social Forum, more than 50 domestic workers—including home care workers—decide to form the National Domestic Workers Alliance (NDWA).²⁴ As a national federation of 70 affiliate grassroots organizations, seven local chapters, and a national membership organization of housekeepers, childcare workers, and home care workers, NDWA becomes a leading progressive social movement organization, enacting Domestic Worker Bill of Rights laws nationwide, advancing many policy measures for domestic workers, and leading a host of other accomplishments.

2007 | Washington State enacts a law that forms the Long-Term Care Worker Training Workgroup to upgrade Washington's training requirements for personal care aides while also creating the SEIU 775 Benefits Group, a partnership between the state and the union to manage the training of all consumer-employed aides.²⁵ In 2012, the state approves a ballot initiative that overhauls the training system for long-term care workers, among other measures. Today, SEIU 775 Benefits Group leads a model training program for home care workers in the state that includes entry-level training and continuing education

courses.²⁶ It also offers home care workers affordable health coverage, a secure retirement plan option, and job matching. Nationally, SEIU, SEIU 775, and 1199SEIU are key leaders for the home care workforce, representing hundreds of thousands of home care workers nationwide and helping raise the bar on job quality in this sector through their organizing and advocacy.²⁷

2008 | The Institute of Medicine (IOM; now the National Academies of Sciences, Engineering, and Medicine) releases a groundbreaking report, *Retooling for an Aging America*, which investigates the readiness of our country's health care workforce to support a growing population of older adults.²⁸ The report includes an extensive chapter on the direct care workforce—informed by PHI at the request of IOM—and recommends that the federal government set minimum training requirements at 120 hours for home health aides and nursing assistants while also recommending that states establish some type of training standards for personal care aides. *Retooling for an Aging America* also calls for improved compensation, training, career advancement, and more for these workers.

2009 | In response to *Retooling for an Aging America*, PHI and the American Geriatrics Society establish the

Eldercare Workforce Alliance to jointly advocate for policy solutions that strengthen the long-term care workforce.²⁹ Originally comprised of 25 member organizations, the Eldercare Workforce Alliance now includes 35 national organizations representing consumers, family caregivers, the direct care workforce, and other health care professionals.

2010 | The Affordable Care Act is signed into law, overhauling the U.S. health care system and broadening access to health coverage for millions of Americans, including direct care workers.³⁰ Between 2010 and 2014, half a million direct care workers gain health coverage and the uninsured rate among these workers drops by 26 percent.³¹

2010 | As part of the Affordable Care Act, the federal government launches the Personal and Home Care Aide State Training Demonstration Program (PHCAST), which supports six states in adapting and scaling competency-based personal care aide training programs.³² The six PHCAST states—California, Iowa, Maine, Massachusetts, Michigan, and North Carolina—develop programs that collectively train approximately 4,500 new and incumbent direct care workers over three years. PHI plays a lead role in designing the federal PHCAST program and provides technical assistance to PHCAST initiatives in four

of the six states (California, Massachusetts, Michigan, and North Carolina) to advance the field in establishing a common educational platform for all personal care aides entering the field. Though evaluation methods vary across the states, PHCAST trainees overall report high levels of satisfaction with the program and increased knowledge due to the training. Each state also reports that PHCAST strengthened its overall training capacity.

2010 | Through the National Direct Service Workforce Resource Center created by CMS and coordinated by the Lewin Group, PHI authors a report recommending a first-ever national minimum data set on the direct care workforce. *The Need for Monitoring the Long-Term Care Direct Service Workforce and Recommendations for Data Collection* recommends that workforce data be collected to measure at least three core areas: workforce volume (i.e., the number of part-time and full-time workers), workforce stability (i.e., turnover rates and vacancies), and worker compensation (i.e., wages and benefits).

2010 | The Office of Management and Budget adopts PHI's recommendations to redefine federal occupational titles and definitions for key groups within the direct care workforce, including personal care aides, home

health aides, and nursing assistants. Eleven years later, as the understanding on this workforce has evolved, PHI recommends that OMB work with long-term care and workforce experts to update these codes so that they characterize the direct care workforce more accurately. PHI and other advocates specifically call on OMB to establish a Direct Support Professional Standard Occupational Classification code to distinguish these workers from nursing assistants, home health aides, and personal care aides.

2010 | HHS seeds the country's first technical assistance resource center on lesbian, gay, bisexual, and transgender (LGBT) aging. PHI partners with SAGE, the center's lead organization, to design an evidence-based LGBT competence training for long-term care staff across the country, including direct care workers.

2011 | PHI publishes the groundbreaking report, *Caring in America: A Comprehensive Analysis of the Nation's Fastest-Growing Jobs: Home Health and Personal Care Aides*, which describes the state of home care workers and their employers, as well as the complex service delivery systems supporting older adults and people with disabilities.

2011 | Advocates form Caring Across Generations, a national organization dedicated to the creating a world where everyone can age with dignity, and caregivers are respected and supported. Central to their strategies are coalition efforts in key states to form a "caring majority" that can advance policy reforms, including raising worker compensation and enacting state-based LTSS social insurance programs (among others); culture change strategies that partner with the entertainment industry, workers, and consumers to tell powerful stories about caregiving; and national advocacy in partnership with leading organizations to bolster the care movement.

2011 | PHI launches an online, national workforce data center that allows state and federal leaders, researchers, advocates, and others to access customized data on the direct care workforce.³³ Today, thousands of online users download up-to-date state and national snapshots on the direct care workforce, including data on demographics, job characteristics, and projected job openings.

2011 | Drawing on extensive guidance from PHI, CHCA, Independence Care System (ICS), and several model employers in New York City, New York State enacts the New York State Home Care Worker

Parity Law, which establishes minimum compensation requirements for Medicaid-funded home care workers, creating "wage parity" among various types of home care workers in New York City and Nassau, Suffolk, and Westchester counties.³⁴ In the years that follow, New York State and New York City—like many other parts of the country—enact various laws that embody the potential for state and local policy change on this workforce. Some notable actions include creating the Office of Labor Policy & Standards for Workers in New York City (2014), establishing an Advanced Home Health Aide job category for home health aides (2016), and forming New York City's Division of Paid Care (2016) to provide outreach and support to home care workers (and child care and other domestic workers) throughout the city, among other responsibilities.³⁵

2013 | As a result of decades of progress and years of collective advocacy by numerous national and state organizations, the U.S. Department of Labor issues a federal rule that extends wage and overtime protections under FLSA to more than 2 million home care workers nationwide.³⁶ The initial rule relies heavily on PHI's research and analysis. After a court delay and two years of grassroots organizing, the rule goes into effect in October 2015.

- **2013** | The Community Living Assistance Services and Supports Act (CLASS) Act that was created by the Affordable Care Act is determined to be financially unsustainable and repealed, ending the first federal LTSS social insurance program—before implementation begins.³⁷ Several years later, in 2019, the National Academy of Social Insurance issues a historic report on “universal family care,” a social insurance policy framework for states to better fund LTSS, childcare, and paid family and medical leave.³⁸ PHI issues a companion report on designing state-based social insurance programs in LTSS to support direct care workers.³⁹ The same year, Washington State enacts the Long-Term Services and Supports Trust Act, becoming the first state in the country to adopt a state-based social insurance program in long-term care.⁴⁰ Then in 2021, Congress introduces the Well-Being Insurance for Seniors to be at Home (WISH) Act, which aims to create a federal social insurance program in long-term care.⁴¹
- **2013** | Established by the Affordable Care Act, the CMS Innovation Center awards the California Long-Term Care Education Center (CLTCEC) a three-year, \$11.8 million Health Care Innovation Award to test innovative service delivery models in home care through a pilot project titled “Care Team Integration of the Home-Based Workforce.”⁴² This program results in enhanced care for consumers, reductions in emergency department visits and hospitalizations, cost savings, and improved worker skills related to core competencies.
- **2015** | In support of an ongoing court battle regarding the 2013 federal FLSA rule, 27 organizations submit an amicus brief arguing that home care work requires a broad range of competencies and significant training that go beyond “companionship services,” which underscores why these workers deserve wage and overtime protections under FLSA.
- **2015** | PHI, ICS, and three home care agencies collaborate to create the Care Connections Senior Aide role, an advanced role in home care that provides extensive training and enhanced compensation for home health aides. These advanced aides help improve care transitions, solve caregiving challenges in the home, and serve on consumers’ interdisciplinary care teams. This demonstration project results in an 8 percent reduction in the rate of emergency room admission among the 1,400 consumers impacted, reduced caregiving strain among family members, and improved job satisfaction among home care workers, among other impacts.⁴³ Throughout the decades, leaders across the field design numerous direct care workforce interventions, such as training and advanced role programs, matching service registries, pipeline-development approaches, immigrant-focused supports, and much more.
- **2015** | The National Academies of Sciences, Engineering, and Medicine appoints PHI to its Forum on Aging, Disability, and Independence, strengthening the direct care workforce perspective on the Forum’s influential activities and thought leadership.⁴⁴
- **2016** | CMS updates its regulations for more than 15,000 long-term care facilities that receive Medicare and Medicaid funding—representing the first update of its type since 1991.⁴⁵ Among the rule’s changes are requirements that long-term care staff members have the skills to provide person-centered care, support individuals with dementia, and prevent elder abuse.
- **2017** | PHI issues the first comprehensive federal priorities report focused exclusively on direct care workforce policy concerns.⁴⁶ This report provides analysis and recommendations across five areas critical to this workforce, including wages and benefits, training and advanced roles, data collection and quality, expanding access and cultural competence, and family caregiving.

- **2017** | Amid an increasingly contentious national debate on immigration, PHI releases a first-ever statistical snapshot of the immigrant direct care workforce, which shows that one in four direct care workers is an immigrant, totaling more than 1 million workers nationwide.⁴⁷ The study goes viral, spurring news stories in *The New York Times*, *Kaiser Health News*, and many other prominent media outlets nationwide.⁴⁸
- **2017** | Congressional leaders introduce two groundbreaking bills: the Improving Care for Vulnerable Older Citizens through Workforce Advancement Act, which seeks to fund demonstration projects that place direct care workers in advanced roles, and the Direct Creation, Advancement, and Retention of Employment (CARE) Opportunity Act, which aims to fund workforce interventions related to recruitment, retention, and advancement in direct care.⁴⁹
- **2017** | HHS hosts the first-ever National Research Summit on Care, Services, and Supports for Persons with Dementia and Their Caregivers, focusing one of its 12 recommendation themes on building workforce capacity to support persons with dementia and their caregivers.⁵⁰ As part of the second dementia care summit in 2020, PHI co-chairs the Workforce Development Workgroup, which arrives at 10 workforce development recommendations to improve the research and evidence base on the dementia care workforce, including direct care workers.⁵¹
- **2019** | In partnership with researchers from the Harvard Medical School and Health Policy Research Center at Massachusetts General Hospital, PHI releases an in-depth report outlining a vision for strengthening the home care workforce and improving home care access and quality, along with evidence-informed recommendations for achieving this vision.⁵²
- **2020** | The COVID-19 pandemic emerges, disproportionately impacting essential workers (such as direct care workers), older adults, people with underlying conditions, and people of color, among other at-risk groups.⁵³ From the onset of the virus until the end of September, the U.S. reports more than 42 million COVID-19 cases and more than 687,000 COVID-19 deaths, with nearly one-third of these deaths linked to nursing homes.⁵⁴ This unprecedented pandemic reinforces and amplifies the longstanding challenges facing direct care workers related to compensation, training, advancement, data collection, and staffing while surfacing new difficulties related to safety (including access to personal protective equipment and other supplies) and vaccine acceptance. An estimated 280,000 direct care workers leave the sector within the first three months of the pandemic.⁵⁵ Although workforce numbers begin stabilizing by the end of 2020, turnover in this job sector remains high, and long-term care employers around the country continue to experience severe staffing shortages that threaten their ability to stay afloat. In the midst of such catastrophe, this workforce experiences a few positive advances: the visibility of these workers grows considerably; several states enact temporary measures for these workers, such as hazard pay and emergency leave, illustrating the need for these supports; and a new federal administration enacts the American Rescue Plan Act of 2021, which helps states cover the cost of major direct care job improvements.
- **2020** | Congress passes the Supporting Older Americans Act of 2020, which reauthorizes the Older Americans Act for five more years and includes—for the first time in history—a measure to fund recruitment, retention, and career advancement interventions for direct care workers throughout the national Aging Network (which comprises area agencies and state units on aging).⁵⁶

- **2020** | While running for president, Senator Joe Biden releases a large-scale plan to “create a 21st-century caregiving and education workforce.”⁵⁷ This 10-year, \$775 billion plan acknowledges that our country is experiencing a “caregiving crisis” and proposes a range of initiatives to elevate and improve direct care jobs, notably through increased wages and enhanced employment benefits for direct care workers (including affordable health insurance and childcare, paid sick leave, and paid family and medical leave). The plan also highlights the need for stronger legal protections for direct care workers, the option to join a union and collectively bargain, and improved access to quality training and meaningful career ladders.
- **2021** | Following an executive order from 2019, California releases its Master Plan for Aging, a comprehensive 10-year blueprint designed to improve aging services and supports statewide.⁵⁸ While one of the five broad objectives for the Master Plan focuses on workforce issues (“Caregiving That Works”), the historic plan includes more than 20 concrete areas where the state could support direct care workers through substantial reforms.⁵⁹
- **2021** | On the eve of a new presidency, PHI releases *Caring for the Future: The Power and Potential of America’s Direct Care Workforce*.⁶⁰ A follow-up to the organization’s 2011 report, *Caring in America*, this report offers an unparalleled, in-depth analysis of the direct care workforce with an extensive list of policy and practice recommendations across eight issue areas. In July 2021, PHI builds on this framework when it releases a federal priorities report with nearly 50 concrete recommendations for the White House, Congress, and key federal departments and agencies, solidifying its role as the top technical expert on direct care workforce policy and practice.⁶¹
- **2021** | President Biden announces the U.S. Citizenship Act of 2021, which aims to provide Lawful Prospective Immigrant (LPI) status to approximately 11 million undocumented immigrants, including “essential” workers, such as direct care workers—among other measures.⁶²
- **2021** | The American Rescue Plan Act is enacted, allocating \$1.9 trillion to mitigate the ongoing impacts of the COVID-19 pandemic.⁶³ Later in the year, states begin submitting detailed spending plans for this funding, many of which include robust proposals related to direct care workforce compensation, training, advancement, recruitment, retention, and more.⁶⁴
- **2021** | President Biden announces the American Jobs Plan, which is the first half of his administration’s “build back better” infrastructure initiative.⁶⁵ This plan proposes a \$2 trillion investment in infrastructure, including \$400 billion for expanding HCBS and raising home care worker wages, among other benefits. The following month, he announces the American Families Plan, which is the second half of “build back better.”⁶⁶ This plan proposes \$1.8 trillion to provide affordable childcare, universal preschool, expanded higher education access, individual and family tax credits, and comprehensive paid leave.
- **2021** | The Care Can’t Wait Coalition is formed to help realize the Build Back Better investment in the care economy, co-led by 15 organizations, including Care in Action, SEIU, MomsRising, Paid Leave 4 All, the National Domestic Workers Alliance, and several others.⁶⁷ Throughout the year, the coalition coordinates sign-on letters, rallies, virtual town halls, social media campaigns, meetings with constituents and elected officials, a multi-million-dollar advertising blitz in support of the Build Back Better reconciliation package, and much more. Public opinion seems to be on the side of this historic investment; a September 2021 poll in 12 key

states finds that most likely voters support the “build back better” agenda.⁶⁸

2021 | The Health, Employment, Labor, and Pensions Subcommittee and Higher Education and Workforce Investment Subcommittee under the U.S. Committee on Education and Labor hold a Congressional hearing on the challenges facing direct care workers and how federal leaders should respond.⁶⁹ At the hearing, Congressional leaders discuss the merits of recent federal proposals on this workforce, including the Direct CARE Opportunity Act, which would invest more than \$1 billion over five years in interventions that improve direct care workforce training, recruitment, and retention.⁷⁰

2021 | The U.S. Senate passes a historic, bipartisan \$1.2 trillion infrastructure bill that unfortunately leaves out the \$400 billion investment in HCBS proposed in the original \$2 trillion infrastructure package from March 2021.⁷¹ Shortly after, Congressional leaders begin moving the Build Back Better Act, a \$3.5 trillion budget reconciliation bill that would fund the expanded investment in HCBS, direct care jobs, and much more.⁷² As part of the mark-up process for the Build Back Better Act, the House Committee on Education and Labor designates \$1.5 billion over 10 years to fund direct care workforce interventions related to recruitment, retention, training, and career advancement, and \$5 million to establish a national technical assistance center on direct care workers—among other notable investments.⁷³

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Creating an in-depth, historical timeline of the direct care workforce movement is a monumental task, one that required us to make tough editorial choices to both honor the breadth of this history and its many players, while keeping the timeline manageable.

As we evolve this timeline, we welcome your suggestions for items to include and apologize in advance for their omission. Please email your suggestions to info@PHInational.org.

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