

DIRECT CARE WORKERS IN THE UNITED STATES

KEY FACTS

2022



PHI

QUALITY CARE
THROUGH
QUALITY JOBS

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INTRODUCTION

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 2.6 million personal care aides and home health aides (and in some cases, nursing assistants) who support individuals in private homes.
- **Residential Care Aides** are the 647,500 personal care aides, home health aides, and nursing assistants who assist individuals in group homes, assisted living communities, and other residential care settings.
- **Nursing Assistants in Nursing Homes** are the 471,000 workers who provide services to individuals living in skilled nursing homes.¹

The growing population of older adults continues to drive up demand for direct care workers. Over the past decade, the direct care workforce added nearly 1.5 million new jobs, growing from 3.2 million workers in 2011 to 4.7 million in 2021.² This trend is expected to continue, with the direct care workforce projected to add approximately 1.2 million new jobs from 2020 to 2030—more new jobs than any other single occupation in the country.³ When also accounting for jobs that must be filled when existing workers transfer to other occupations or exit the labor force, there will be an estimated 7.9 million total job openings in direct care from 2020 to 2030.⁴

This job growth is occurring primarily in the home and community-based services (HCBS) sector, with the home care workforce projected to increase by 37 percent in the next decade.⁵ The number of residential care aides is also projected to increase by 22 percent, although a very recent drop in residential care employment makes these growth projections less certain. In contrast, the nursing assistant workforce is expected to continue steadily decreasing in size. These diverging trends across long-term care industries largely result from consumer preferences for home care and public policies that have expanded HCBS funding and access.⁶

In the past 10 years, the direct care workforce has seen incremental wage growth (even after accounting for worsening inflation⁷), largely due to state and federal investments in Medicaid programs and the workforce. Much of this investment has occurred in response to the COVID-19 pandemic, for example through the Families First Coronavirus Response Act.⁸ Despite this progress, wages remain low—the median hourly wage for direct care workers was just \$14.27 in 2021.⁹ As a result, long-term care employers are facing acute recruitment and retention challenges as they compete with employers from other industries that can offer higher wages in a fiercely competitive labor market.¹⁰

Low wages combined with a high rate of part-time work make it challenging for direct care workers to financially support themselves

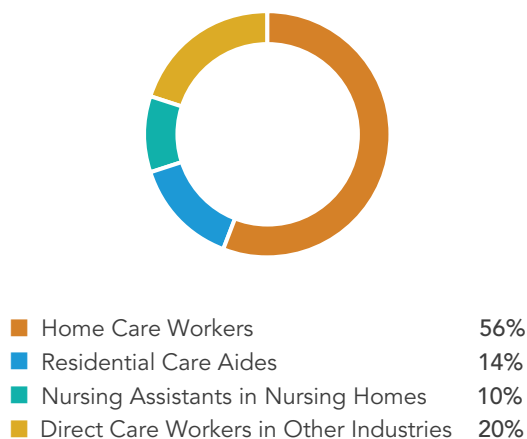
and their families. Median annual earnings for direct care workers are just \$21,700, 40 percent of direct care workers live in low-income households, and 43 percent rely on public assistance, such as Medicaid, food and nutrition assistance, or cash assistance.¹¹ These trends both reflect and perpetuate the racial and gender inequalities faced by direct care workers, who are largely women and people of color.¹²

This report begins by describing how the growing, changing population of older adults is impacting demand for direct care—then examines the primary characteristics of home care workers, residential care aides, and

nursing assistants in nursing homes. Each of the workforce sections focuses on demographics, occupational roles, job quality challenges, and projected job openings. Throughout, we highlight the ongoing impact and implications of the COVID-19 pandemic on the long-term care industry and this workforce. Taken together, these analyses underscore the pressing need for job quality interventions across long-term care settings—building on the investments that have been made recently in response to the pandemic—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



WAGES BY INDUSTRY, 2011 TO 2021

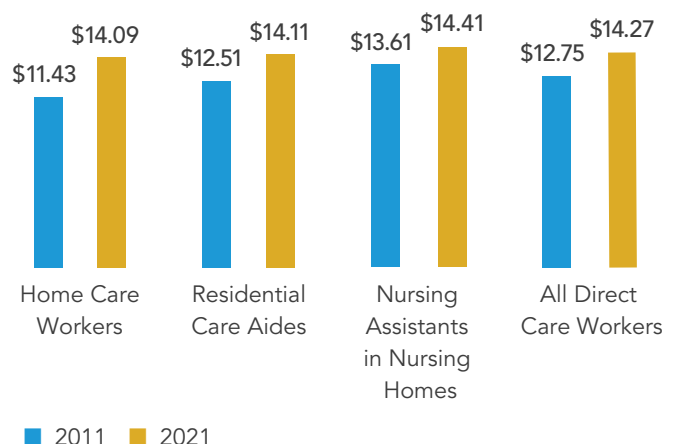


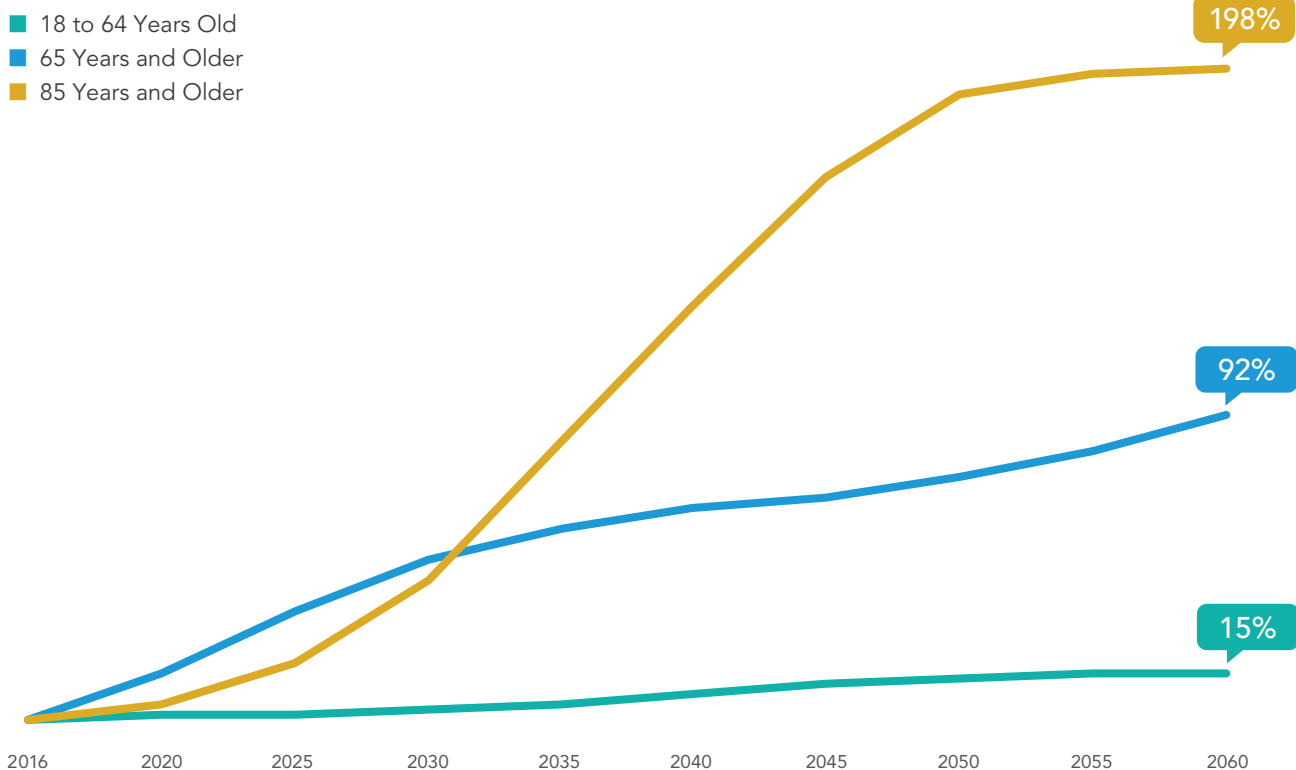
Chart Sources: Other industries employing direct care workers include hospitals (9 percent) and numerous others. U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics (OEWS). 2022. *May 2011 to May 2021 National Occupational Employment and Wage Estimates*. https://www.bls.gov/oes/current/oes_nat.htm; BLS OEWS. 2022. *May 2011 to May 2021 National Industry-Specific Occupational Employment and Wage Estimates*. <https://www.bls.gov/oes/current/oesrci.htm>; analysis by PHI (June 2022).

U.S. POPULATION PROJECTIONS

From 2016 to 2060, the population of adults age 65 and older in the U.S. is projected to nearly double from 49.2 million to 94.7 million.¹³ The number of adults age 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 age 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, the ratio of adults age 18 to 64 to adults age 85 and older is 31 to 1, but that ratio is projected to drop to 12 to 1 by 2060.

PROJECTED POPULATION GROWTH BY AGE GROUP, 2016 TO 2060



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 impact future demand for direct care workers.¹⁴

The population of adults age 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.

Demographic changes among older adults will likely influence overall long-term care needs and service utilization patterns. These changes also highlight the need to promote cultural and linguistic competency within the direct care workforce, while recognizing workers' own diverse backgrounds, experiences, and barriers.¹⁵

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

About 1 in 9 people age 65 and over are currently living with Alzheimer's disease, the most common form of dementia.¹⁶ As our population grows older, the number of older adults with Alzheimer's disease is expected to more than double, from 6.5 million in 2020 to 13.8 million in 2060. This trend will drive up demand for direct care workers since more than a third of individuals across all long-term care settings are living with Alzheimer's disease or another form of dementia.¹⁷

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

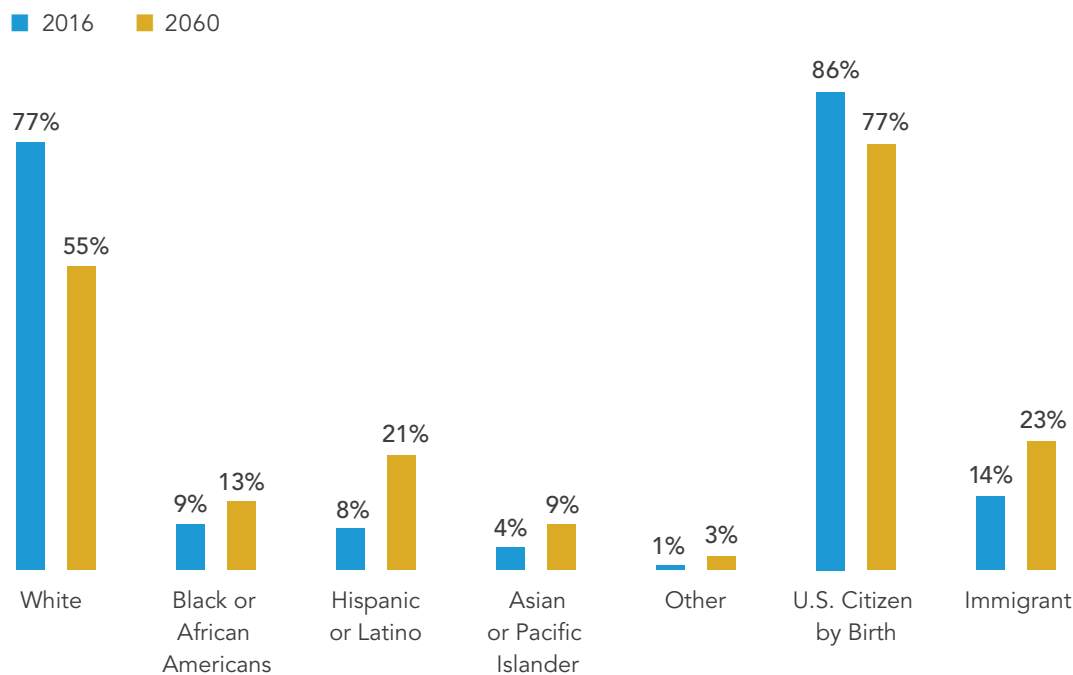


Chart Sources: U.S. Census Bureau. 2017. 2017 National Population Projections Datasets, Projected Population by Single Year of Age, Sex, Race, and Hispanic Origin for the United States: 2016 to 2060. <https://census.gov/data/tables/2017/demo/popproj/2017-summary-tables.html>; U.S. Census Bureau. 2017. 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 9.3 million older adults and people with disabilities living at home.¹⁸ 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, consumer preferences for aging and receiving care in place, and the increasing provision of home and community-based services (HCBS).¹⁹ Despite recent wage growth—particularly during the COVID-19 pandemic—home care wages are still remarkably low and a large number of workers live in low-income households. In the context of persistently high turnover and a historically tight labor market, home care employers are struggling more than ever to recruit and retain enough workers to meet escalating demand.²⁰

WHO ARE HOME CARE WORKERS?

Home care workers are primarily women, people of color, and immigrants, and therefore face heightened risks of discrimination throughout their lives in areas including housing, education, employment, health care, and more.²¹ Gender, racial, and other forms of equity are central concerns for this workforce.²²

- **Eighty-five percent of home care workers are women.**
- **Home care workers have a median age of 48.** Thirty-six percent of the home care workforce is age 55 and over, compared to 22 percent of the U.S. labor force overall.²³
- **While people of color make up 40 percent of the total U.S. labor force,²⁴ they constitute 63 percent of all home care workers.** Twenty-seven percent of home care workers are Black or African American and 23 percent are Hispanic or Latino (any race).

HOME CARE WORKERS BY

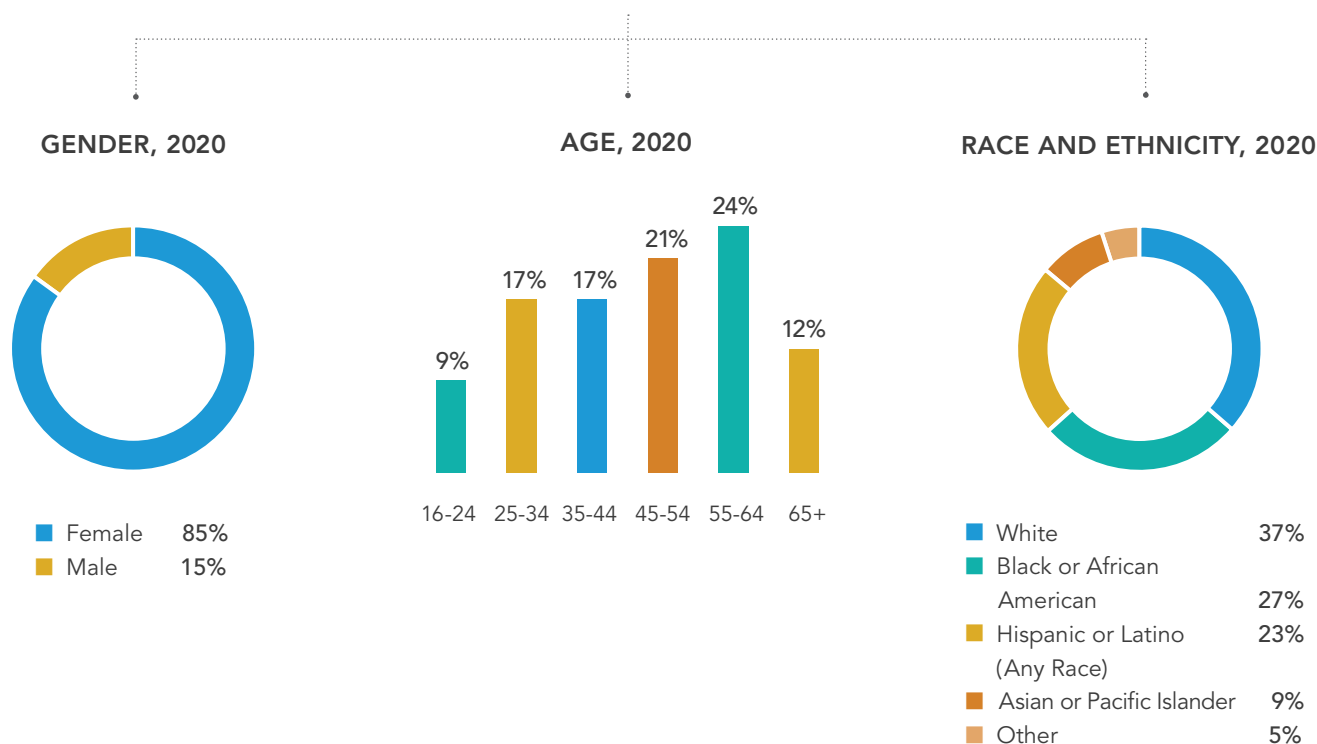


Chart Source: The percentages shown in the race and ethnicity figure do not total 100 percent because they are rounded to the nearest whole percentage. "Hispanic or Latino" refers to people of any race who identify as Hispanic or Latino; these individuals are excluded from all other race/ethnicity categories. Ruggles, Steven, Sarah Flood, Ronald Goeken, Megan Schouweiler and Matthew Sobek. 2022. *IPUMS USA: Version 12.0*. <https://doi.org/10.18128/D010.V12.0>; analysis by PHI (June 2022).

- Immigrants constitute 31 percent of the home care workforce, compared to 16 percent of the total labor force.²⁵
- Nearly 3 in 10 home care workers have at least one child under age 18 living at home, and 9 percent have one or more children under the age of five living at home.
- Over half of home care workers have completed no formal education beyond high school.

HOME CARE WORKERS BY

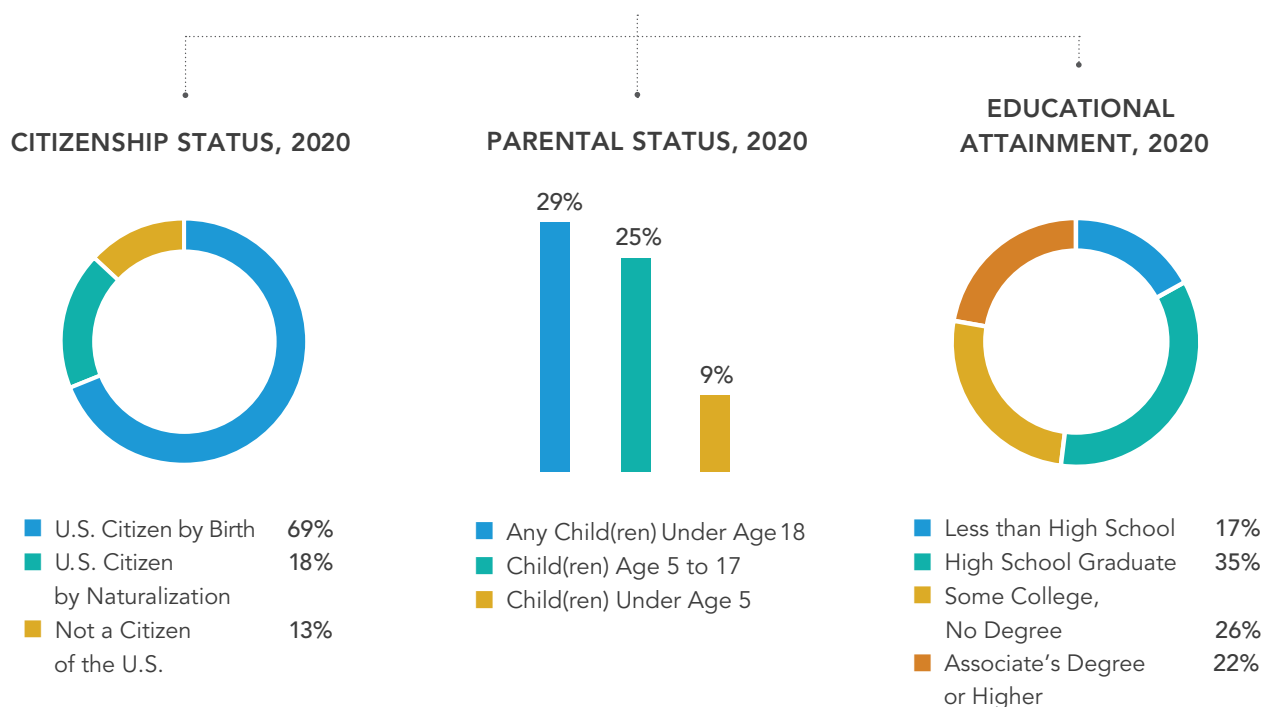


Chart Source: Ruggles, Steven, Sarah Flood, Ronald Goeken, Megan Schouweiler and Matthew Sobek. 2022. *IPUMS USA: Version 12.0*. <https://doi.org/10.18128/D010.V12.0>; analysis by PHI (June 2022).

THE ROLE OF HOME CARE WORKERS

All home care workers assist older adults and people with disabilities living at home with daily tasks such as eating, dressing, and bathing. Other responsibilities differ across occupational groups within the home care sector. **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.²⁶ Although formally classified as personal care aides in most cases, **direct support professionals** constitute a distinct occupational group within this workforce that provides habilitation services, employment assistance, and/or other supports to people with intellectual and developmental disabilities.²⁷ (See *Occupational Titles and Industry Classifications* on page 28 for more details.)

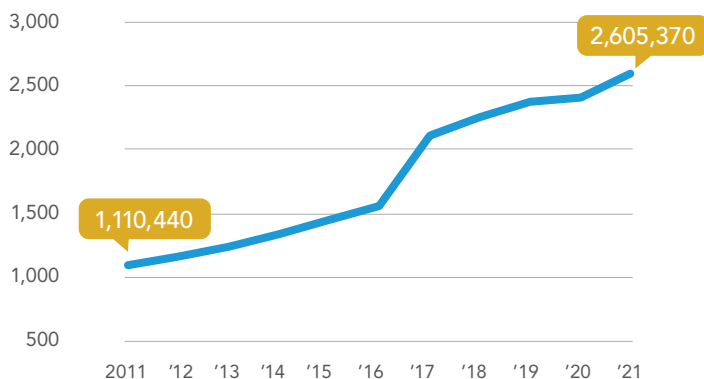
- The home care workforce more than doubled in size over the past 10 years, from 1.1 million in 2011 to more than 2.6 million in 2021.

- 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.²⁸

It is very difficult to accurately estimate the number of independent providers, however. Due to a 2017 methodological change, a proportion of these workers hired through consumer-direction programs are now captured by the Bureau of Labor Statistics (BLS) Occupational Employment and Wage Statistics (OEWS) program.²⁹ However, the accuracy of these data varies by state and many independent providers are likely excluded. More broadly, the OEWS data do not include self-employed home care workers who are hired directly and paid out-of-pocket by consumers through the “gray market.”³⁰

- Home care workers constitute **56 percent of the total direct care workforce**, which also includes workers who are employed in residential care, nursing homes, and other settings.

HOME CARE WORKER EMPLOYMENT,
2011 TO 2021



DIRECT CARE WORKER
EMPLOYMENT BY INDUSTRY, 2021

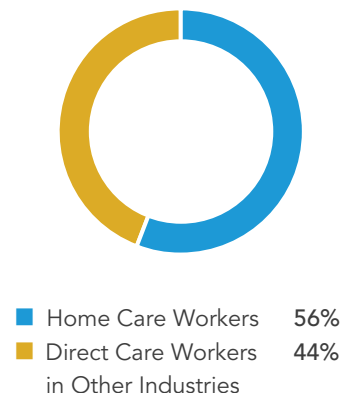
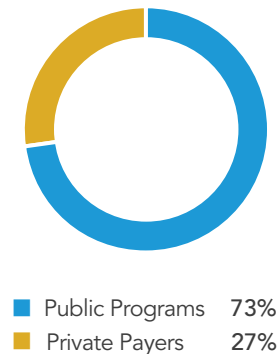


Chart Sources: U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics (OEWS). 2022. May 2011 to May 2021 National Occupational Employment and Wage Estimates. https://www.bls.gov/oes/current/oes_nat.htm; BLS OEWS. 2022. May 2011 to May 2021 National Industry-Specific Occupational Employment and Wage Estimates. <https://www.bls.gov/oes/current/oesrci.htm>; analysis by PHI (June 2022).

- Home care jobs are predominantly government-funded. **Payments from public programs (primarily Medicaid and Medicare) constitute approximately three-quarters of the home care industry's \$123.4 billion in total annual revenue.**³¹

Chart Sources: U.S. Census Bureau. 2021. *Economic Census of the United States, Health Care and Social Assistance: Sales, Value of Shipments, or Revenue by Type of Social Assistance for the U.S.: 2017*. <https://data.census.gov/cedsci/table?q=ECNSOCIAL2017.EC1762SOCIAL&n=62412&tid=ECNSOCIAL2017.EC1762SOCIAL>; U.S. Census Bureau. 2021. *Economic Census of the United States, Health Care and Social Assistance: Sales, Value of Shipments, or Revenue by Type of Payer for the U.S. and States: 2017*. <https://data.census.gov/cedsci/e?q=EC1762TYPEPAYER&n=6216%3A6231%3A6232%3A6233&tid=ECNTYPEPAYER2017.EC1762TYPEPAYER>; analysis by PHI (June 2022).

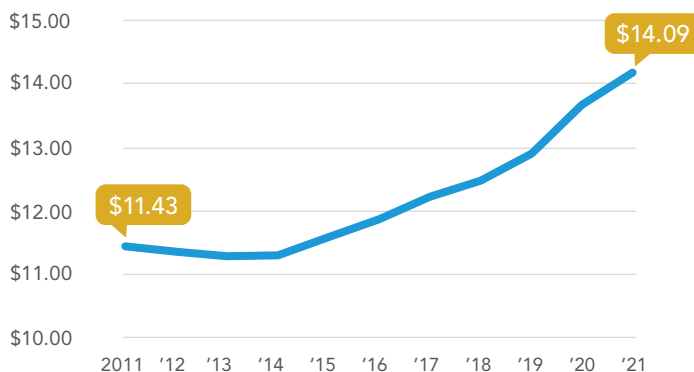
HOME CARE INDUSTRY REVENUE
BY SOURCE, 2017



CHALLENGES FOR HOME CARE WORKERS

- Home care workers' wages have risen somewhat over the past 10 years:** inflation-adjusted median hourly wages rose from \$11.43 in 2011 to \$14.09 in 2021. This means that home care workers' wages have increased slightly faster than the costs of goods and services over the past decade.
- Nearly two in five home care workers work part time,** defined as fewer than 35 hours per week.³² Thirty-one percent work part time for "non-economic reasons," which include personal or family obligations and health issues, among other reasons.³³ Six 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, 2011 TO 2021



HOME CARE WORKERS
BY EMPLOYMENT STATUS, 2021

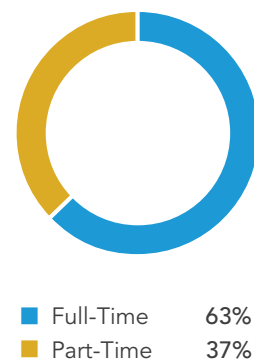


Chart Sources: U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics (OEWS). 2022. *May 2011 to May 2021 National Industry-Specific Occupational Employment and Wage Estimates*. <https://www.bls.gov/oes/current/oesrci.htm>; Flood, Sarah, Miriam King, Renae Rodgers, Steven Ruggles, Robert Warren, and Michael Westberry. 2022. *IPUMS, Current Population Survey: Version 9.0*. <https://doi.org/10.18128/D030.V9.0>; analysis by PHI (June 2022).

- **Sixteen percent of home care workers typically work more than 40 hours per week.**³⁴
- Because of low wages and part-time hours, **home care workers earn a median annual income of \$19,100.**³⁵
- Low incomes lead to high poverty rates among home care workers: **one in six lives in a household below the federal poverty line and 43 percent live in low-income household.**³⁶
- Because of high poverty rates, **more than half of home care workers receive some form of public assistance.**
- **Thirty-six 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.³⁷
- **Sixteen percent of home care workers lack health insurance**, while 41 percent rely on public coverage, most commonly Medicaid.

HOME CARE WORKERS

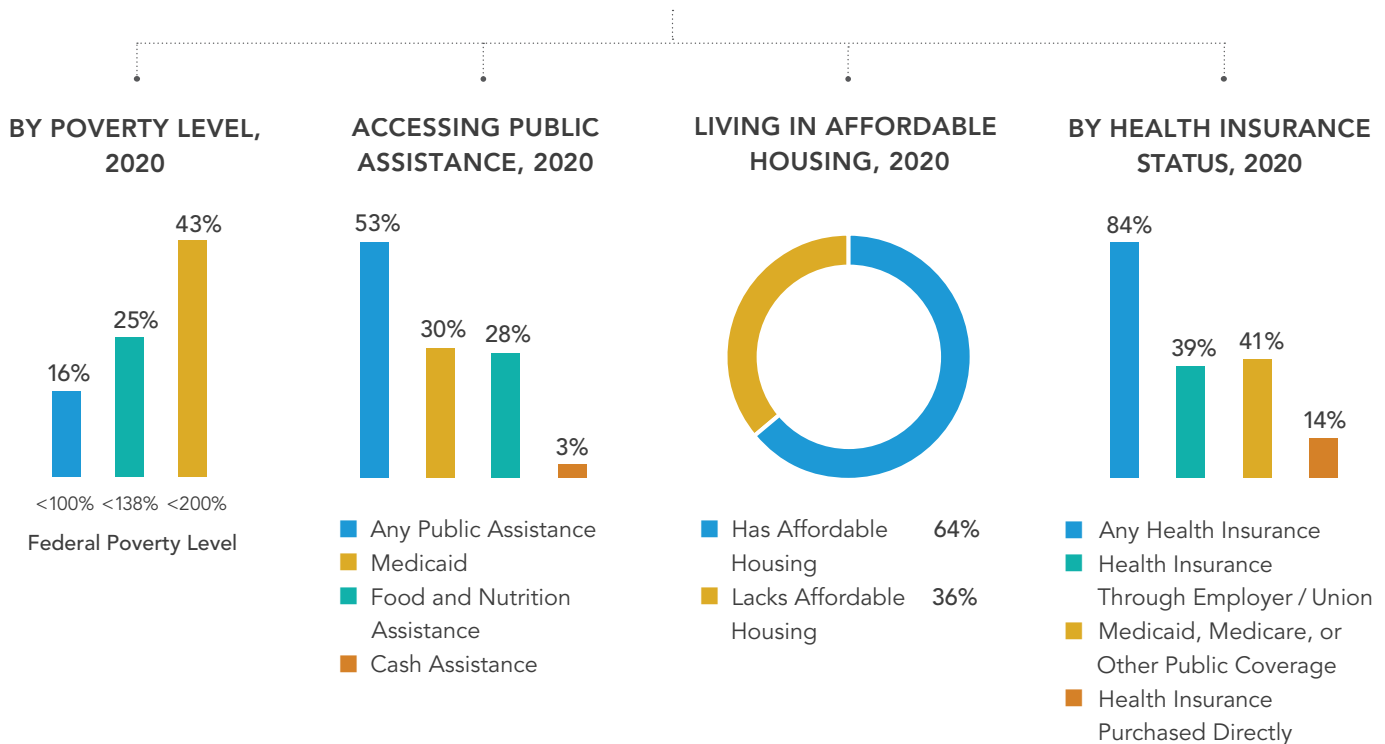


Chart Source: Ruggles, Steven, Sarah Flood, Ronald Goeken, Megan Schouweiler and Matthew Sobek. 2022. *IPUMS USA: Version 12.0*. <https://doi.org/10.18128/D010.V12.0>; analysis by PHI (June 2022).

FUTURE DEMAND FOR HOME CARE WORKERS

- The home care workforce is projected to add nearly one million new jobs from 2020 to 2030—more new jobs than any other occupation in the U.S. The occupation with the second largest projected growth, which is cooks, will add 400,000 fewer jobs than the home care workforce.
- From 2020 to 2030, the home care workforce will have 4.7 million total job openings. This figure includes 1 million new jobs created by growth in demand, 1.7 million job openings caused by workers moving into other occupations, and 2 million job openings due to workers leaving the labor force altogether.³⁸ The home care workforce ranks fifth among all U.S. occupations for total projected job openings.

OCCUPATIONS WITH MOST JOB GROWTH, 2020 TO 2030

Home Care Workers	969,900
Cooks	563,500
Fast Food Workers	517,500
Software Developers	409,500
Waiters and Waitresses	407,600

OCCUPATIONS WITH THE MOST TOTAL JOB OPENINGS, 2020 TO 2030

Fast Food Workers	8,045,500
Cashiers	5,469,600
Retail Salespersons	5,245,700
Waiters and Waitresses	4,701,600
Home Care Workers	4,685,500

CONCLUSION

Minimum wage increases, Medicaid policy changes, and COVID-19-related funding have all helped boost wages for home care workers in recent years. However, these incremental raises have not translated into significant improvements in home care workers' financial wellbeing, with a large proportion still living in low-income households and relying on public assistance to make ends meet. In turn, inadequate compensation and other job quality concerns continue to drive high turnover in home care and cause widespread job vacancies.³⁹ Most states have committed to implementing a variety of strategies to address these workforce challenges with funds from the federal American Rescue Plan Act of 2021, which has provided a historic investment in HCBS that states can spend through March 2025.⁴⁰ But these largely short-term strategies must be sustained and expanded in order to mitigate the home care workforce challenges that threaten care access and quality now and into the future.

Chart Sources: U.S. Bureau of Labor Statistics (BLS), Employment Projections Program (EPP). 2021. *National Employment Matrix - Industry* <https://data.bls.gov/projections/nationalMatrixHome?ioType=i>; BLS EPP. 2020. *EP Data Tables, Table 1.10 Occupational Separations and Openings, Projected 2020–2030*. <https://www.bls.gov/emp/tables.htm>; analysis by PHI (June 2022). <https://data.bls.gov/projections/nationalMatrixHome?ioType=i>; BLS EPP. 2020. *EP Data Tables, Table 1.10 Occupational Separations and Openings, Projected 2020–2030*. <https://www.bls.gov/emp/tables.htm>;

RESIDENTIAL CARE AIDES

Residential care aides support more than 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, also known as “life plan communities.”⁴¹ The number of residential care aides dropped significantly during the COVID-19 pandemic, likely due to a combination of decreased demand and widespread workforce shortages.⁴² This recent phenomenon raises questions about whether the previously steady growth trend in this workforce will continue in the future. In any case, residential care aides play a prominent role in the nation’s long-term care system but—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, and therefore face heightened risks of experiencing discrimination throughout their lives in areas including housing, education, employment, health care, and more.⁴³ Gender, racial, and other forms of equity are central concerns for this workforce.⁴⁴

- **Eighty-three percent of residential care aides are women.**
- **Residential care aides have a median age of 37.** Twenty-three percent of residential care aides are age 16 to 24, compared to 13 percent of the total U.S. labor force.⁴⁵
- **While people of color make up 40 percent of the total U.S. labor force,⁴⁶ they constitute 60 percent of residential care aides.** Thirty-three percent of residential care aides are Black or African American.

RESIDENTIAL CARE AIDES BY

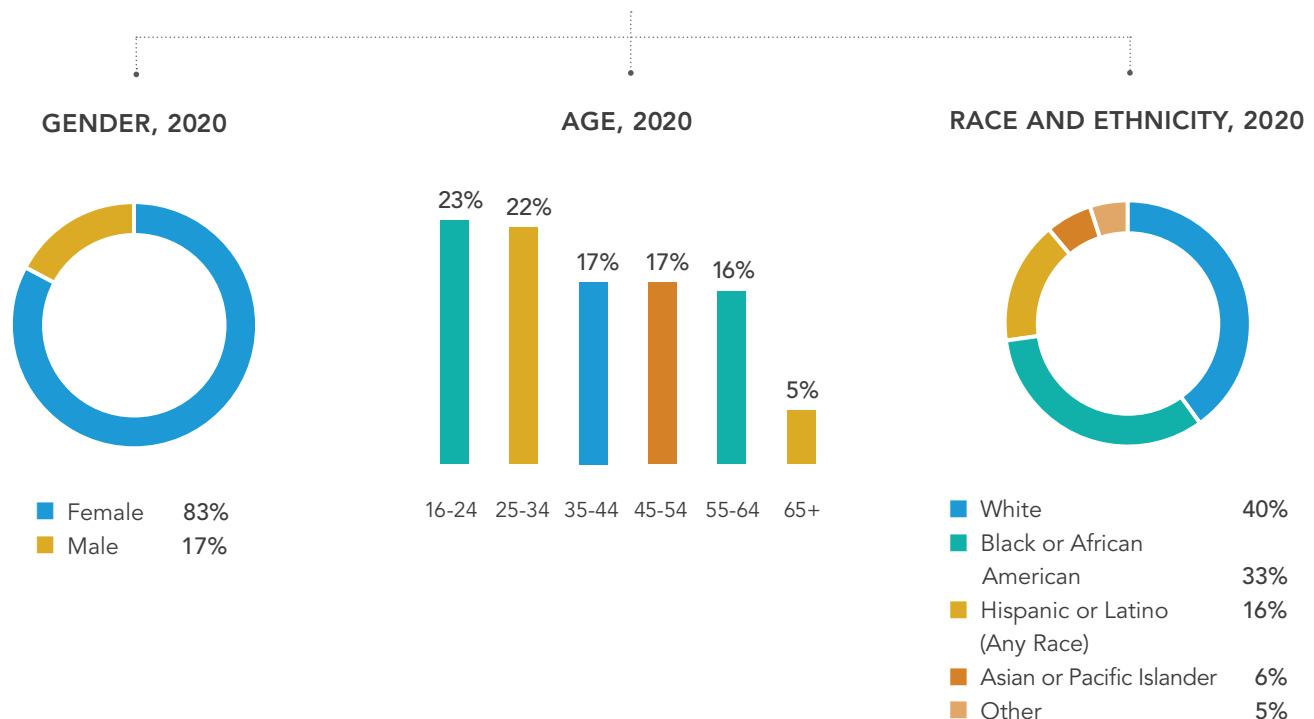


Chart Source: "Hispanic or Latino" refers to people of any race who identify as Hispanic or Latino; these individuals are excluded from all other race/ethnicity categories. Ruggles, Steven, Sarah Flood, Ronald Goeken, Megan Schouweiler and Matthew Sobek. 2022. *IPUMS USA: Version 12.0*. <https://doi.org/10.18128/D010.V12.0>; analysis by PHI (June 2022).

- Immigrants constitute 22 percent of the residential care aide workforce, compared to 16 percent of the total U.S. labor force.⁴⁷
- Thirty-one percent of residential care aides have at least one child under age 18 at home, and 12 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

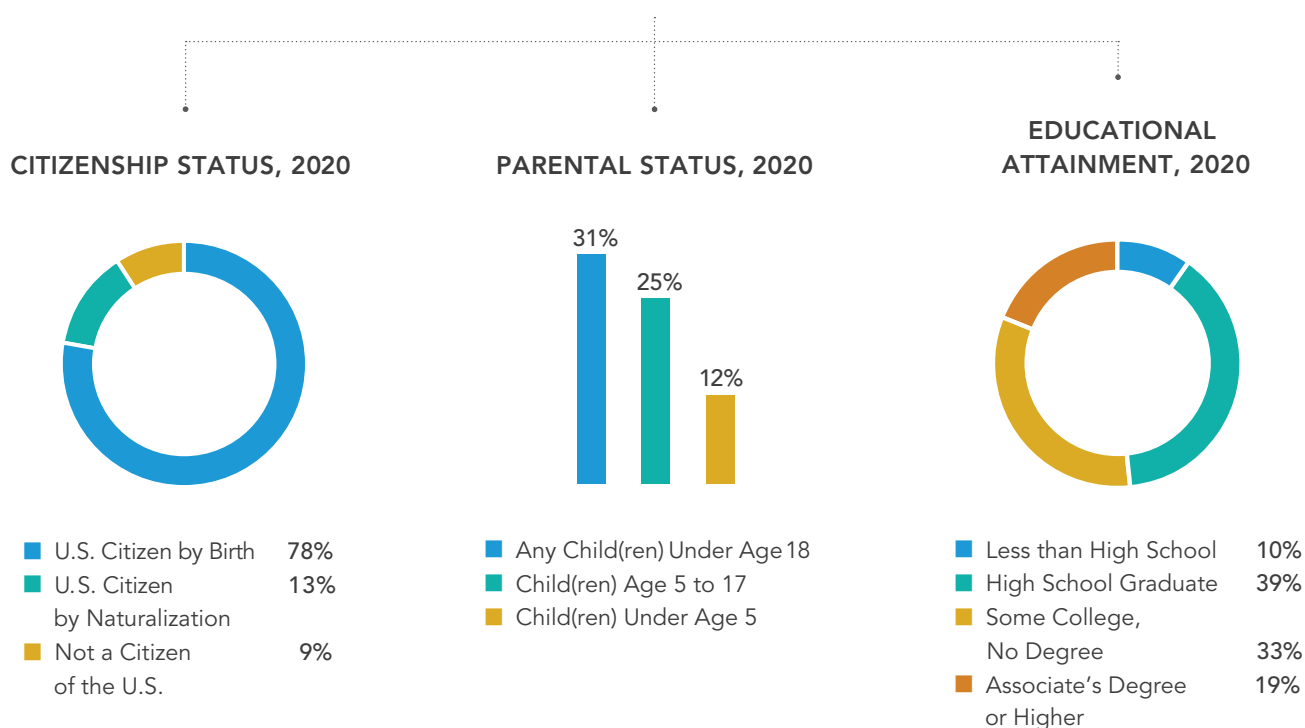


Chart Source: The percentages shown in the educational attainment figure do not total 100 percent because they are rounded to the nearest whole percentage. Ruggles, Steven, Sarah Flood, Ronald Goeken, Megan Schouweiler and Matthew Sobek. 2022. *IPUMS USA: Version 12.0*. <https://doi.org/10.18128/D010.V12.0>; analysis by PHI (June 2022).

THE ROLE OF RESIDENTIAL CARE AIDES

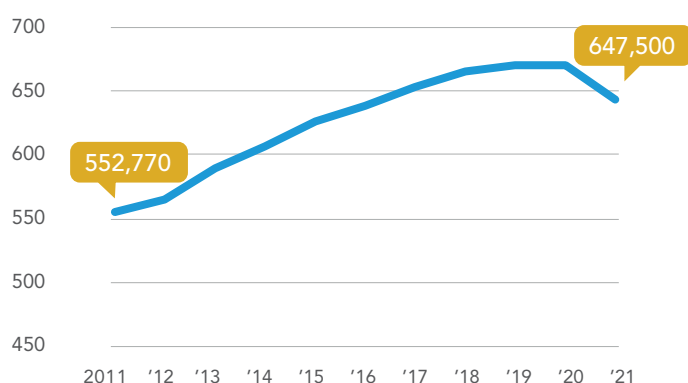
Residential care aides are direct care workers who assist individuals with daily tasks and activities in community-based residential care settings. These roles are filled by **personal care aides, home health aides, and nursing assistants**, depending on state-level regulations and employers' hiring practices. Although formally classified as personal care aides in most cases, **direct support professionals** specifically support residents with intellectual and developmental disabilities in residential care settings. (See *Occupational Titles and Industry Classifications* on page 28 for more details.)

- The residential care aide workforce added **94,730 jobs in total over the past 10 years, increasing in size from 552,770 workers in 2011 to 647,500 in 2021.**⁴⁸ However, from 2020 to 2021, the residential care aide workforce lost 27,290 jobs.

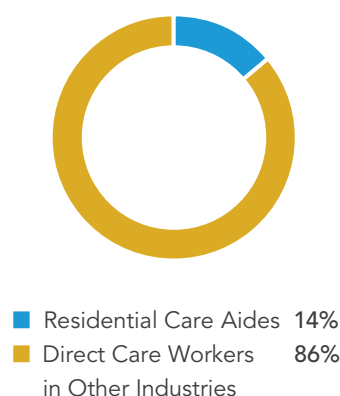
- **Residential care aides constitute 14 percent of the total direct care workforce**, which also includes workers who are employed in home care, nursing homes, and other settings.
- Of the residential care industry's \$124.4 billion in total annual revenue, **37 percent comes from private sources**, including long-term care insurance and out-of-pocket payments, and **36 percent comes from public programs**, primarily Medicaid and Medicare.

Revenue sources vary across residential care. Public sources constitute 72 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.⁴⁹

RESIDENTIAL CARE AIDE EMPLOYMENT,
2011 TO 2021



DIRECT CARE WORKER
EMPLOYMENT
BY INDUSTRY, 2021



RESIDENTIAL CARE
REVENUE
BY SOURCE, 2020

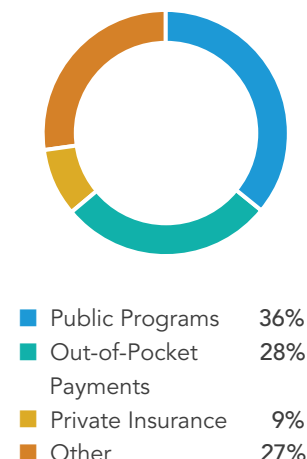


Chart Sources: U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics (OEWS). 2022. *May 2011 to May 2021 National Occupational Employment and Wage Estimates*. https://www.bls.gov/oes/current/oes_nat.htm; BLS OEWS. 2022. *May 2011 to May 2021 National Industry-Specific Occupational Employment and Wage Estimates*. <https://www.bls.gov/oes/current/oesrci.htm>; U.S. Census Bureau. 2021. *Service Annual Survey, Table 4: Estimated Sources of Revenue for Employer Firms: 2013 through 2020*. <https://www.census.gov/data/tables/2019/econ/services/sas-naics.html>; analysis by PHI (June 2022). Other sources of revenue include other healthcare providers; contributions, gifts, and grants; investment and property income; property, auto, and casualty insurances; and all other non-classifiable sources of revenue.

CHALLENGES FOR RESIDENTIAL CARE AIDES

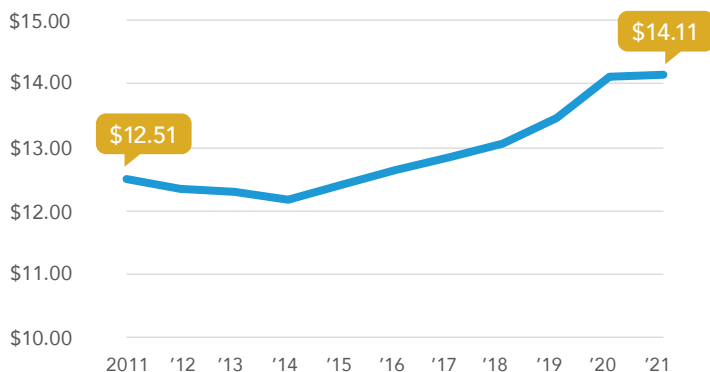
- **Residential care aides' wages have risen slightly over the past 10 years:** inflation-adjusted median hourly wages were \$12.51 in 2011 and \$14.11 in 2021. This trend means that residential care aides' wages have only increased slightly faster than the costs of goods and services over the past decade.
- **Approximately one in five residential care aides work part time,** defined as fewer than 35 hours per week.⁵⁰ Nineteen percent work part time for “non-economic reasons,” which include personal or family obligations and health issues,

among other reasons.⁵¹ Two 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 residential care aides typically work more than 40 hours per week.**⁵²

RESIDENTIAL CARE AIDE(S)

MEDIAN HOURLY WAGES,
ADJUSTED FOR INFLATION, 2011 TO 2021

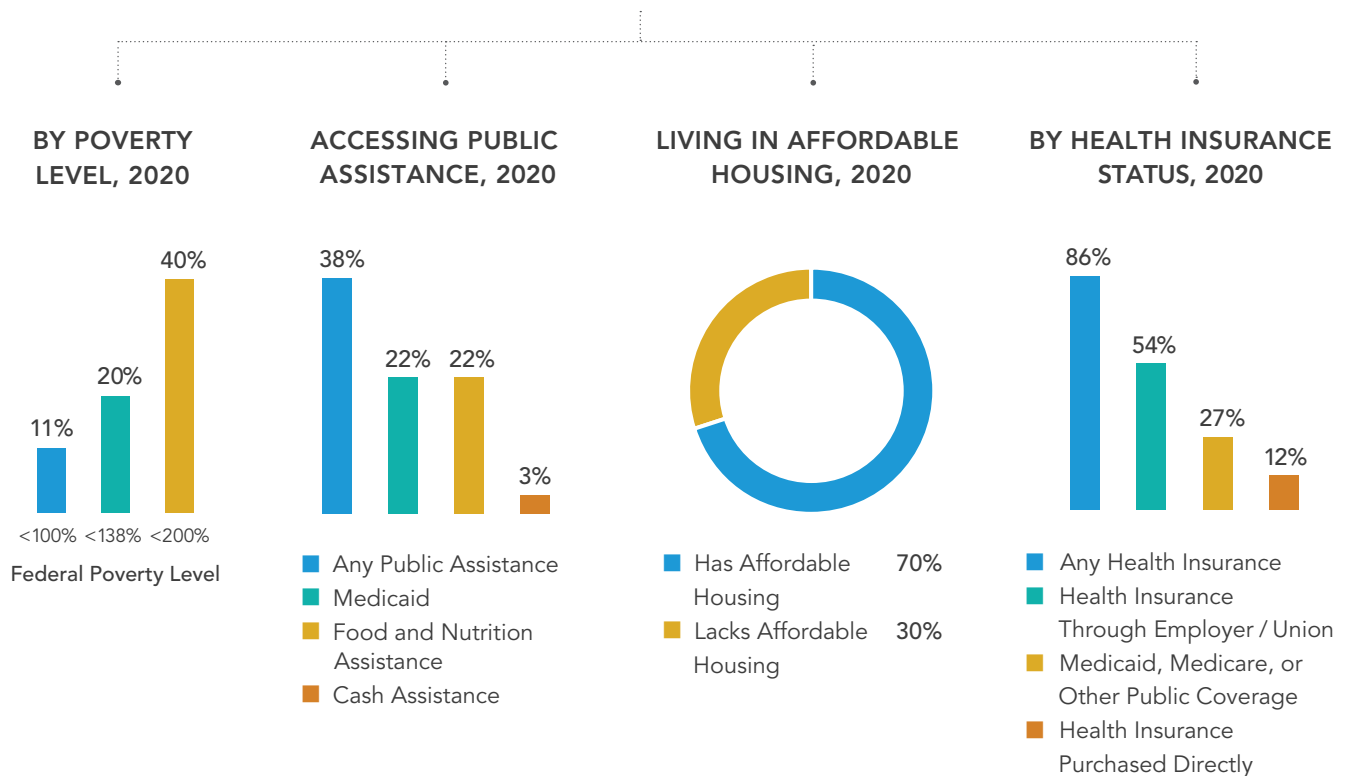


BY EMPLOYMENT
STATUS, 2021



Chart Sources: U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics (OEWS). 2022. *May 2011 to May 2021 National Industry-Specific Occupational Employment and Wage Estimates*. <https://www.bls.gov/oes/current/oesrci.htm>; Flood, Sarah, Miriam King, Renae Rodgers, Steven Ruggles, Robert Warren, and Michael Westberry. 2022. *IPUMS, Current Population Survey: Version 9.0*. <https://doi.org/10.18128/D030.V9.0>; analysis by PHI (June 2022).

RESIDENTIAL CARE AIDES



- Because of low wages and part-time hours, **residential care aides earn a median annual income of \$23,100.**⁵³
- Low incomes lead to high poverty rates among residential care aides: **11 percent live in a household below the federal poverty level and two in five live in low-income households**, defined as living below 200 percent of the federal poverty level.⁵⁴
- Because of high poverty rates among residential care aides, **38 percent receive some form of public assistance.**
- **Thirty 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.⁵⁵
- **Fourteen percent of residential care aides lack health insurance.** Fifty-four percent receive insurance through an employer or union (including insurance through their spouse or another job), while 27 percent rely on public coverage, most commonly Medicaid.

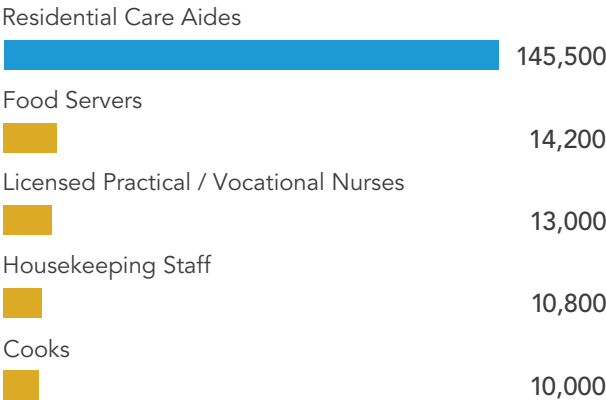
Chart Source: Ruggles, Steven, Sarah Flood, Ronald Goeken, Megan Schouweiler and Matthew Sobek. 2022. *IPUMS USA: Version 12.0*. <https://doi.org/10.18128/D010.V12.0>; analysis by PHI (June 2022).

FUTURE DEMAND FOR RESIDENTIAL CARE AIDES

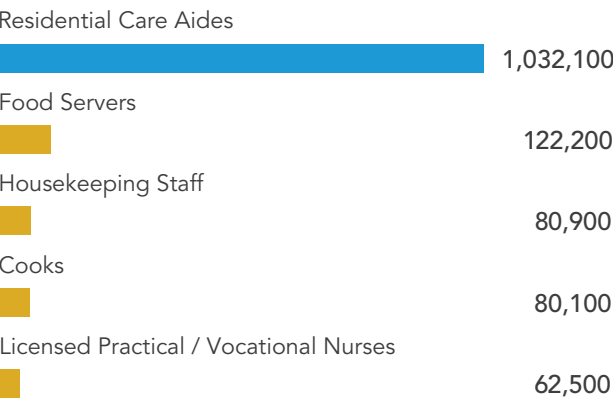
- The residential care aide workforce, which is the largest occupational group within residential care by far, is projected to add 145,500 new jobs from 2020 to 2030.
- From 2020 to 2030, the residential care aide workforce will have over one million total job openings. This figure includes 145,500 new jobs

created by growth in demand plus 416,100 job openings caused by workers moving into other occupations and 470,500 job openings due to workers leaving the labor force altogether.⁵⁶ Fifty-six percent of all job openings across residential care settings in this timeframe will be for residential care aide roles.

JOB GROWTH IN RESIDENTIAL CARE BY OCCUPATION, 2020 TO 2030



TOTAL JOB OPENINGS IN RESIDENTIAL CARE BY OCCUPATION, 2020 TO 2030



CONCLUSION

As in home care, recruitment and retention in the residential care sector have been significant challenges in recent years due to rising demand coupled with poor job quality for residential care aides. These challenges have been exacerbated by the health and safety risks that residential care aides and others working in congregate care settings have faced during the COVID-19 pandemic⁵⁷—which may help explain the recent drop in the number of residential care aides. This decrease in the size of the workforce might also reflect a short-term decline in demand for residential care driven by the pandemic—or a longer-term shift in the service-delivery landscape. In any case, 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 private as well as public channels.

Chart Sources: U.S. Bureau of Labor Statistics (BLS), Employment Projections Program (EPP). 2021. *National Employment Matrix - Industry*. <https://data.bls.gov/projections/nationalMatrixHome?ioType=i>; BLS EPP. 2021. *EP Data Tables, Table 1.10 Occupational Separations and Openings, Projected 2020–2030*. <https://www.bls.gov/emp/tables.htm>; analysis by PHI (June 2022).

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.⁵⁸ Although demand for nursing home care has declined in recent years, nursing homes continue to play a critical role in supporting individuals with complex needs. Heavy workloads and long work hours—driven by chronic understaffing and greatly exacerbated by COVID-19—contribute to high rates of stress, injury, and burnout among nursing assistants in nursing homes.⁵⁹ Additionally, unlike wages for other direct care workers, nursing assistant wages actually decreased after accounting for inflation in 2021.⁶⁰ For these reasons, the median turnover rate among nursing assistants in nursing homes is nearly 100 percent,⁶¹ and employers are struggling to fill vacant positions. 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 IN NURSING HOMES?

Nursing assistants are primarily women, people of color, and immigrants, and therefore face heightened risks of experiencing discrimination throughout their lives in areas including housing, education, employment, health care, and more.⁶² Gender, racial, and other forms of equity are central concerns for this workforce.⁶³

- **Nine in 10 nursing assistants are women.**
- **Nursing assistants have a median age of 37.** One in five nursing assistants are age 16 to 24, compared to 13 percent of the total U.S. labor force.⁶⁴
- **While people of color make up 40 percent of the total U.S. labor force,⁶⁵ they constitute 58 percent of all nursing assistants in nursing homes.** Thirty-five percent of nursing assistants are Black or African American.

NURSING ASSISTANTS BY

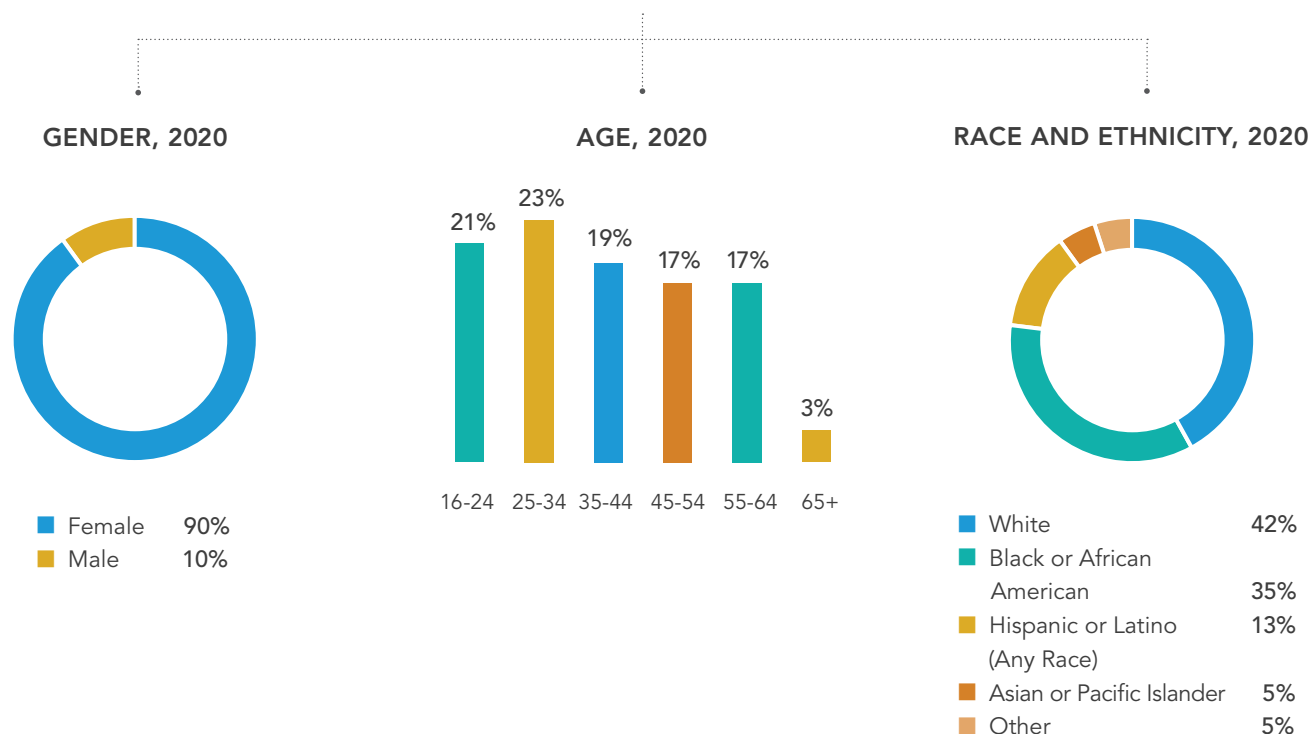


Chart Source: "Hispanic or Latino" refers to people of any race who identify as Hispanic or Latino; these individuals are excluded from all other race/ethnicity categories. Ruggles, Steven, Sarah Flood, Sophia Foster, Ronald Goeken, Jose Pacas, Megan Schouweiler, and Matthew Sobek. 2022. *IPUMS USA: Version 12.0*. <https://doi.org/10.18128/D010.V12.0>; analysis by PHI (June 2022).

- Immigrants constitute 22 percent of the nursing assistant workforce, compared to 16 percent of the total U.S. labor force.⁶⁶
- More than one in three nursing assistants have at least one child under age 18 living at home, and 13 percent have one or more children under the age of five living at home.
- Just over half of nursing assistants have completed no formal education beyond high school.

NURSING ASSISTANTS BY

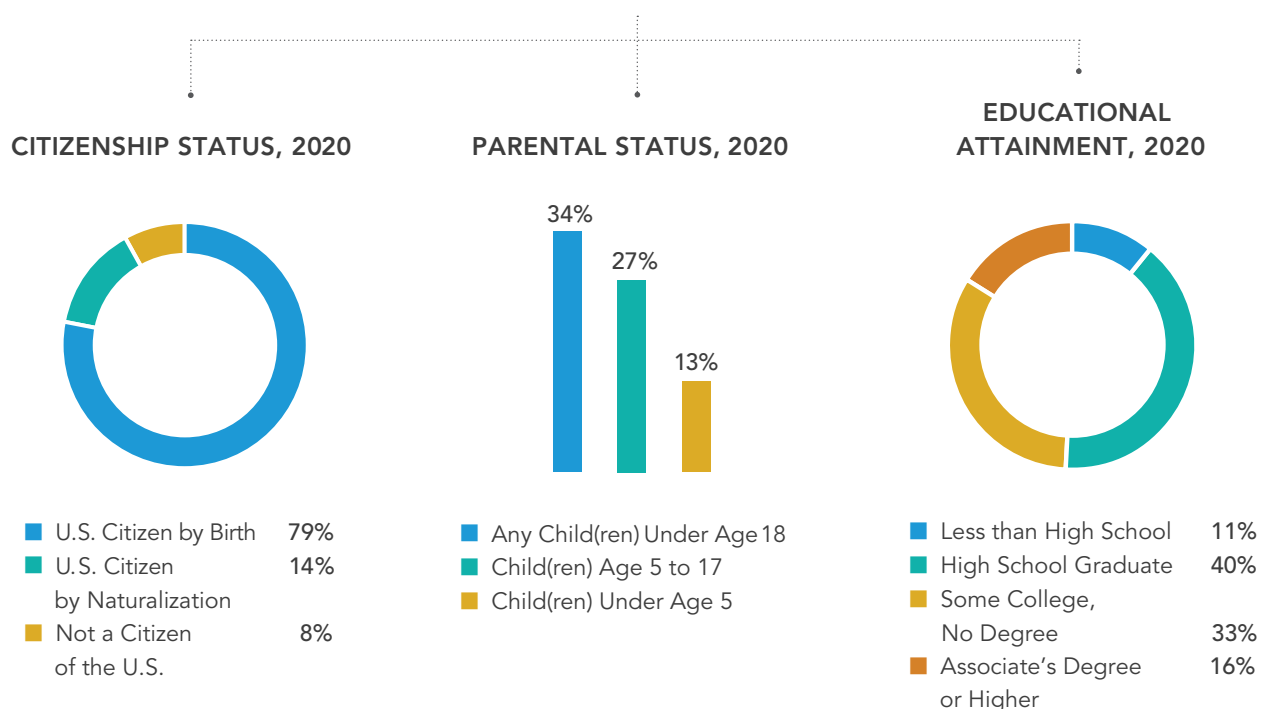


Chart Source: The percentages shown in the citizenship figure do not total 100 percent because they are rounded to the nearest whole percentage. Ruggles, Steven, Sarah Flood, Ronald Goeken, Megan Schouweiler and Matthew Sobek. 2022. *IPUMS USA: Version 12.0*. <https://doi.org/10.18128/D010.V12.0>; analysis by PHI (June 2022).

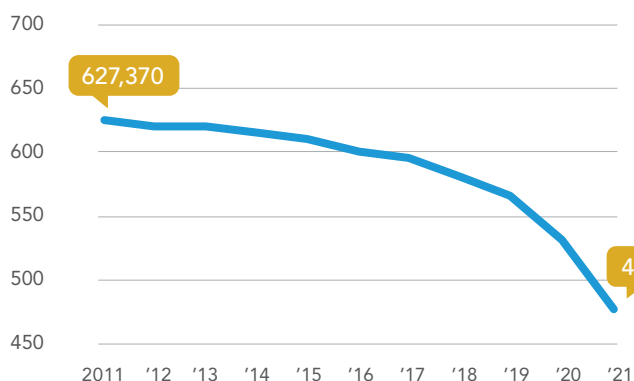
THE ROLE OF NURSING ASSISTANTS IN NURSING HOMES

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 627,370 in 2011 to 471,160 in 2021.** From 2020 to 2021 alone, the nursing assistant workforce lost 56,320 jobs—the largest single-year decline in the past decade.

- **Nursing assistants in nursing homes constitute 10 percent of the total direct care workforce,** which also includes workers employed in home care, residential care, and other settings.
- **Among all nursing staff, nursing assistants spend the most time assisting residents, providing a median of two 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.

NURSING ASSISTANT EMPLOYMENT IN NURSING HOMES, 2011 TO 2021



DIRECT CARE WORKER EMPLOYMENT BY INDUSTRY, 2021

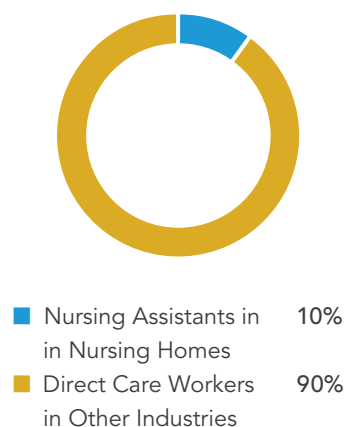
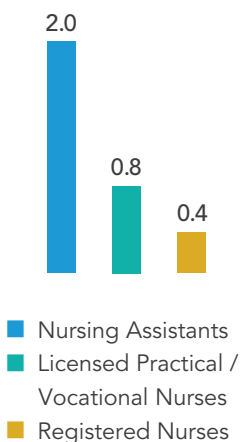


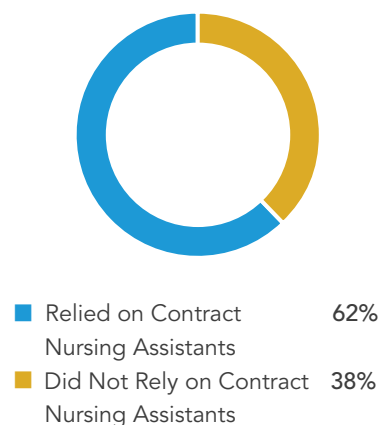
Chart Sources: U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics (OEWS). 2022. May 2011 to May 2021 National Occupational Employment and Wage Estimates. https://www.bls.gov/oes/current/oes_nat.htm; BLS OEWS. 2022. May 2011 to May 2021 National Industry-Specific Occupational Employment and Wage Estimates. <https://www.bls.gov/oes/current/oesrci.htm>; analysis by PHI (June 2022).

- **On average, nursing assistants support 13 residents during a typical shift**, but one in 10 nursing assistants typically assists 19 or more residents.⁶⁷
- **More than three in five nursing homes relied on nursing assistants from staffing agencies to fill staffing vacancies in 2021.** Nursing homes that brought in contract nursing assistants used these temporary workers for a median of 166 days during the year.⁶⁸ These figures indicate a large increase in reliance on contract staffing in 2021 as compared to 2020, when 41 percent of nursing homes used contract nursing assistants for a median of 89 days during the year.
- **One-third of nursing homes employ medication aides**, who are nursing assistants that are trained and authorized to administer medications under the supervision of a licensed professional.⁶⁹
- Nursing assistant jobs are predominantly government funded. Of the nursing home industry's \$130.1 billion in total annual revenue, **payments from public programs (primarily Medicaid and Medicare) constitute 66 percent.**

MEDIAN STAFF HOURS PER RESIDENT PER DAY BY OCCUPATION, 2021



NURSING HOMES WITH CONTRACTED NURSING ASSISTANT STAFF, 2021



NURSING HOME REVENUE BY SOURCE, 2020

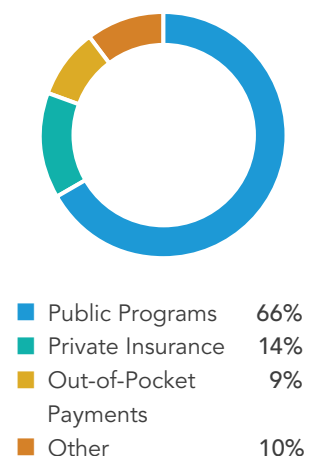


Chart Sources: Centers for Medicare & Medicaid Services (CMS). 2022. *Payroll Based Journal Daily Nurse Staffing, CY 2021*. <https://data.cms.gov/quality-of-care/payroll-based-journal-daily-nurse-staffing>. U.S. Census Bureau. 2021. *Service Annual Survey, Table 4: Estimated Sources of Revenue for Employer Firms: 2013 through 2020*. <https://www.census.gov/data/tables/2019/econ/services/sas-naics.html>; analysis by PHI (June 2022). The percentages shown in the revenue figure do not total 100 percent because they are rounded to the nearest whole percentage. Other sources of revenue include other healthcare providers; contributions, gifts, and grants; investment and property income; property, auto, and casualty insurances; and all other non-classifiable sources of revenue.

CHALLENGES FOR NURSING ASSISTANTS IN NURSING HOMES

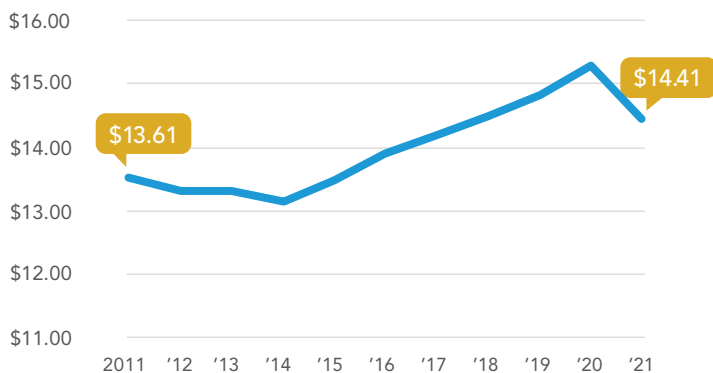
- **Nursing assistants' wages have risen slightly over the past 10 years, although with some variation:** inflation-adjusted median hourly wages increased from \$13.61 in 2011 to \$14.41 by 2021, but with notable wage decreases during that period as well. This overall trend means that nursing assistants' wages have only increased slightly faster than the costs of goods and services over the past decade.
- **More than one in five nursing assistants works part time,** defined as fewer than 35 hours per week.⁷⁰ Nineteen percent work part time for

“non-economic reasons,” which include personal or family obligations and health issues, among other reasons.⁷¹ Just two 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.

- **Eleven percent of nursing assistants typically work more than 40 hours per week.**⁷²
- Because of low wages and part-time hours, **nursing assistants earn a median annual income of \$25,200.**⁷³

NURSING ASSISTANT(S)

MEDIAN HOURLY WAGES,
ADJUSTED FOR INFLATION, 2011 TO 2021



BY EMPLOYMENT STATUS, 2021

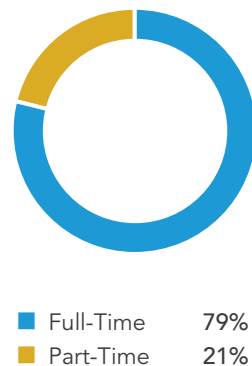


Chart Sources: U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment Statistics (OEWS). 2022. *May 2011 to May 2021 National Industry-Specific Occupational Employment and Wage Estimates*. <https://www.bls.gov/oes/current/oesrci.htm>; Flood, Sarah, Miriam King, Renae Rodgers, Steven Ruggles, Robert Warren, and Michael Westberry. 2022. *IPUMS, Current Population Survey: Version 9.0*. <https://doi.org/10.18128/D030.V9.0>; analysis by PHI (June 2022).

- Low incomes lead to high poverty rates among nursing assistants: **12 percent live in a household below the federal poverty level and 38 percent live in low-income households**, defined as living below 200 percent of the federal poverty level.⁷⁴
- Because poverty rates are high among nursing assistants, **34 percent rely on some form of public assistance**.
- **Twenty-nine 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.⁷⁵
- **Fifteen percent of nursing assistants in nursing homes lack health insurance**. Sixty percent of nursing assistants have insurance through an employer or union (including insurance through their spouse or another job), while nearly a quarter rely on public coverage, most commonly Medicaid.

NURSING ASSISTANTS

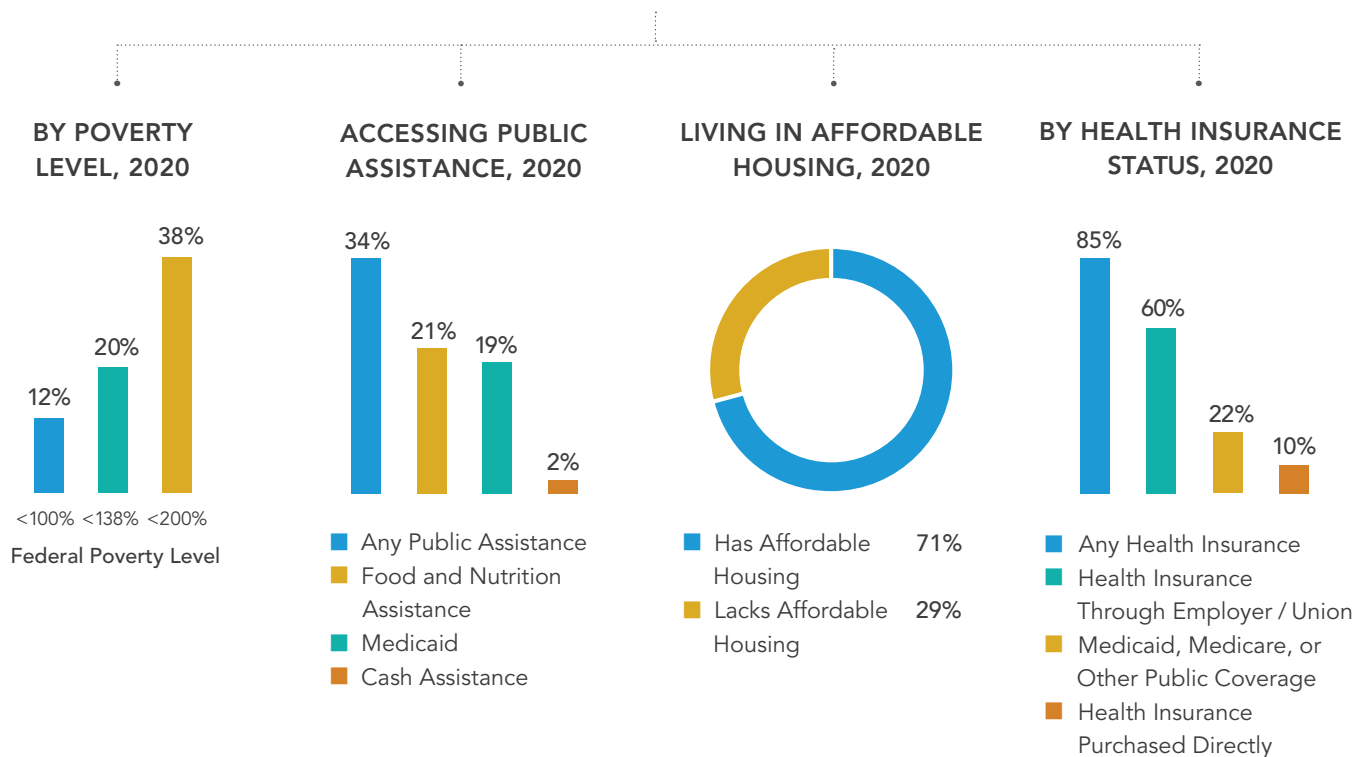
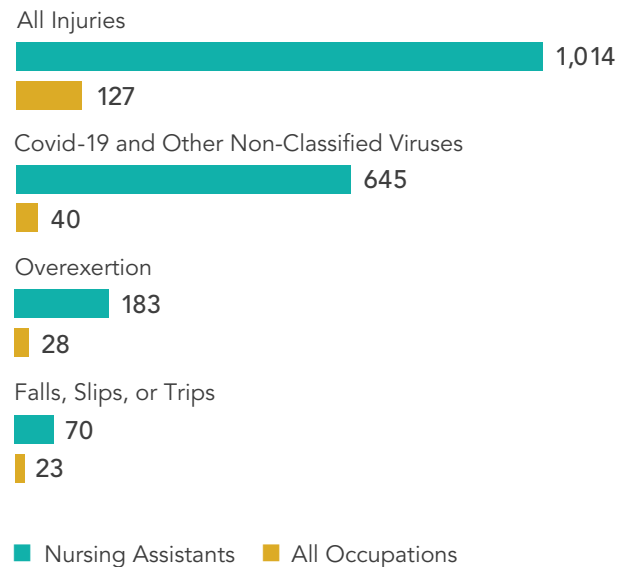


Chart Source: Ruggles, Steven, Sarah Flood, Ronald Goeken, Megan Schouweiler and Matthew Sobek. 2022. *IPUMS USA: Version 12.0*. <https://doi.org/10.18128/D010.V12.0>; analysis by PHI (June 2022).

- Nursing assistants are nearly eight times more likely to experience workplace injuries than the typical U.S. worker. Because work-related illness is considered a “workplace injury,” COVID-19 caused injury rates among nursing assistants to increase by more than 300 percent from 2019 (299 injuries per 10,000 workers) to 2020 (1,014 injuries per 10,000 workers).

Chart Sources: Work absences due to COVID-19 are included in a category of workplace injury called “Other diseases due to viruses, not elsewhere classified,” according to the *Occupational Injury and Illness Classification System, Version 2.01*. A corresponding analysis of workplace injuries among home care workers and residential care aides has not been conducted for this report due to data limitations. U.S. Bureau of Labor Statistics (BLS), Injuries, Illnesses, and Fatalities (IIF). 2021. *Occupational Injuries and Illnesses and Fatal Injuries Profiles*. <https://www.bls.gov/iif/>; BLS IIF. 2021. *Nonfatal Illnesses Due to Novel Viruses by Occupation*. <https://www.bls.gov/iif/how-covid-19-is-reflected-in-the-soii-data.htm>; Flood, Sarah, Miriam King, Renae Rodgers, Steven Ruggles, Robert Warren, and Michael Westberry. 2022. *IPUMS, Current Population Survey: Version 9.0*. <https://doi.org/10.18128/D030.V9.0>; analysis by PHI (June 2022).

ANNUAL INJURY RATES PER 10,000 WORKERS BY CAUSE OF INJURY, 2020



THE IMPACT OF COVID-19 ON NURSING HOMES

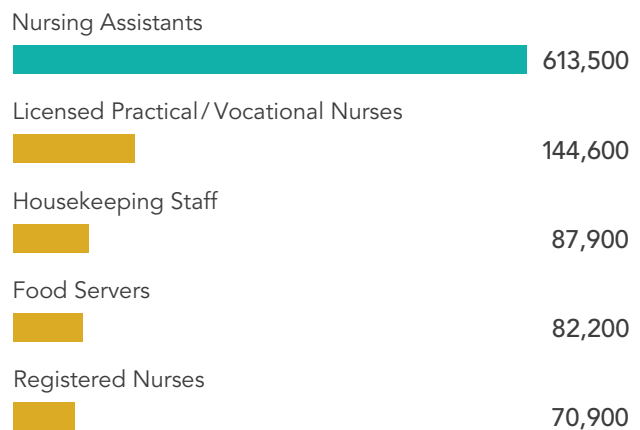
The COVID-19 pandemic has devastated the nursing home sector, and the crisis is not over yet. Even as COVID-19 cases have declined nationwide, many nursing home residents and staff (especially nursing assistants) are not fully vaccinated and remain at risk of contracting COVID-19.

- From January 2020 to July 2022, 1,082,240 nursing home residents and 1,150,305 nursing home staff contracted COVID-19. Among them, 153,611 residents and 2,416 staff died from the disease.⁷⁶
- Compared to nursing home residents, nursing home staff are less likely to be fully vaccinated, which is defined as having also received a booster dose.⁷⁷ Rates of receipt of the two-dose COVID-19 vaccination are comparable between nursing home residents and staff (88 percent of residents and 87 percent of staff)—but only 52 percent of staff have received a booster dose, compared to 81 percent of residents.⁷⁸ Strategies are still needed to address systemic barriers to achieving full vaccine protections—such as difficulty taking time away from work, language barriers, transportation issues, and vaccine hesitancy, among others.⁷⁹
- Overall, broad-based efforts are needed to address and overcome the long-standing challenges in nursing homes that amplified the negative consequences of COVID-19 for this sector.⁸⁰

FUTURE DEMAND FOR NURSING ASSISTANTS IN NURSING HOMES

- **From 2020 to 2030, the nursing assistant workforce will have 613,500 total job openings.** This figure includes 290,200 job openings caused by workers moving into other occupations and 328,200 job openings due to workers exiting the labor force altogether.⁸¹ Thirty-eight percent of all nursing home job openings will be nursing assistant positions.
- **Total job openings will be offset by the loss of 4,900 nursing assistant positions** caused by decreasing demand for nursing home care overall.

JOB OPENINGS IN NURSING HOMES BY OCCUPATION, 2020 TO 2030



CONCLUSION

Although overall demand for nursing homes is declining, there is still a pressing need to recruit and retain enough nursing assistants to support individuals with complex needs in this care setting. The pandemic has both revealed and greatly exacerbated workforce challenges in nursing homes, as indicated, for example, by the increasing reliance on contract nursing assistants. In response, several states have taken steps to improve both job quality and care quality by increasing Medicaid reimbursement to nursing homes with the stipulation that some or all of the additional funds must be invested in nursing assistants' compensation.⁸² Other states have set requirements for the percentage of nursing home revenue that must be invested in resident care, including in nursing assistants' wages and other job quality measures.⁸³ Still others have set minimum staffing requirements to overcome persistent and widespread understaffing in nursing homes, a strategy that is currently being championed at the federal level.⁸⁴ In order to support nursing assistants and nursing home residents through COVID-19 and beyond, such efforts must be significantly expanded and sustained.

Chart Sources: U.S. Bureau of Labor Statistics (BLS), Employment Projections Program (EPP). 2021. *National Employment Matrix - Industry*. <https://data.bls.gov/projections/nationalMatrixHome?ioType=i>; BLS EPP. 2021. *EP Data Tables, Table 1.10 Occupational Separations and Openings, Projected 2020–2030*. <https://www.bls.gov/emp/tables.htm>; analysis by PHI (June 2022).

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, Personal Care Attendant, Resident Care Assistant	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, 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.

Direct support professionals provide habilitation services, employment assistance, and other supports to people with intellectual and developmental disabilities in home and community-based settings.⁸⁷ They are included in BLS data and other public datasets (unless they are employed directly by consumers or their families in the “gray market”), but because they do not have their own federal occupation code, they are combined with other direct care workers and are not separately quantifiable.

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 (BLS) Occupational Employment and Wage Statistics (OEWS) program.⁸⁵ However, the accuracy of these data varies by state and many independent providers are likely excluded. More broadly, these data do not include home care workers who are hired directly and paid out-of-pocket by consumers through the “gray market.”⁸⁶

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 (EPP). 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 2021 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 (CMS) were used to analyze staffing, including use of contract staff, hours per resident day, medication aide employment, and residents per nursing assistant. 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).

NOTES

1. U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics (OEWS). 2022a. *May 2011 to May 2021 National Industry-Specific Occupational Employment and Wage Estimates*. <https://www.bls.gov/oes/current/oesrci.htm>; analysis by PHI (June 2022).
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13. To note, the U.S. Census Bureau has not published new population projections since 2017. 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).
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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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