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QUALITY CARE
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QUALITY JOBS

THE EXECUTIVE ORDER SERIES

FACT SHEET 2

Direct Care Workers Job Quality & Working Conditions



On April 18, 2023, President Biden signed the *Executive Order on Increasing Access to High-Quality Care and Supporting Caregivers*, which included more than 50 executive directives aimed at almost every cabinet-level agency. **But what are the distinct opportunities within this executive order to strengthen the direct care workforce, and what else can federal agencies do to improve jobs for these workers?**

In response to this historic action, PHI has produced a five-part fact sheet series examining five areas of the executive order relevant to the direct care workforce. Specifically, this second fact sheet offers ideas for federal regulatory policies and inter-agency collaboration that would enhance job quality and working conditions for direct care workers.

EXECUTIVE ORDER GOAL Section 2(b)

“To improve working conditions and job quality in federally assisted childcare and long-term care programs, encourage providers to establish incentives to recruit and retain workers, help prevent burnout, make it as easy as possible for care workers to access behavioral health services, and thereby improve the care that individuals receive.”



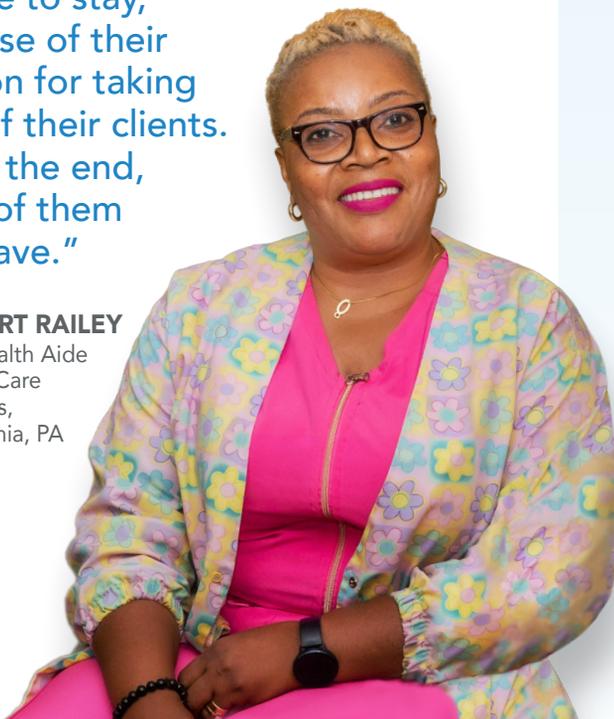
WHY JOB QUALITY & WORKING CONDITIONS MATTER

Direct care jobs are often poor in quality, as evidenced by poverty-level compensation, inadequate training, limited advancement opportunities, and a general lack of respect and recognition.¹ Further, direct care work environments are physically and emotionally demanding—which leads to high injury and burnout rates—and characterized by heavy workloads, difficult schedules, and a lack of proper supervision and support. These factors have impoverished millions of workers and forced many to leave this sector, spurring a recruitment and retention crisis in long-term care. More than ever, employers find it extremely difficult to meet growing demand, leaving many older adults and individuals with disabilities in need of support.

“Prices of everything are going up, and our salaries are staying the same. I encourage people to stay, because of their passion for taking care of their clients. But in the end, most of them will leave.”

COMFORT RAILEY

Home Health Aide
at Home Care
Associates,
Philadelphia, PA



QUICK FACTS: The Direct Care Workforce²

DEFINITION

Direct care workers include personal care aides, home health aides, and nursing assistants, as formally classified by the Bureau of Labor Statistics—though they often have different titles at the state or employer level.

ROLES AND RESPONSIBILITIES

Direct care workers assist older adults and people with disabilities with daily tasks, such as dressing, bathing, eating, and more—and depending on their occupational role, may also provide some clinical care or other types of support.

EMPLOYMENT SETTINGS

Direct care workers are primarily employed in private homes, community-based residential care settings, skilled nursing homes, and hospitals.

WORKFORCE SIZE

The direct care workforce comprises about 4.7 million workers—more than any other single occupation in the country.

JOB PROJECTIONS

Between 2020 and 2030, the direct care workforce is projected to add more than 1.2 million new jobs. During the same timeframe, nearly 7.9 million total direct care jobs will need to be filled, including new jobs and job vacancies that are created as existing workers leave the field or exit the labor force.



DIRECTIVES FOR DIRECT CARE WORKERS

NOTE: Section 2(b) of the Executive Order includes a range of specific directives; here we discuss those that are most impactful for the direct care workforce.

Nursing Home Staffing Standards

Section 2(b)(i) of the executive order directs the Secretary of Health and Human Services (HHS) to consider rulemaking and other actions such as guidance, technical assistance, and education to promote adequate nursing home staffing. To improve staffing standards in nursing homes, the Centers for Medicare & Medicaid Services (CMS) should fund research and promulgate best practices related to recruitment and retention in nursing homes, which should include providing technical assistance on the many job quality elements that impact hiring and turnover, such as wages, benefits, training, career development, supervision, and care team integration. CMS should also help states expand the pipeline of potential nursing assistants by providing examples of how to improve access to training and certification, leverage workforce development funds to assist trainees (for example, assistance with childcare, transportation, and other needs), develop comprehensive training and employment programs, and more. CMS should also explore how to enable and reward investments in job quality and workforce development at the nursing home level through quality incentive

payment programs or value-based payment arrangements. Finally, CMS should evaluate the impact of any new staffing rules on an ongoing basis, assessing whether the staffing thresholds adequately support job satisfaction, workforce stability, and quality care in nursing homes.

Did You Know?

On average, nursing assistants support 13 residents during a typical shift, but one in 10 nursing assistants typically assists 19 or more residents. Also, given the range of risks and hazards they face on the job, nursing assistants are nearly eight times more likely to experience workplace injuries than the typical U.S. worker.³

National Direct Care Surveys

Section 2(b)(ii) of the executive order directs HHS to consider actions that would reduce nursing staff turnover and improve retention. In response, the National Center for Health Statistics at the Centers for Disease Control and Prevention should re-issue its National Nursing Assistant Survey (conducted in 2004) and National Home Health Aide Survey (conducted in 2007), the first and only national probability surveys focused on this workforce. An updated national survey would provide important data to help the long-term care field better understand why nursing assistants are not remaining in this field.

Did You Know?

A December 2021 study of home health aides found that 20.9% of home health aides suffered from poor mental health, a prevalence far higher than other low-wage workers.⁴



WHAT ELSE CAN BE DONE

National Strategy on the Direct Care Job

HHS should develop a national direct care workforce strategy, convening an advisory council to identify actions that government, providers, public-private sector organizations, philanthropy, and others can take to completely transform the direct care job. This council should include direct care workers themselves, and its strategy should include identifying funding for the council's recommendations, producing regular progress reports, and developing new recommendations as needed.

Job Quality Measures

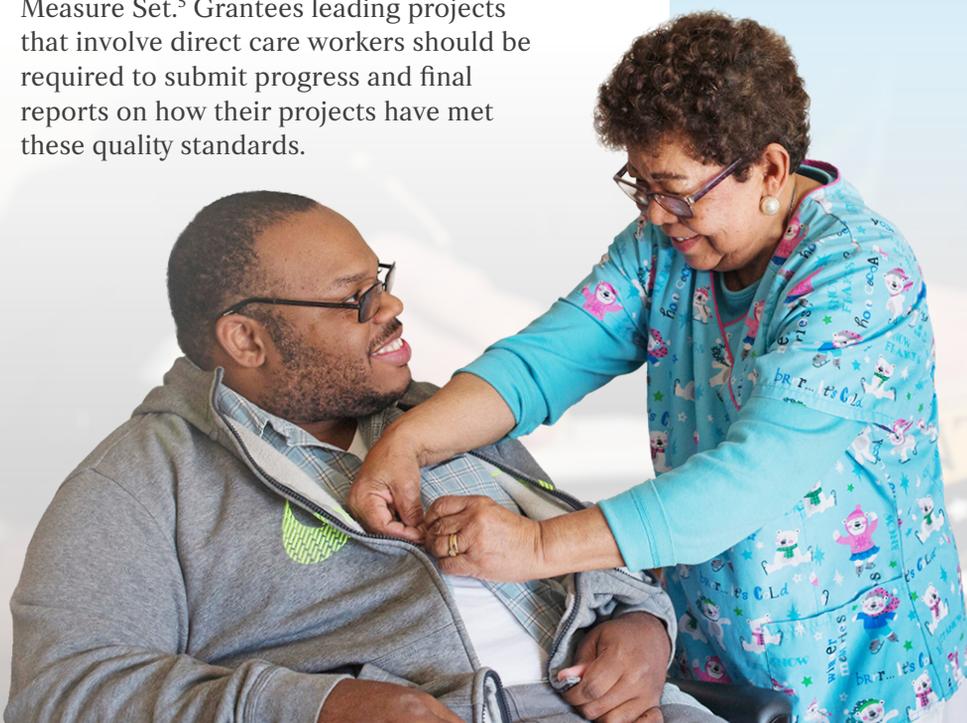
HHS and the U.S. Department of Labor (DOL) should develop and incorporate a core set of direct care workforce quality measures into federally funded long-term services and supports programs and demonstrations, informed by the National Quality Forum final report of September 2016. As a specific example, these measures should be included in the next update of the HCBS Quality Measure Set.⁵ Grantees leading projects that involve direct care workers should be required to submit progress and final reports on how their projects have met these quality standards.

Recruitment and Retention

HHS, in consultation with (DOL), among others, should commission a study on recruitment and retention challenges in the direct care workforce, scan the field for best practices in program design on these topics, and promote these findings broadly. HHS should also work with experts in the field to develop a recruitment and retention guide for federal grantees leading projects that employ direct care workers.

Did You Know?

Though a large-scale, comprehensive assessment of turnover across the entire direct care workforce does not exist, two recent studies showed that the median annual turnover for nursing assistants in nursing homes is nearly 100 percent, and turnover in home care is about 77 percent.⁶





WHAT ELSE CAN BE DONE

Advanced Roles

CMS should incentivize states to build minimum standards for direct care jobs into their contracts with providers and managed care plans. CMS should also provide guidance and technical assistance to states on how to invest in the direct workforce through value-based payment arrangements. Effectively leveraging the role of direct care workers in value-based payment arrangements helps improve health care quality while reducing unnecessary costs.

Statewide Workgroups

DOL should fund states to establish and maintain statewide workgroups focused on the direct care workforce, advising and consulting on provider payment rates and direct compensation for direct care workers, among other critical issues. These workgroups should bring together diverse stakeholders across the state to assess the direct care workforce landscape and identify an expansive set of policy recommendations to improve these jobs. Workgroups could also advocate together to advance these ideas and identify new possibilities as they emerge.

Strengthening the Direct Care Worker-Family Caregiver Relationship

To address the many shared experiences of direct care workers and family caregivers—and strengthen their relationship—federal leaders should enact policies that integrate family caregivers and direct care workers into care teams, expand access to and engagement in consumer-direction programs, create and improve matching service registries, and fund new research and evaluation on direct care worker-family caregiver interventions.

Notes

1. Campbell, Stephen, Angelina Del Rio Drake, Robert Espinoza, and Kezia Scales. *Caring for the Future: The Power and Potential of America's Direct Care Workforce*. Bronx, NY: PHI, 2021. <https://phinational.org/resource/caring-for-the-future-the-power-and-potentialof-americas-direct-care-workforce/>.
2. PHI. "Workforce Data Center." Accessed May 19, 2023. <https://www.phinational.org/policy-research/workforce-data-center/>.
3. PHI. 2022. *Direct Care Workers in the United States: Key Facts*. Bronx, NY: PHI. <https://phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-2/>.
4. Sterling, Madeline R., Li, Jia, Cho, Jacklyn, Ringel, Joanna Bryan, and Silver, Sharon R. 2021. Prevalence and Predictors of Home Health Care Workers' General, Physical, and Mental Health: Findings From the 2014-2018 Behavioral Risk Factor Surveillance System. *American Journal of Public Health* 111, 2239_2250, <https://doi.org/10.2105/AJPH.2021.306512>
5. Centers for Medicare & Medicaid Services (CMS). 2022. "Measuring and Improving Quality in Home and Community-Based Services: HCBS Quality Measure Set." <https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/measuring-and-improving-quality-home-and-community-based-services/index.html>.
6. Gandhi, Ashvin, Yu, Huizi, and Grabowski, David C. 2021. High Nursing Staff Turnover in Nursing Homes Offers Important Quality Information." *Health Affairs* 40(3): 384-391. doi: 10.1377/hlthaff.2020.00957; and Donlan, Andrew. 2023. "After 3-Year Dip, Home Care Turnover Soars To 77%." *Home Health Care News*, May 24, 2023. <https://homehealthcarenews.com/2023/05/after-dipping-for-three-years-home-care-turnover-rate-soared-to-77-in-2022/>.



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 more than 30 years, we have brought a 360-degree perspective on the long-term care sector to our evidence-informed strategies.

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



261 Madison Avenue, Suite 913, New York, NY 10016
718.402.7766 • PHInational.org

