

THE EXECUTIVE ORDER SERIES

FACT SHEET 3

Direct Care Workers: TRAINING

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 third fact sheet offers ideas for federal regulatory policies and inter-agency collaboration that would enhance training standards and delivery systems for direct care workers.

EXECUTIVE ORDER GOAL Section 2(c)

“To expand training pathways and professional learning opportunities to increase job quality, improve quality of care, and attract new entrants into the care workforce.”



WHY TRAINING MATTERS

The training landscape for direct care workers makes it nearly impossible for these workers to succeed in their roles.¹ Training requirements and delivery systems for direct care workers are uneven and insufficient throughout the country, with federal mandates applicable only to some workers and state-level training regulations varying widely across states, long-term care settings and programs, and direct care job titles. Additionally, training requirements for direct care workers tend to focus on personal daily tasks, with less attention given to the physical, social, and emotional demands of direct care or the extent to which direct care workers are increasingly supporting people with complex health conditions. The entire training landscape—its standards, curricula, and general infrastructure—must be better developed, standardized, and resourced.

“Training is vital to anybody working in home care because they don't know who's going to be assigned to them, and they don't know what their level of care need will be, but they need to be prepared.”

ANNA ANNA

Independent Provider with Consumer Direct Care Network Washington (CDWA), Spokane, WA

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(c) of the Executive Order includes a range of specific directives; here we discuss those that are most impactful for the direct care workforce.*

Registered Apprenticeship Program

Section 2(c)(i) directs the U.S. Department of Labor (DOL) and the U.S. Department of Education (DOE), in consultation with the U.S. Department of Health and Human Services (HHS), to expand training and professional learning opportunities for direct care workers (among other care workers) through the Registered Apprenticeship Program (RAP) and additional job training and professional development pathways.³ This directive will require significant public investment to ensure that direct care occupations meet the wage threshold for RAPs—a factor that has limited uptake of this model in long-term care—and new or revised sectoral approaches, including RAPs, that are tailored to the unique realities and job quality challenges faced by direct care workers.

Workforce Interventions Investment

Section 2(c)(ii) of the Executive Order directs DOL and DOE, in consultation with HHS, to provide funding and technical assistance to projects and partners that improve training, educational attainment, and job quality among direct care workers (and other care workers), with careful attention to improving and evaluating employment, care, and cost outcomes.⁴ Critical areas for direct care workforce interventions include: entry-level and specialized training, universal worker models and advanced roles, care team integration, workforce recruitment and retention,

supervision, technology, and more. Additionally, DOL and DOE, in consultation with HHS, should support approaches that strengthen the relationship between direct care workers and family members, and that upskill these workers to support key populations, including individuals with dementia, those at risk of social isolation and loneliness, those struggling with mental and behavioral health issues, LGBTQ+ individuals, and others.

Public Workforce System

Section 2(c)(iii) of the Executive Order directs DOL and DOE, in consultation with HHS, to improve training for direct care workers by developing relationships with various groups, including government entities, workforce development boards, higher education institutions, and others invested in this workforce.⁵ In this context, DOL should leverage its public workforce system—which has historically excluded the direct care sector because these occupations do not meet federally defined criteria for “good jobs”—to fulfill a number of roles. These roles include: serving as a resource for recruiting job seekers into direct care training opportunities and occupations; leveraging training resources within the geographies that they serve, including free or reduced cost training programs; brokering relationships with Medicaid and Medicare regulatory agencies to

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DIRECTIVES FOR DIRECT CARE WORKERS

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facilitate the creative use of public funds and support innovation; partnering with employers to address workforce needs; providing training and employment supports (including assistance with or referrals for support with childcare, transportation, culturally and linguistically competent resources, immigration, and more); and serving as a local convenor to identify innovations, resources, and community organizations that can advance a sectoral strategy. In addition, DOL can help facilitate best practice sharing throughout the workforce development system nationwide and bring ideas and examples to bear on local efforts.

Did You Know?

A growing body of evidence demonstrates the potential of care integration models in long-term care, including PHI's Care Connections Senior Aide demonstration project from 2016, in which home care workers in this advanced role helped with care transitions, solved caregiving challenges in the home, and served as members of clients' care teams. This 18-month demonstration project led to an 8 percent reduction in the emergency department visit rate among the 1,400 clients impacted, reduced caregiving strain among family members, and improved job satisfaction among home care workers.⁶





WHAT ELSE CAN BE DONE

National Competency-Based Training Standard

The Centers for Medicare & Medicaid Services (CMS), the Administration for Community Living (ACL), DOL, DOE, and other relevant stakeholders should work together to establish a national standard for direct care competencies that draws on existing core competency sets, applies to all direct care workers regardless of payment source, and recognizes the diverse needs and high acuity of today's long-term care consumers, many of whom are dealing with multiple chronic conditions and complex medical needs. CMS should also require that states adopt these core competencies with the ability to tailor them to state-specific requirements and regulations. Federal leaders should provide guidance to states on how to integrate these competencies into their training standards and credentialing programs, among other concerns.

Personal Care Aide Training Requirements

CMS should create minimum federal training standards for personal care aides, ensuring parity with home health aides and nursing assistants. Personal care aides are a rapidly growing yet largely unregulated part of the direct care workforce.

Training Infrastructure

CMS should expand Medicaid to cover entry-level training costs for all direct care occupations. As part of this effort, CMS should set and fund minimum standards for training quality related to factors such as instructor qualifications, student-teacher ratios, and training space and equipment, and others.

Did You Know?

Seven states have no training requirements for personal care aides, while 14 states have consistent training requirements for all agency-employed personal care aides. The remaining 29 states and DC have varying requirements for personal care aides, depending on whether they work in specific Medicaid programs or for private-pay home care agencies.⁷





WHAT ELSE CAN BE DONE

New Research

DOL should commission a study on the national training infrastructure for direct care workers to identify gaps and best practices. As well as summarizing the evidence base on direct care training interventions, this study should examine in detail the characteristics and geographic coverage of existing training programs; the extent to which these programs measure workforce, care, and cost outcomes; funding needs and mechanisms for training;

the use and efficacy of asynchronous, online instructor-led, and hybrid training models; and the prevalence of complementary training for direct care supervisors, among other areas. This study should also assess how the direct care training landscape addresses topics such as dementia care; other types of condition-specific care; social isolation and loneliness; cultural, linguistic, and LGBTQ+ competence; and much more.

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. <http://PHInational.org/caringforthefuture/>.
2. PHI. "Workforce Data Center." Accessed June 15, 2023. <https://www.phinational.org/policy-research/workforce-data-center/>.
3. "...the Secretary of Labor and the Secretary of Education, in consultation with the Secretary of Health and Human Services, shall encourage recipients of Federal financial assistance to expand opportunities for early childhood educators and long-term care professionals through community college programming, career and technical education, Registered Apprenticeship, pre-apprenticeships leading to Registered Apprenticeship, and other job training and professional development." See The White House. "Executive Order on Increasing Access to High-Quality Care and Supporting Caregivers." Accessed June 15, 2023. <https://www.whitehouse.gov/briefing-room/presidential-actions/2023/04/18/executive-order-on-increasing-access-to-high-quality-care-and-supporting-caregivers/>.
4. "...the Secretary of Labor and the Secretary of Education, in consultation with the Secretary of Health and Human Services, shall make available innovative funding opportunities, develop and evaluate demonstration projects for care training and educational attainment, and provide technical assistance to State, local, and Tribal partners to improve job quality for care occupations." See The White House. "Executive Order on Increasing Access to High-Quality Care and Supporting Caregivers." Accessed June 15, 2023. <https://www.whitehouse.gov/briefing-room/presidential-actions/2023/04/18/executive-order-on-increasing-access-to-high-quality-care-and-supporting-caregivers/>.
5. "...the Secretary of Labor and the Secretary of Education, in consultation with the Secretary of Health and Human Services, shall develop partnerships with key stakeholders, including State, local, Tribal, and territorial governments; unions and labor organizations; State and local workforce development boards; institutions of higher education (including community colleges, Historically Black Colleges and Universities, Tribal Colleges and Universities, and Minority Serving Institutions); aging and disability networks; and national- and community-based organizations that focus on care (including professional membership organizations)." See The White House. "Executive Order on Increasing Access to High-Quality Care and Supporting Caregivers." Accessed June 15, 2023. <https://www.whitehouse.gov/briefing-room/presidential-actions/2023/04/18/executive-order-on-increasing-access-to-high-quality-care-and-supporting-caregivers/>.
6. PHI. "A Career Development Project That Improved Clinical Outcomes" Accessed June 15, 2023. https://www.phinational.org/impact_story/career-development-project-improved-clinical-outcomes/.
7. PHI. "Personal Care Aide Training Requirements." Accessed June 15, 2023. <https://www.PHInational.org/advocacy/personal-care-aide-training-requirements/>.

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.



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