

THE EXECUTIVE ORDER SERIES
FACT SHEET 5

Direct Care Workers: DATA COLLECTION



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 final fact sheet offers ideas for federal regulatory policies and inter-agency collaboration that would improve direct care workforce data collection and monitoring.

EXECUTIVE ORDER GOAL Section 2(g)

“To improve data and information on the care workforce.”



WHY DATA COLLECTION MATTERS

Long-term care leaders need better data on the direct care workforce and direct care job quality. When it comes to measuring and monitoring key workforce dimensions such as size, stability, credentials, and compensation, among other variables, federal and state data collection systems remain inadequate and under-resourced. As a result, policymakers, industry experts, and other long-term care leaders—at the local, state, and federal levels—lack the data they need to make sound decisions that would improve direct care workers' jobs and build the workforce. Additionally, federal industry and occupational codes need updating, which includes, as one example, developing a new code for direct support professionals—and job quality metrics need widespread adoption across research, policy, and practice.

“You really have to put in a lot of hours to get a decent paycheck. That's what I do. Don't get me wrong, I'm grateful for the work. But sometimes you have to take a break because you can pretty much burn yourself out.”

MILLIE ADAMS
Caregiver
at Cooperative Care,
Wautoma, WI



QUICK FACTS: The Direct Care Workforce¹

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

Compensation Analysis

Section 2(g)(i) directs the Secretary of Labor to conduct and publish an analysis of early childhood and home care workers' compensation, compared to other workers with similar levels of training. For both workforces, this analysis should compare their wages, annual earnings, health insurance coverage levels, public assistance uptake, and poverty rates—at a minimum—to occupations with similar or lower entry-level requirements. Additionally, this data should be analyzed for differences and disparities related to race, gender, immigration status, age, occupation (i.e., home health aides, nursing assistants, etc.), and geographic location, among other variables. This study should be conducted on a regular basis to understand how compensation for care work changes over time.

State and Local Research

Section 2(g)(ii) directs the Secretary of Labor to issue guidance that would help states and localities conduct their own analyses of "comparable pay rates for care workers in their respective jurisdictions." In addition, the U.S. Department of Labor (DOL) should provide a framework that helps standardize compensation data collection (and improve data comparisons) across geographic locations, offer technical assistance to state and local entities on how to collect and analyze this data, and produce a report from this data with lessons for improving and applying pay rate analysis in care work.

Data Improvements

Section 2(g)(iii) directs the Secretary of Labor and the Secretary of Health and Human Services (HHS) to consult with other agencies and outside experts to strengthen data collection on the home care workforce by identifying knowledge gaps, data sources, and other opportunities to strengthen data and analysis on these workers. This project should be expanded to include the full direct care workforce across care settings. Additionally, to ensure alignment and the greatest impact, these agencies should work closely with other federally funded projects with similar objectives, including the relatively new Direct Care Workforce Strategies Center, jointly led by the Administration for Community Living, the National Council on Aging, and various national partner organizations.

Did You Know?

In all 50 states and DC, the direct care worker median wage is lower than the median wage for other occupations with similar or lower entry-level requirements, such as janitors, retail salespersons, and customer service representatives. According to 2021 data, median wages for direct care workers are \$1.50 to as much as \$5.00 lower, depending on the state.²





WHAT ELSE CAN BE DONE

Workforce Definitions and Eligibility Requirements

DOL, in coordination with the Centers for Medicare & Medicaid Services (CMS) and other relevant agencies, should work with experts in the field to establish a definition of “direct care worker” that captures the core competencies of this role and specifies the additional competencies required for distinct settings (such as home care versus nursing home care) and population served (such as older adults or individuals with intellectual and developmental disabilities). This definition could be used to bring greater consistency to the laws and other public policies that govern this workforce.

Data Collection Infrastructure

DOL should provide funding to states to develop and strengthen their data collection systems concerning the direct care workforce. The goal is to systematically gather statewide, employer-level data on the direct care workforce and centralize the training and certification records of direct care workers. This should be done with clear privacy safeguards in place. This investment in state-level data collection infrastructure should be informed by an updated, national minimum data set on this workforce and paired with guidance and requirements for reporting and analysis.

Minimum Data Set on Direct Care Workers

CMS should update its minimum data set recommendations on the direct care workforce, which were developed in 2009 by the National Direct Service Workforce Resource Center. This set should include workforce volume, stability, compensation, and training/credentialing rates—and should account for workers employed across long-term care settings and by all employer types.





WHAT ELSE CAN BE DONE

Job Quality Measures

HHS and 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's final report from September 2016. 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.

Direct Support Professional Classification

The inter-agency Standard Occupational Classification Policy Committee should work with long-term care and workforce experts to update the existing federal industry and occupational classification codes so that they characterize the direct care workforce more accurately. Specifically, Office of Management and Budget should establish a Direct Support Professional Standard Occupational Classification code to distinguish these workers from nursing assistants, home health aides, and personal care aides. Alternatively, Congress could enact and fully fund the Recognizing the Role of Direct Support Professionals Act, which accomplishes this goal. This action would help researchers and other leaders measure and describe the workforce

capacity for supporting individuals with intellectual and developmental disabilities.

National Direct Care Surveys

The National Center for Health Statistics at the Centers for Disease Control and Prevention (CDC) should update and 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.

New Research

HHS and the National Institutes of Health (NIH) should fund original studies on the direct care workforce, including studies that measure workforce size and composition; consumers' experiences with direct care workers; worker/job satisfaction; intent to stay; and a variety of other vital, understudied topics.

Did You Know?

It has been 14 years since the Centers for Medicare & Medicaid Services published its pathbreaking report calling for a minimum data set on the direct care workforce.³

Notes

1. Nilsen, Ella. 2021. "These Workers Were Left Out of the NePHI." Workforce Data Center." Accessed June 15, 2023. <https://www.PHInational.org/policy-research/workforce-data-center/>.

2. PHI. "Direct Care Workforce State Index (Wage Competitiveness Variable)." Accessed 7/25/2023. <https://www.phinational.org/state-index-tool/>

3. Edelstein, Steven and Dorie Seavey. 2009. *The Need for Monitoring the Long-Term Care Direct Service Workforce and Recommendations for Data Collection*. Woodlawn, MD: CMS. <https://www.phinational.org/resource/the-need-for-monitoring-the-long-term-care-direct-service-workforce-and-recommendations-for-data-collection-2/>.

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

