

Moving Within and Out of Direct Care: An Analysis of Annual Mobility of Direct Care Workers

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EXECUTIVE SUMMARY

Low wages, insufficient work hours, limited employment benefits, high workplace injury rates, and other precarious working conditions lead to high rates of turnover and churn in the direct care workforce. However, little is known about the characteristics of the workers who leave direct care occupations, versus those who stay—and the occupations into which they transfer. This research brief analyzes the annual mobility patterns of direct care workers and finds that, while a majority of the workers leaving a direct care job remain in the same occupation in a given year, a substantive proportion leave for different occupations that offer higher median wages without requiring higher levels of education or training. Notably, we also find that men and white workers exit direct care occupations at higher rates than women and workers of color. These findings underscore concerns about the (non-)competitiveness of direct care wages and support the case for raising wages and improving overall job quality to retain and recruit direct care workers.

INTRODUCTION

The direct care workforce—which comprises personal care aides, home health aides, and nursing assistants who assist older adults and people with disabilities—is growing astronomically. Already numbering over five million workers, this workforce is expected to add more than 861,000 new jobs over the next decade (from 2022 to 2032) to meet rising demand. Even more startling, due to high turnover and churn across these three occupations as well as labor force exits, there will be an estimated 8.9 million *total* direct care work job openings in the same time period.¹ These projections underscore and amplify a workforce crisis that pre-existed but was greatly exacerbated by the COVID-19 pandemic.²

Existing research shows a high rate of job turnover in the long-term care sector, where the majority of direct care workers are employed. For instance, the most recent benchmarking report from Activated Insights (formerly Home Care Pulse) indicates that turnover among home care workers was nearly 80 percent in 2023.³ In addition, an earlier study found that median turnover among nursing assistants in nursing homes was 99 percent.⁴ There is also some evidence that a high proportion of those leaving the long-term care sector exit the labor force altogether.⁵ However, little is known about the characteristics of the workers who leave direct care occupations, versus those who stay—and the occupations into which they transfer.

To improve retention in this essential workforce, we need to better understand existing patterns of occupational mobility among direct care workers. To that end, this research brief asks three key questions: (1) What percentage of direct care workers leave their occupations each year? (2) Are some direct care workers more likely to leave their jobs than others (considering gender, race/ethnicity, age, and disability status)? and (3) What occupations do direct care workers move into when they leave their jobs (highlighting differences by gender and race/ethnicity)? Because these analyses are at the occupational level, our findings reflect retention, churn, and mobility in the overall direct care workforce (not at the employer level). Findings have implications for how to better support and retain direct care workers through both universal and tailored policies and practices.

METHODOLOGY

This study analyzes annual changes in the labor force status and occupations of direct care workers using data from the 2020 to 2023 Annual Social and Economic Supplement of the Current Population Survey (CPS ASEC).⁶ The CPS ASEC provides the employment status and occupation of respondents from the year of the survey and the previous year. We chose the 2020 to 2023 data because they are the most recently available, but acknowledge that these data likely reflect the outsized impact of the COVID-19 pandemic on the direct care workforce across settings. We revisit this point in the Discussion section.

We first restricted our sample to workers who reported holding a direct care occupation—i.e., personal care aides, home health aides, and nursing assistants employed in any type of industry setting—in the previous year. Thus, our analysis focuses on the occupational mobility of *all* direct care workers, instead of those employed only in the long-term care sector (but as noted above, the majority of direct care workers are employed in this sector). Using this sample and disaggregating by gender, race/ethnicity, disability status, age group, and direct care occupation, we examined the proportion of direct care workers who remained in direct care work, moved into a different occupation, became unemployed, or exited the labor force over a one-year period.

Next, restricting our sample further to those who transitioned into non-direct care occupations, we investigated the characteristics of these “transition occupations.” Specifically, we considered the median wages, job zones, and occupational sectors of the transition occupations. We obtained median wages using 2020 to 2023 monthly CPS Outgoing Rotation Groups,⁷ adjusting for inflation to 2023 dollars using the consumer price index (CPI) from the Bureau of Labor Statistics.⁸ To understand differences by gender and race/ethnicity in this restricted sample,⁹ we obtained median wages of the transition occupations for women/men and different racial/ethnic groups, and compared them to the median direct care wages for each of these groups.

Our data for job zones come from the O*NET, which categorizes occupations into five zones based on their required levels of education, experience, and training.¹⁰ Higher job zones represent a greater amount of preparation needed. Since personal care aides and home health aides are both in Zone 2 (“some preparation needed”) and nursing assistants are in Zone 3 (“medium preparation needed”), we defined transition occupations in Zones 1 to 3 as having “equal or lower entry-level requirements” and those in Zones 4 and 5 as having “higher entry-

level requirements.” For analyses specific to each of the three direct care occupations, we use the job zones and median wages of each respective occupation.

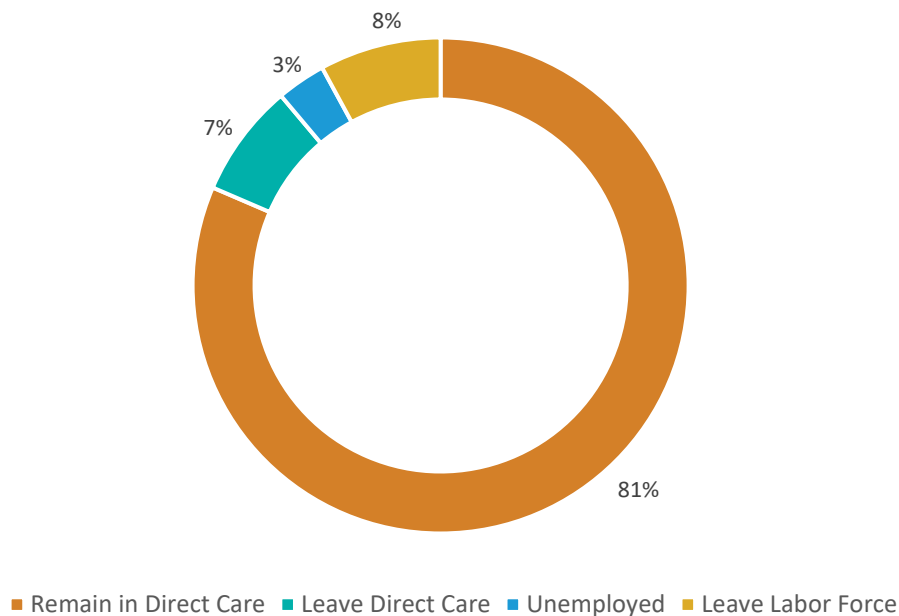
Finally, in our analysis of the sectors of the transition occupations, we adopted broad occupational categories defined by the U.S. Census Bureau’s Standard Occupational Classification system¹¹ to assign the occupations into one of the following nine sectors: 1) Health care, 2) Sales, 3) Office, 4) Food preparation, 5) Cleaning, 6) Personal care and services,¹² 7) Production, 8) Transportation, and 9) Other.

ANNUAL MOBILITY OF DIRECT CARE WORKERS

Although job turnover is known to be high across direct care occupations, the vast majority of direct care workers remain in this workforce from one year to the next.

- Among those who held a direct care occupation in the previous year, 81 percent continue to work in one of the three direct care work occupations a year later.
- By contrast, seven percent leave for a different occupation outside of direct care, three percent become unemployed, and eight percent leave the labor force entirely.

Figure 1. Annual Mobility of All Direct Care Workers, 2020-2023



Source: Flood, Sarah, Miriam King, Renae Rodgers, Steven Ruggles, J. Robert Warren, Daniel Backman, Annie Chen, Grace Cooper, Stephanie Richards, Megan Schouweiler, and Michael Westberry. 2023. *IPUMS CPS: Version 11.0 ASEC, 2020-2023*. Minneapolis, MN: IPUMS. <https://doi.org/10.18128/D030.V11.0>; analysis by PHI (July 2024).

Note: Percentages do not sum to 100 due to rounding.

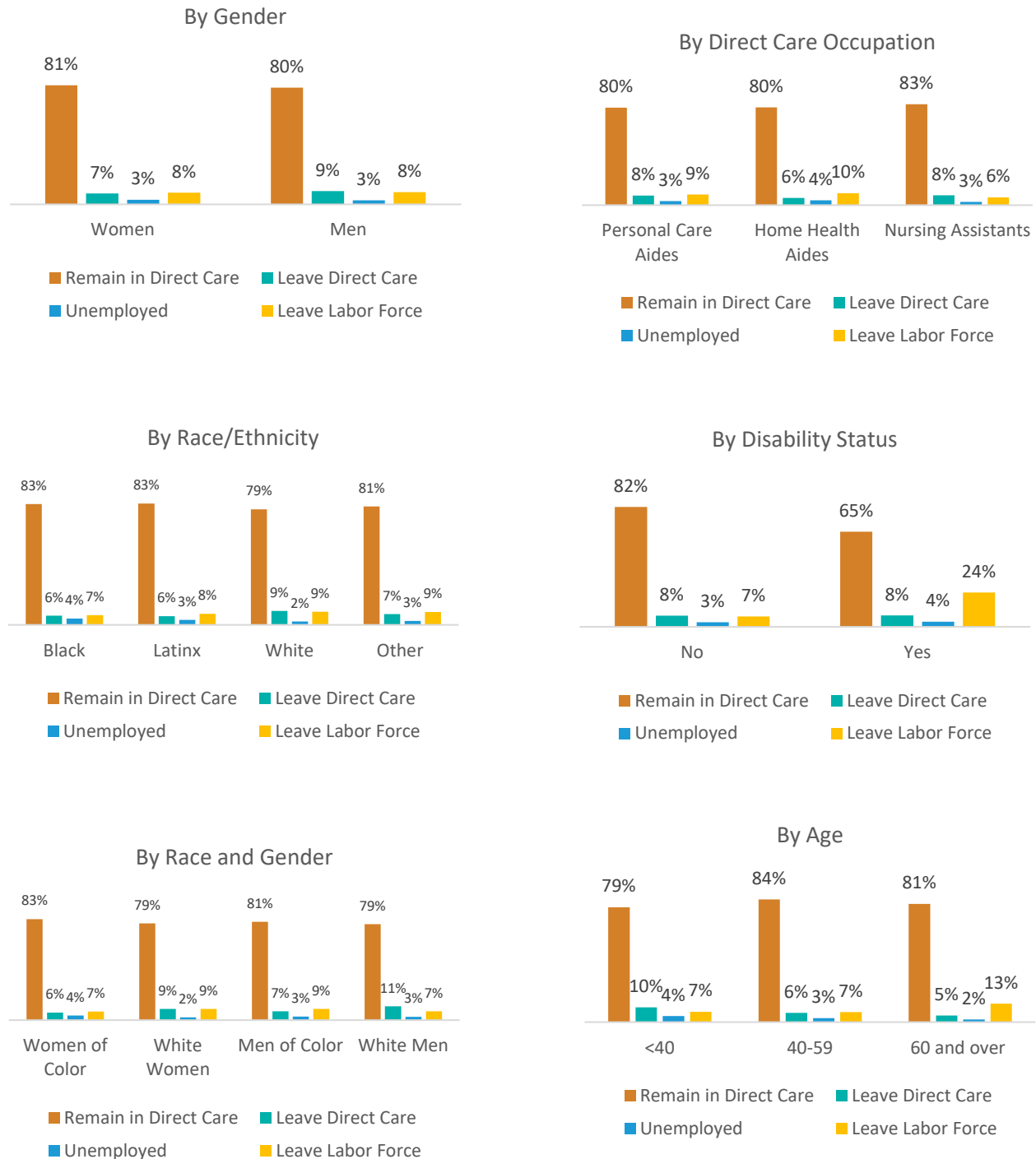
Direct care workers who are white, men, or who are under the age of 40 are more likely to leave their jobs for a different occupation outside of direct care, while women of color and those who are 40 and older are the most likely to remain in the direct care workforce.

- Men are more likely than women to leave direct care work for a different occupation (9 percent versus 7 percent).
- White direct care workers (9 percent) are more likely to transition into a different occupation compared to their Black (6 percent), Latinx (6 percent), and “Other race/ethnicity” (7 percent) counterparts.
- More specifically, white women are more likely to leave direct care than women of color (9 percent versus 6 percent), and the same is true for white men compared to men of color (11 percent versus 7 percent).
- Ten percent of those under the age of 40 leave direct care work for different occupations, versus 6 percent and 5 percent of those between the ages of 40 and 59 and age 60 and over, respectively.
- A higher proportion of personal care aides (8 percent) and nursing assistants (8 percent) leave direct care work entirely for different occupations compared to home health aides (6 percent).

Personal care aides, home health aides, workers who are age 60 and over, and those reporting a disability are more likely to leave the labor force entirely than other direct care workers.

- Higher proportions of personal care aides (9 percent) and home health aides (10 percent) leave the labor force entirely from one year to the next, as compared to nursing assistants (6 percent).
- A higher proportion of older direct care workers ages 60 and over (13 percent) leave the labor force entirely, as compared to younger workers (7 percent).
- Direct care workers who report a disability (24 percent) are more likely to exit the labor force compared to those without a disability (7 percent); however, they are not more or less likely to leave for a different occupation.

Figure 2. Annual Mobility of Direct Care Workers by Gender, Race/Ethnicity, Direct Care Occupation, Disability Status, and Age, 2020-2023



Source: Flood, Sarah, Miriam King, Renae Rodgers, Steven Ruggles, J. Robert Warren, Daniel Backman, Annie Chen, Grace Cooper, Stephanie Richards, Megan Schouweiler, and Michael Westberry. 2023. *IPUMS CPS: Version 11.0 ASEC, 2020-2023*. Minneapolis, MN: IPUMS. <https://doi.org/10.18128/D030.V11.0>; analysis by PHI (July 2024).

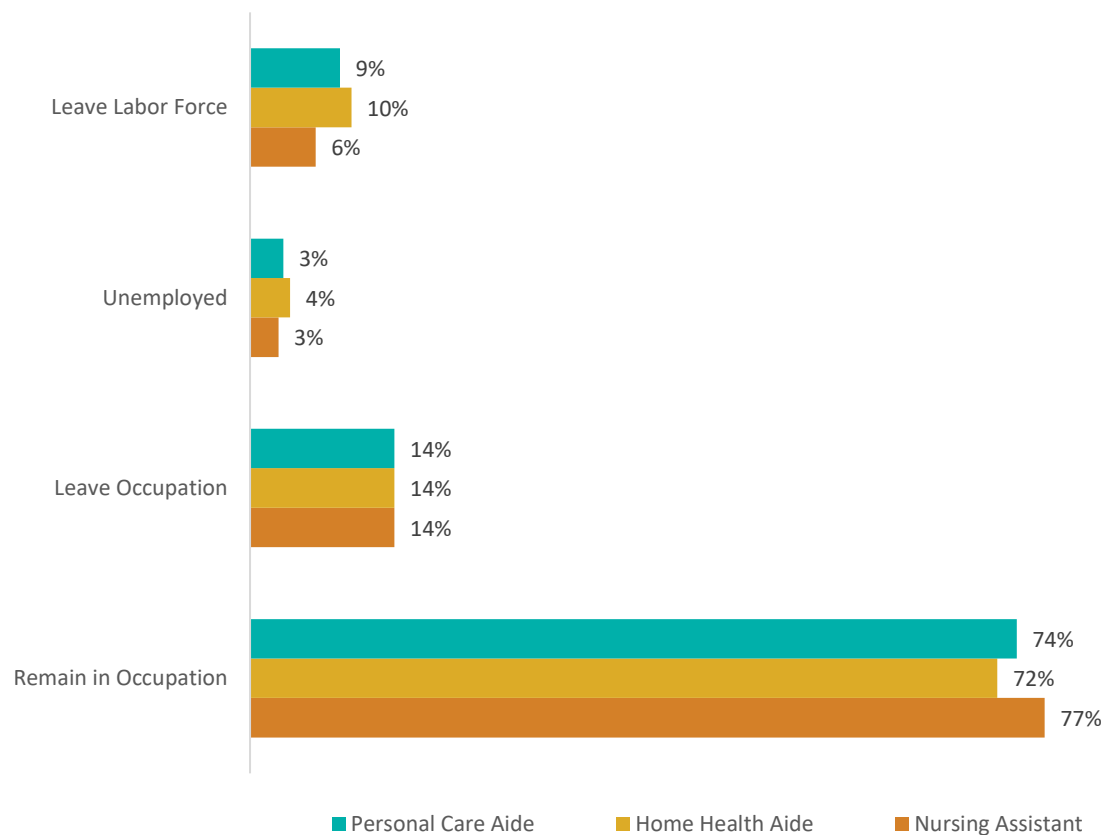
Note: Percentages do not sum to 100 due to rounding.

TRANSITIONS BETWEEN DIRECT CARE OCCUPATIONS

Although the majority of direct care workers remain in this workforce from one year to the next, there is considerable churn *between* direct care occupations.

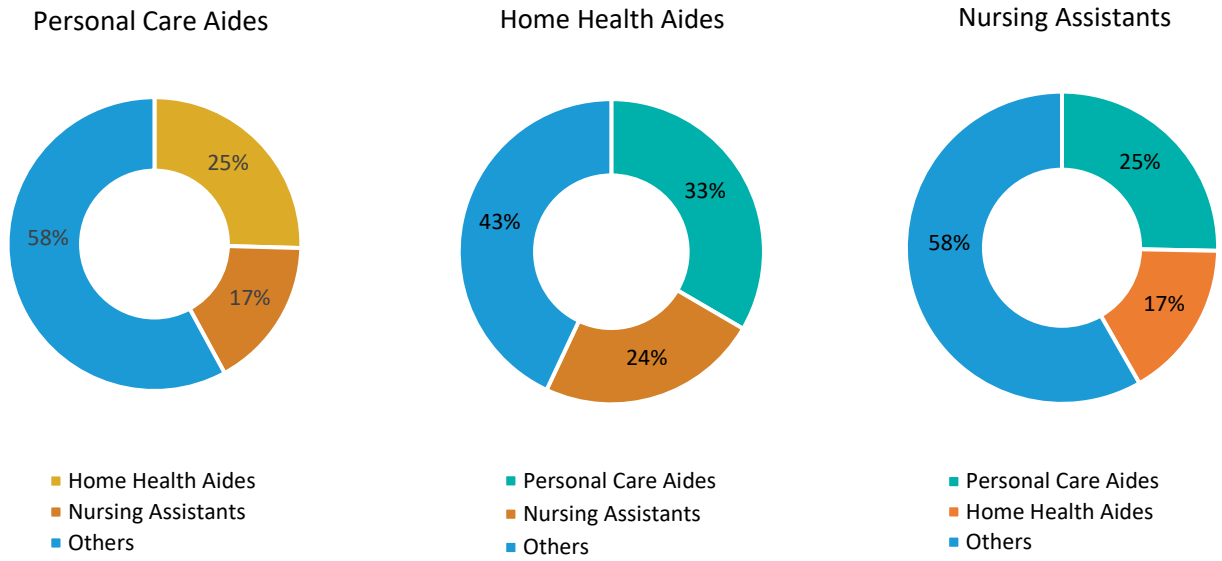
- Across the full direct care workforce, over 70 percent of personal care aides, home health aides, and nursing assistants remain in their specific occupations the following year and about 14 percent transition into different occupations.
- Direct care workers who leave their specific occupations are most likely to transition into one of the other two direct care occupations.
- Specifically, 42 percent of personal care aides and nursing assistants and 57 percent of home health aides who leave their occupations move into one of the other two direct care occupations.

Figure 3. Annual Mobility by Specific Direct Care Occupations, 2020-2023



Source: Flood, Sarah, Miriam King, Renae Rodgers, Steven Ruggles, J. Robert Warren, Daniel Backman, Annie Chen, Grace Cooper, Stephanie Richards, Megan Schouweiler, and Michael Westberry. 2023. *IPUMS CPS: Version 11.0 ASEC, 2020-2023*. Minneapolis, MN: IPUMS. <https://doi.org/10.18128/D030.V11.0>; analysis by PHI (July 2024).

Figure 4. Transition Occupations by Specific Direct Care Occupations, 2020-2023



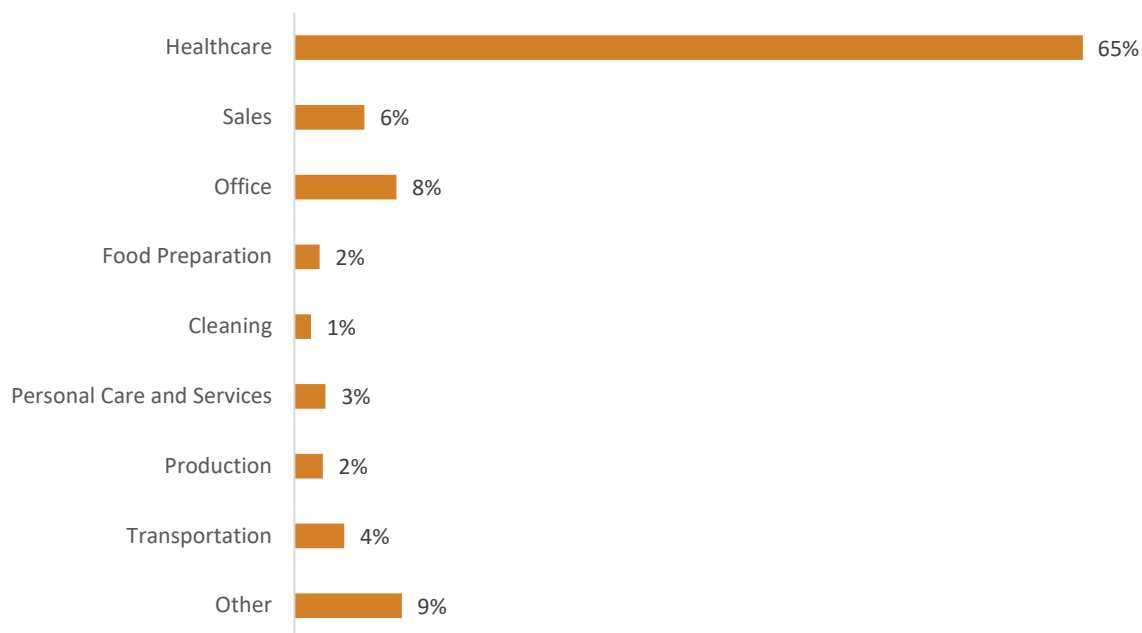
Source: Flood, Sarah, Miriam King, Renae Rodgers, Steven Ruggles, J. Robert Warren, Daniel Backman, Annie Chen, Grace Cooper, Stephanie Richards, Megan Schouweiler, and Michael Westberry. 2023. *IPUMS CPS: Version 11.0 ASEC, 2020-2023*. Minneapolis, MN: IPUMS. <https://doi.org/10.18128/D030.V11.0>; analysis by PHI (July 2024).

TRANSITIONS OUT OF DIRECT CARE INTO DIFFERENT OCCUPATIONS

The majority of workers who leave direct care transition into other health care occupations, most commonly becoming medical assistants.

- Overall, 65 percent of direct care workers who leave direct care transition into other occupations within the health care sector.
- The largest share of direct care workers transitioning into other occupations become medical assistants (17 percent), followed by dental assistants (9 percent) and medical equipment preparers (8 percent).

Figure 5. Direct Care Transition Occupations by Sector, 2020-2023



Source: Flood, Sarah, Miriam King, Renae Rodgers, Steven Ruggles, J. Robert Warren, Daniel Backman, Annie Chen, Grace Cooper, Stephanie Richards, Megan Schouweiler, and Michael Westberry. 2023. *IPUMS CPS: Version 11.0 ASEC, 2020-2023*. Minneapolis, MN: IPUMS. <https://doi.org/10.18128/D030.V11.0>; analysis by PHI (July 2024).

Table 1. Top Ten Transition Occupations for Direct Care Workers, 2020-2023

	Occupation	Percent
1	Medical Assistants	17%
2	Dental Assistants	9%
3	Medical Equipment Preparers	8%
4	Massage Therapists	7%
5	Phlebotomists	6%
6	Registered Nurses	3%
7	Orderlies	3%
8	Physical Therapist Aides	3%
9	Veterinary Assistants and Laboratory Animal Caretakers	2%
10	Medical Transcriptionists	2%

Source: Flood, Sarah, Miriam King, Renae Rodgers, Steven Ruggles, J. Robert Warren, Daniel Backman, Annie Chen, Grace Cooper, Stephanie Richards, Megan Schouweiler, and Michael Westberry. 2023. *IPUMS CPS: Version 11.0 ASEC, 2020-2023*. Minneapolis, MN: IPUMS. <https://doi.org/10.18128/D030.V11.0>; analysis by PHI (July 2024).

Low wages are likely a key determinant of direct care workers' exits.

- Nearly all (93 percent) of the occupations into which direct care workers transition have higher median wages compared to direct care work.
- Most of these transition occupations do not require higher levels of training or credentials, however: only 7 percent of all direct care transitions are into occupations in higher job zones (i.e., Zones 4 or 5). (As noted, among the majority of direct care workers who stay in direct care, some transition into other direct care occupations in lower job zones, e.g. from nursing assistant (Zone 3) to personal care aide (Zone 2).)

Figure 6. Relative Pay and Job Zone of Transition Occupations, 2020-2023



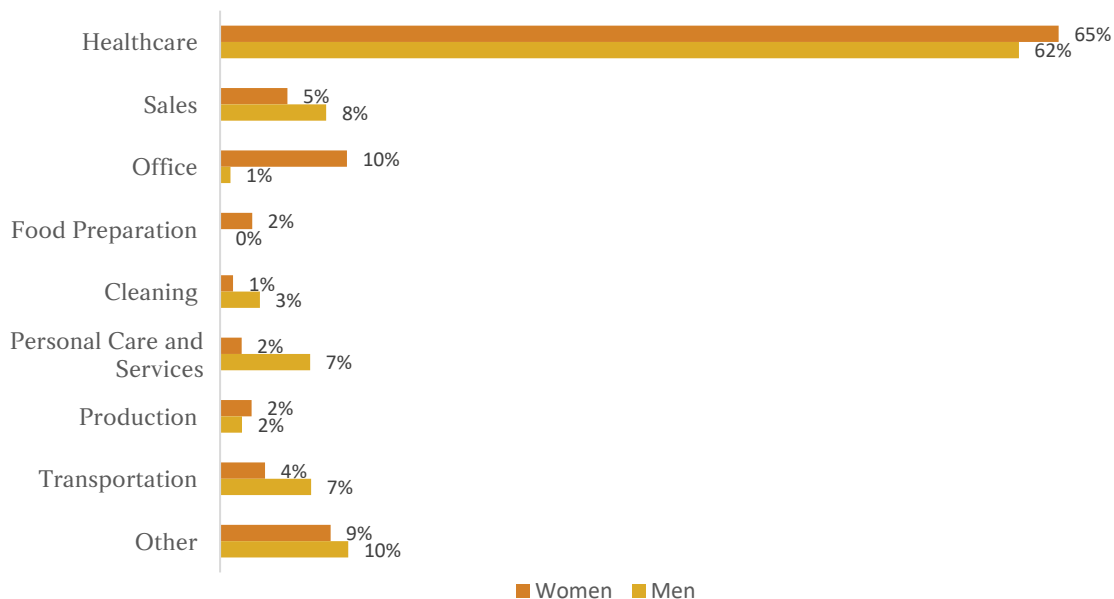
Source: Flood, Sarah, Miriam King, Renae Rodgers, Steven Ruggles, J. Robert Warren, Daniel Backman, Annie Chen, Grace Cooper, Stephanie Richards, Megan Schouweiler, and Michael Westberry. 2023. *IPUMS CPS: Version 11.0 ASEC, 2020-2023* and *CPS Basic Monthly Data January 2020-December 2024*. Minneapolis, MN: IPUMS. <https://doi.org/10.18128/D030.V11.0>; O*NET Resource Center. 2024. *Job Zones*. https://www.onetcenter.org/dictionary/28.3/excel/job_zones.html; analysis by PHI (July 2024)

DIFFERENCES IN DIRECT CARE WORKERS' OCCUPATIONAL TRANSITIONS BY GENDER AND RACE/ETHNICITY

There are some differences by gender and race/ethnicity with regards to occupational transitions out of direct care, although with substantial overlap between groups.

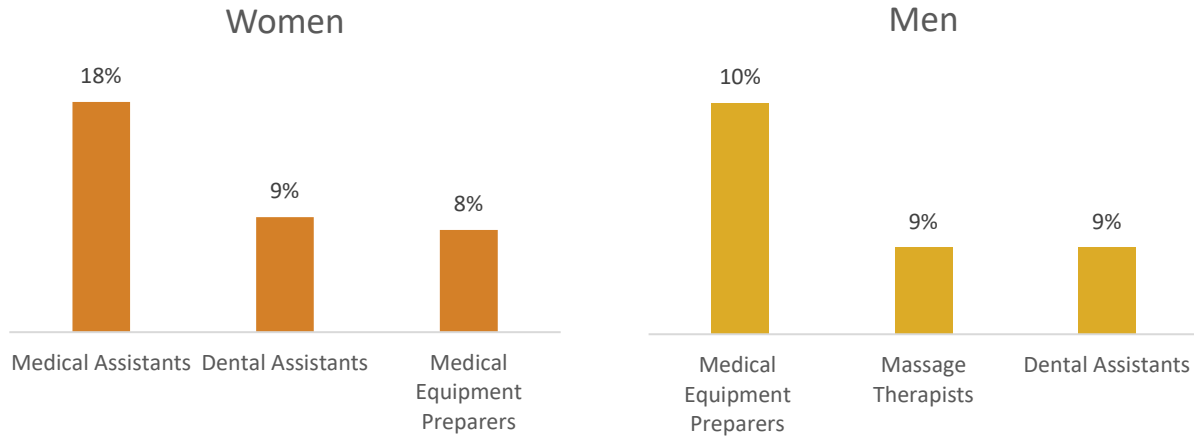
- For both men and women, over 60 percent of those who leave direct care jobs transition into different health care occupations.
- After health care, women most commonly transition into office (10 percent), “other” (9 percent), and sales (5 percent) occupations, while men most commonly move into “other” (10 percent), sales (8 percent), and transportation (7 percent).
- Regarding specific transition occupations, medical assistants and medical equipment preparers account for the highest proportion of transitions for women and men, respectively.
- There are no notable gender differences in the likelihood of transitioning into occupations with higher median wages or job zones than direct care work.

Figure 7. Transition Occupations by Sector and Gender, 2020-2023



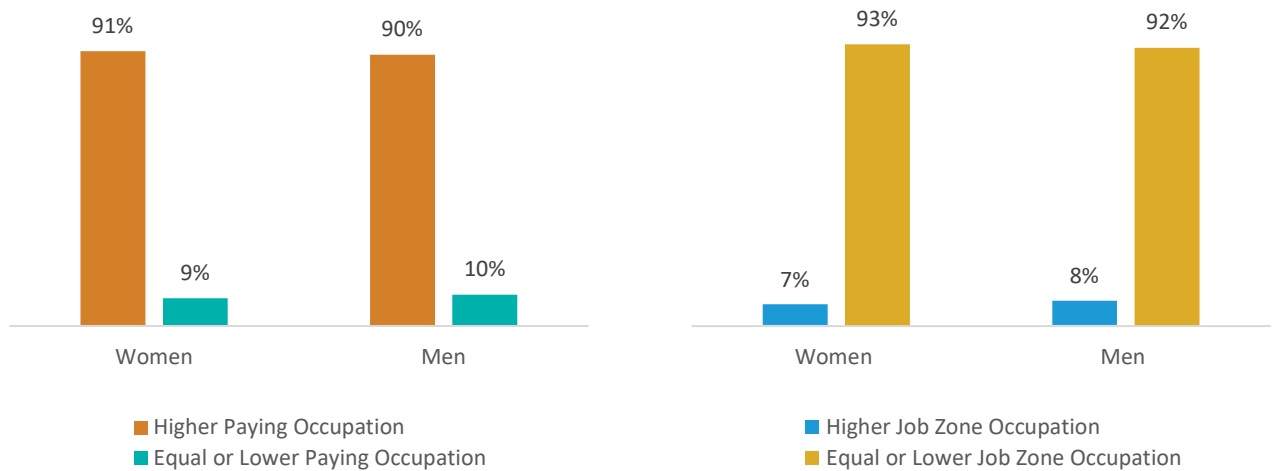
Source: Flood, Sarah, Miriam King, Renae Rodgers, Steven Ruggles, J. Robert Warren, Daniel Backman, Annie Chen, Grace Cooper, Stephanie Richards, Megan Schouweiler, and Michael Westberry. 2023. *IPUMS CPS: Version 11.0 ASEC, 2020-2023*. Minneapolis, MN: IPUMS. <https://doi.org/10.18128/D030.V11.0>; analysis by PHI (July 2024).

Figure 8. Top Three Transition Occupations by Gender



Source: Flood, Sarah, Miriam King, Renae Rodgers, Steven Ruggles, J. Robert Warren, Daniel Backman, Annie Chen, Grace Cooper, Stephanie Richards, Megan Schouweiler, and Michael Westberry. 2023. *IPUMS CPS: Version 11.0 ASEC, 2020-2023*. Minneapolis, MN: IPUMS. <https://doi.org/10.18128/D030.V11.0>; analysis by PHI (July 2024).

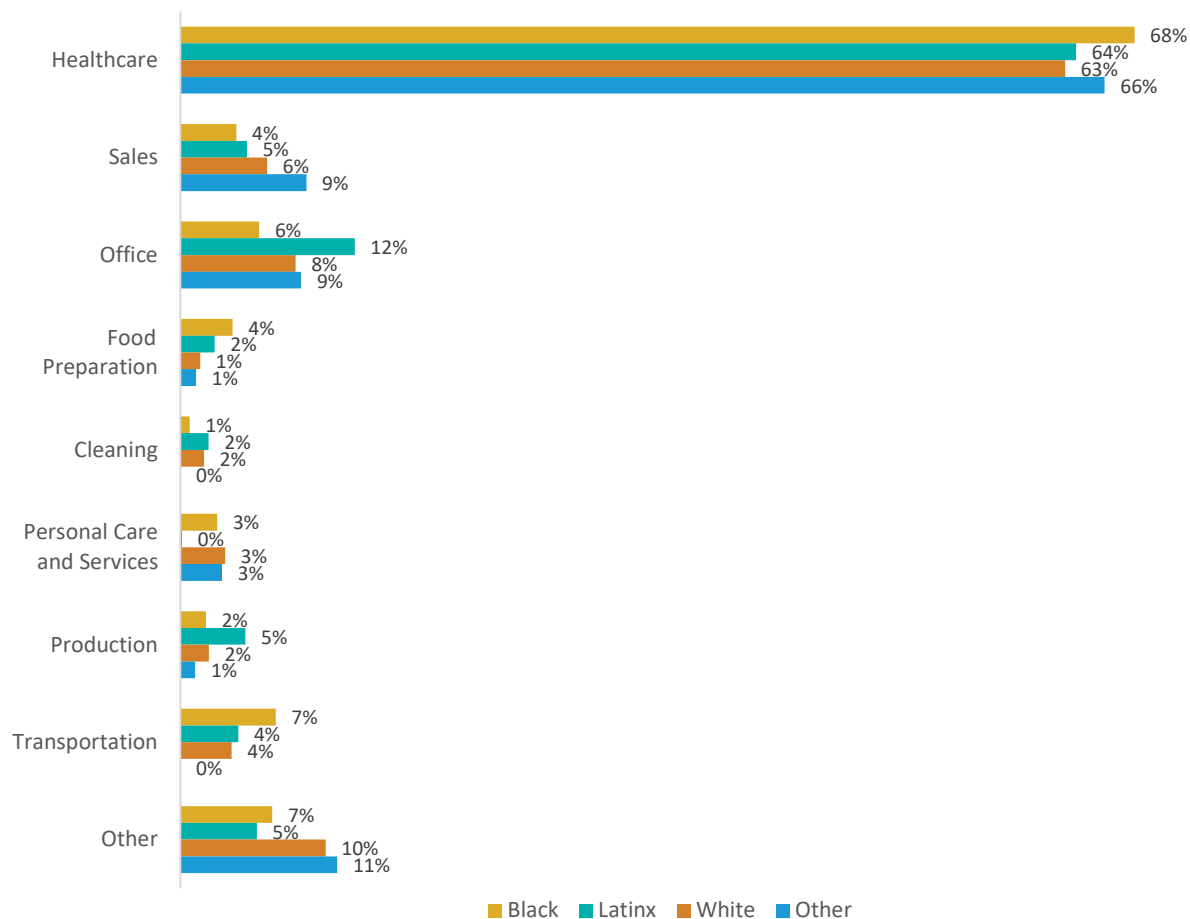
Figure 9. Relative Pay and Job Zone of Transition Occupations by Gender, 2020-2023



Source: Flood, Sarah, Miriam King, Renae Rodgers, Steven Ruggles, J. Robert Warren, Daniel Backman, Annie Chen, Grace Cooper, Stephanie Richards, Megan Schouweiler, and Michael Westberry. 2023. *IPUMS CPS: Version 11.0 ASEC, 2020-2023* and *CPS Basic Monthly Data January 2020-December 2024*. Minneapolis, MN: IPUMS. <https://doi.org/10.18128/D030.V11.0>; O*NET Resource Center. 2024. Job Zones. https://www.onetcenter.org/dictionary/28.3/excel/job_zones.html; analysis by PHI (July 2024)

- After health care, Black workers most commonly transition into transportation (7 percent) and Latinx workers into office occupations (12 percent), while white workers and workers of “other” race/ethnicity transition into “other” occupations (10 percent and 11 percent, respectively).
- Regarding occupations, medical assistant is the most common transition occupation for Black (25 percent), Latinx (19 percent), and white (12 percent) direct care workers.
- Direct care workers of “other” racial/ethnic identities most commonly become massage therapists (21 percent) or medical assistants (17 percent).
- Over 90 percent of white, Black, and Hispanic direct care workers who exit direct care occupations enter an occupation with a higher median wage. By contrast, 68 percent of direct care workers of “other” racial/ethnic identities transition into higher-paying occupations.

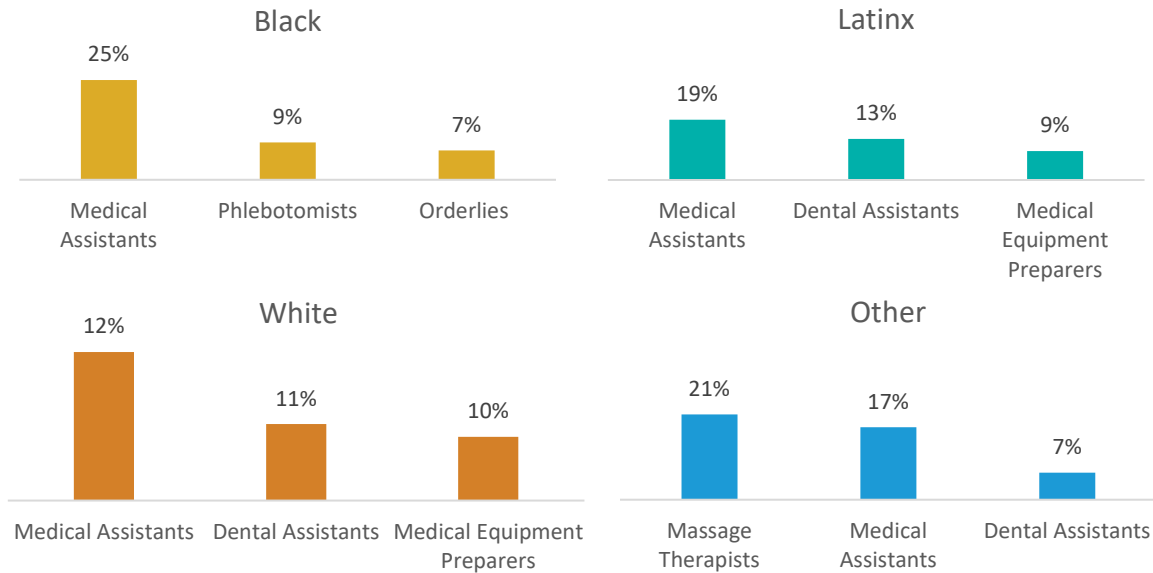
Figure 10. Direct Care Transition Occupations by Sector and Race/Ethnicity, 2020-2023



Source: Flood, Sarah, Miriam King, Renae Rodgers, Steven Ruggles, J. Robert Warren, Daniel Backman, Annie Chen, Grace Cooper, Stephanie Richards, Megan Schouweiler, and Michael Westberry. 2023. *IPUMS CPS: Version 11.0 ASEC, 2020-2023*. Minneapolis, MN: IPUMS. <https://doi.org/10.18128/D030.V11.0>; analysis by PHI (July 2024).

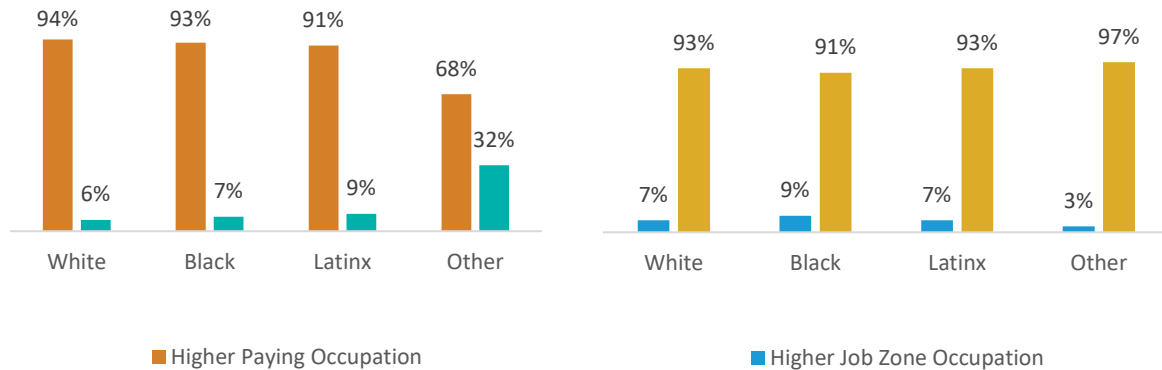
Note: Percentages do not sum to 100 due to rounding. Zero percentages reflect the sample used for analysis, but may be limited by sample size.

Figure 11. Top Three Transition Occupations by Race/Ethnicity



Source: Flood, Sarah, Miriam King, Renae Rodgers, Steven Ruggles, J. Robert Warren, Daniel Backman, Annie Chen, Grace Cooper, Stephanie Richards, Megan Schouweiler, and Michael Westberry. 2023. *IPUMS CPS: Version 11.0 ASEC, 2020-2023*. Minneapolis, MN: IPUMS. <https://doi.org/10.18128/D030.V11.0>; analysis by PHI (July 2024).

Figure 12. Relative Pay and Job Zone of Transition Occupations by Race/Ethnicity, 2020-2023



Source: Flood, Sarah, Miriam King, Renae Rodgers, Steven Ruggles, J. Robert Warren, Daniel Backman, Annie Chen, Grace Cooper, Stephanie Richards, Megan Schouweiler, and Michael Westberry. 2023. *IPUMS CPS: Version 11.0 ASEC, 2020-2023 and CPS Basic Monthly Data January 2020-December 2024*. Minneapolis, MN: IPUMS. <https://doi.org/10.18128/D030.V11.0>; O*NET Resource Center. 2024. Job Zones. https://www.onetcenter.org/dictionary/28.3/excel/job_zones.html; analysis by PHI (July 2024)

DISCUSSION AND CONCLUSION

This research brief presents the patterns of annual occupational mobility of direct care workers from 2020 through 2023. Our analysis therefore focuses on occupational mobility during the early years of the COVID-19 pandemic, which deeply impacted the direct care workforce and the health and long-term care systems overall.¹³ As well as driving turnover and workforce shortages, the pandemic led to greater recognition of the direct care workforce and enhanced workforce investments at the federal and state levels.¹⁴ Therefore, the patterns revealed in this analysis likely reflect competing forces impacting the direct care workforce during this time period. However, there is no doubt that direct care workforce turnover long-predates the COVID-19 pandemic and will persist well beyond it. The snapshot presented here has significant implications for the present and the future.

While prior research demonstrates that job turnover at the direct care employer level is high,¹⁵ our research reveals that the majority of direct care workers do remain in the broader direct care workforce over time—with 81 percent of direct care workers remaining in direct care roles from one year to the next, particularly women and people of color. In contrast, we found that seven percent of direct care workers move into different occupations, three percent become unemployed, and eight percent leave the labor force altogether.

These findings carry mixed implications. On the one hand, they demonstrate a deep commitment to this work across direct care occupations. At the same time—particularly considering that women of color and older workers are most likely to remain in the direct care workforce—the findings underscore how occupational segregation restricts alternative employment options for many members of this workforce.¹⁶ Taken together, these implications underscore the imperative to better recognize and honor the contribution of the direct care workforce—including by strengthening job quality for direct care workers. By improving compensation, training, and leadership and advancement opportunities,¹⁷ policymakers and employers alike can aim to reward direct care workers' commitment and reduce some degree of employer-level and occupational churn while also recruiting new workers into the field.

For the seven percent of direct care workers who transition to occupations outside of direct care, about 65 percent move into other occupations in the health care sector, most commonly becoming medical assistants. Given that the median wage and occupational prerequisites are relatively commensurate for medical assistants and direct care workers, this lateral movement

likely indicates workers' attempts to seek more work hours, better working conditions, or incrementally higher pay. It also points to the need for policymakers and employers to develop career ladders and lattices that allow direct care workers to advance in their careers while remaining in this sector.

With medical assistants as the exception, this analysis found that low wages are likely to be a key determinant of direct care workers' exits—since 93 percent of direct care workers' transitions are to occupations with higher median wages. This finding largely holds true for direct care workers regardless of gender or race/ethnicity, albeit with slight variations across these groups. These findings emphasize the importance of raising direct care worker wages to be *competitive* with other occupations that direct care workers may choose to do instead.

Improved wages, quality training, portable credentials, and career pathways within direct care can support direct care workers in choosing to remain in this workforce. Investment in both direct care workforce wages and advancement opportunities can also have profound impact on the quality and continuity of care, as well as easing barriers to workforce recruitment and retention. Failing to invest in these areas will result in missed opportunities to meet growing demand—and deepen challenges faced by future generations.

Limitations and Future Research

While this study provides important findings about the mobility of direct care workers, it has several limitations that point to future research opportunities. First, since the reported patterns represent an average of 2020 to 2023, it is not possible to distinguish mobility patterns for a single year, nor to compare the findings to non-pandemic years. Future research is needed to investigate how these patterns have evolved over time.

Second, our findings about the proportions of direct care workers who are likely to experience upward wage mobility in transition occupations need to be interpreted with caution as they are not analyzed at the individual level. In other words, it is not possible from this analysis to determine whether transition to occupations with higher median wages actually resulted in upward wage mobility for particular individuals. Future research could use different longitudinal data on individual-level wage and occupational transitions to study the wage mobility of individual direct care workers.

Finally, while our findings here reveal that low wages are one potential explanation, it is possible that other occupational conditions, such as a lack of a career ladder and a high exposure to occupational injuries, underlie these exits. Future research should examine additional factors driving exits from the direct care workforce.

APPENDIX

Appendix 1. Annual Mobility of Direct Care Workers, 2020-2023

		Remain in Direct Care	Leave Direct Care	Unemployed	Leave Labor Force
All	-	81%	8%	3%	8%
Gender	Women	81%	7%	3%	8%
	Men	80%	9%	3%	8%
Race	White	79%	9%	2%	9%
	Black	83%	6%	4%	7%
	Latinx	83%	6%	3%	8%
	Other	81%	7%	3%	9%
Race & Gender	Women of Color	83%	6%	4%	7%
	White Women	79%	9%	2%	9%
	Men of Color	81%	7%	3%	9%
	White Men	79%	11%	3%	7%
Occupation	Personal Care Aides	80%	8%	3%	9%
	Home Health Aides	80%	6%	4%	10%
	Nursing Assistants	83%	8%	3%	6%
Age	<40	79%	10%	4%	7%
	40-59	84%	6%	3%	7%
	60 and over	81%	5%	2%	13%
Disability	No	82%	8%	3%	7%
	Yes	65%	8%	4%	24%

Source: Flood, Sarah, Miriam King, Renae Rodgers, Steven Ruggles, J. Robert Warren, Daniel Backman, Annie Chen, Grace Cooper, Stephanie Richards, Megan Schouweiler, and Michael Westberry. 2023. *IPUMS CPS: Version 11.0 ASEC, 2020-2023*. Minneapolis, MN: IPUMS. <https://doi.org/10.18128/D030.V11.0>; analysis by PHI (July 2024).

Appendix 2. Top Ten Transition Occupations by Gender, 2020-2023

Women	Occupation	Percent
1	Medical Assistants	18%
2	Dental Assistants	9%
3	Medical Equipment Preparers	8%
4	Phlebotomists	7%
5	Massage Therapists	7%
6	Registered Nurses	3%
7	Receptionists and Information Clerks	3%
8	Cashiers	2%
9	Orderlies	2%
10	Customer Service Representatives	2%

Men	Occupation	Percent
1	Medical Equipment Preparers	10%
2	Massage Therapists	9%
3	Dental Assistants	9%
4	Medical Assistants	8%
5	Veterinary Assistants and Laboratory Animal Caretakers	5%
6	Orderlies	5%
7	Medical Transcriptionists	4%
8	Physical Therapist Aides	4%
9	Laborers and Freight, Stock, and Material Movers, Hand	4%
10	Recreation Workers	3%

Source: Flood, Sarah, Miriam King, Renae Rodgers, Steven Ruggles, J. Robert Warren, Daniel Backman, Annie Chen, Grace Cooper, Stephanie Richards, Megan Schouweiler, and Michael Westberry. 2023. *IPUMS CPS: Version 11.0 ASEC, 2020-2023*. Minneapolis, MN: IPUMS. <https://doi.org/10.18128/D030.V11.0>; analysis by PHI (July 2024).

Appendix 3. Top Ten Transition Occupations by Race/Ethnicity, 2020-2023

Black	Occupation	Percent	Latinx	Occupation	Percent
1	Medical Assistants	25%	1	Medical Assistants	19%
2	Phlebotomists	9%	2	Dental Assistants	13%
3	Orderlies	7%	3	Medical Equipment Preparers Customer Service	9%
4	Massage Therapists	5%	4	Representatives	7%
5	Registered Nurses	4%	5	Phlebotomists	6%
6	Medical Equipment Preparers	4%	6	Massage Therapists	5%
7	Laborers and Freight, Stock, and Material Movers, Hand	3%	7	Veterinary Assistants and Laboratory Animal Caretakers	3%
8	Pharmacy Aides	3%	8	Registered Nurses	3%
9	Physical Therapist Aides First-Line Supervisors of Retail	3%	9	Receptionists and Information Clerks	3%
10	Sales Workers	3%	10	Orderlies	2%

White	Occupation	Percent	Other	Occupation	Percent
1	Medical Assistants	12%	1	Massage Therapists	21%
2	Dental Assistants	11%	2	Medical Assistants	17%
3	Medical Equipment Preparers	10%	3	Dental Assistants	7%
4	Massage Therapists	6%	4	Cashiers	6%
5	Phlebotomists	6%	5	Medical Equipment Preparers	6%
6	Medical Transcriptionists	3%	6	Medical Transcriptionists	5%
7	Physical Therapist Aides Occupational Therapy	3%	7	Managers, All Other Customer Service	5%
8	Assistants	3%	8	Representatives	3%
9	Registered Nurses Receptionists and Information	3%	9	Registered Nurses	3%
10	Clerks	3%	10	Teaching Assistants, Preschool, Elementary, Middle, and Secondary School, Except Special Education	3%

Source: Flood, Sarah, Miriam King, Renae Rodgers, Steven Ruggles, J. Robert Warren, Daniel Backman, Annie Chen, Grace Cooper, Stephanie Richards, Megan Schouweiler, and Michael Westberry. 2023. *IPUMS CPS: Version 11.0 ASEC, 2020-2023*. Minneapolis, MN: IPUMS. <https://doi.org/10.18128/D030.V11.0>; analysis by PHI (July 2024).

NOTES

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- ¹¹ U.S. Bureau of Labor Statistics. "Standard Occupational Classification." <https://www.bls.gov/soc/2018/#classification>.
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ABOUT PHI

PHI is a national organization committed to strengthening the direct care workforce by producing robust research and analysis, leading federal and state advocacy initiatives, and designing groundbreaking workforce interventions and models. For 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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