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ISSUE BRIEF

The Union Effect for Direct Care Workers

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Direct care workers drive our nation's long-term services and supports system, yet this workforce faces persistently low pay, few benefits, and often hazardous employment conditions. This study explores the role of unions in improving job quality for direct care workers using Current Population Survey data. Our findings show that unionized direct care workers earn higher wages across settings and that median wages tend to be higher for all direct care workers in states with higher union density (i.e., union coverage). The study findings underscore the need for policymakers to remove barriers to worker voice and organizing, strengthen labor standards enforcement, and incentivize employers to recognize unions and in other ways support quality jobs for direct care workers—paving the way for a more stable, well-paid direct care workforce.

EXECUTIVE SUMMARY

Over 5 million direct care workers in the United States provide long-term services and supports to older adults and people with disabilities across a range of settings, including in home care, residential care, and nursing homes. Due to growing demand, this workforce is projected to add more than 860,000 new jobs over the next decade (2022-2032). However, these workers contend with persistently low wages, few benefits, and often hazardous working conditions. Poor job quality means that direct care workforce turnover is high and in total, there are projected to be over 8.9 million job openings in direct care in that same time period—more than for any other single occupation.[1]

One mechanism to improve job quality is unionization. Across industries, union coverage is associated with improved wages, benefits, worker health and safety, and workforce retention.[2] However, due to historical and current barriers to organizing, direct care worker union density is low overall and uneven across settings and states.

This study uses descriptive and regression analyses of Current Population Survey (CPS) data to examine the effects of unions for direct care workers. We find that being covered by a union contract is associated with median hourly wages that are $1.39 higher on average than wages for workers without a union. Unionized workers in each direct care setting earn more on average than workers without union coverage. We also find that state context matters, as direct care worker median hourly wages are $1.22 higher on average than median wages for their counterpoints in so-called "right-to-work" states that undermine unions.

Overall, the findings suggest that unions benefit direct care workers by raising wages for the entire sector. Therefore, policymakers should consider ways to support direct care worker organizing, such as by repealing right-to-work laws, adequately funding labor standards implementation and enforcement to establish a level playing field, and encouraging employers to improve worker retention through voluntary recognition of unions.

BACKGROUND

Across different industries, unions can be a powerful vehicle for workers to improve their jobs. Through the collective bargaining process, unions help secure contracts that guarantee agreed-upon wages, benefits, and other working conditions, such as workplace health and safety protections, training and/or advancement opportunities, procedures to address workplace conflict, and more. These contracts are regularly negotiated between unions and employers—including private employers, public agencies, or designated intermediaries.[3] Beyond contract negotiations, unions also help workers have a voice in ongoing workplace issues, for example through worker committees or in collaboration with their employers through labor-management committees.

Barriers to Unionization and Labor Protections for Direct Care Workers

Despite the fact that they perform crucial labor to support the growing numbers of older adults and people with disabilities, many direct care workers—particularly home care workers, who comprise the majority of the direct care workforce—have long been excluded from basic labor protections, including the right to unionize and collectively bargain.

When landmark workforce legislation was enacted in the 1930s—including the Fair Labor Standards Act (FLSA) and the National Labor Relations Act (NLRA)—Southern legislators successfully argued for the exclusion of specific workforces that were composed of majority Black workers at the time, namely agricultural workers and domestic workers, including home care workers.[4]

In the years that followed, so-called right-to-work laws were promoted in the Jim Crow South and beyond as a strategy for states to limit interracial worker organizing across industries and worker power across industries.[5] Among other barriers, right-to-work laws prohibit employers and unions from requiring all workers who receive benefits through collective bargaining to pay union membership fees. As a result, states with right-to-work laws have lower unionization rates and lower wages and benefits on average when compared to states without such barriers.[6] The most recent right-to-work law was enacted in Kentucky in 2017, and 26 states retain right-to-work laws to this day.[7]

Home care worker unions have also faced targeted attacks in more recent years. A 2014 U.S. Supreme

AT A GLANCE: THE DIRECT CARE WORKFORCE IN THE U.S.

Majority Women
85%

Mostly Workers of Color
64% Total
30% Black/African American
21% Hispanic/Latinx
8% Asian/Pacific Islander

Many Foreign-Born
28%

Mid-Life Median Age
43 years old

Unstable Work Hours
38% Part-Time
19% Part-Year

Low Median Hourly Wage
$16.72

Low Income
37% in Households Below 200% FPL

High Reliance on Public Assistance
49% on Any Form of Public Assistance

Mostly Non-Unionized
89% Not Covered by a Union Contract

Court decision, *Harris v. Quinn*, required home care workers covered by union contracts to explicitly opt-in to the union and pay dues (versus being required to make "fair share" payments).[8] A 2018 rule went a step further in barring automatic paycheck deductions for union dues for home care workers who are paid by Medicaid through consumer direction programs (known as "independent providers")[9]; however, several states filed a lawsuit challenging this rule and it was repealed in 2022.[10]

What is the Union Effect?

Prior research consistently demonstrates that, across industries, unions increase wages for all workers, both directly through collective bargaining and indirectly by establishing industry and occupational standards.[11] Research also shows that unions reduce overall income inequality and racial and gender inequities by narrowing wage gaps within and across industries.[12] These benefits of union coverage are likely to be particularly pronounced for the direct care workforce, as direct care jobs are disproportionately held by women, people of color, and immigrants.[13]

The advantages of working under a union contract extend beyond wages, with significant implications for health and well-being. Union workers are more likely to have paid time off, advance notice of their schedules and input into their hours,[14] and employer-subsidized health insurance (with their employers covering a larger share of the cost).[15] Collectively, the benefits of being covered by a union contract result in lower usage of social safety net programs.[16]

Research also shows that unions enhance workplace protections and safety. Unionized workplaces have fewer minimum wage violations,[17] greater worker participation in Occupational Safety and Health Administration (OSHA) inspections, and more robust enforcement of safety regulations.[18]

As with other occupational groups, union coverage has been shown to positively impact direct care job quality and workforce stability. Looking at specific direct care settings, one survey found that unionization improves retention, wages and benefits, and reduces the likelihood of wage theft among home care workers.[19] On the nursing home side, research has shown that union coverage is associated with better staff retention, particularly in counties with higher nursing home union density.[20] Unionized nursing homes are more likely to report workplace injury and illness data than non-unionized homes, and had safer working conditions during the COVID-19 pandemic.[21]

While prior research has identified key benefits of unionization for direct care workers, the focus has been limited to specific industries, such as home care or nursing homes. Building on this evidence, our study sought to understand variations in the union effect for workers across different direct care settings, and to explore the relationship between state-level union density and wages for this workforce.

Research Questions

Specifically, this study addressed the following research questions:

- To what extent does the union effect vary across direct care settings?
- What impact does union coverage have on direct care workforce wages?
- What is the relationship between state-level union density and direct care workforce wages?

METHODS

Data and Sample

This study draws on data from the Current Population Survey (CPS), a monthly survey of 60,000 households conducted by the U.S. Census Bureau for the Bureau of Labor Statistics (BLS), accessed via the Integrated Public Use Microdata Series (IPUMS) at the University of Minnesota.[22]

Specifically, we analyzed pooled data from the CPS Outgoing Rotation Group, which provides data on wages, hours, and union status for a quarter of the total sample. Because questions about union membership are asked in the fourth and eighth CPS interviews in a two-year period (via the Outgoing Rotation Groups/Earner Study),[23] we pooled 2014 to 2023 basic monthly CPS data files to obtain a sufficient sample size of direct care workers, then restricted the sample to those who were in their fourth interview waves to prevent respondents from entering the sample twice. See Table A1 in the appendix for descriptive statistics for the sample.

We also restricted the CPS sample to employed direct care workers ages 18 to 64, and adjusted wages and family incomes for inflation using the Consumer Price Index. We identified direct care workers using a combination of occupation and industry codes, including occupation codes for personal care aides, home health aides, and nursing assistants, and industry codes for home health care services, individual and family services, private households, residential care facilities without nursing, and nursing care facilities.[24] We also included "other" industries in which direct care workers are employed, with hospitals being the largest among these additional settings.[25]

Analytic Methods

To estimate the individual-level effect of union coverage for direct care workers, we used ordinary least squares (OLS) regression to examine wages for direct care workers who were covered by a union contract compared to those who were not. The dependent variable was the natural logarithm of hourly wages, which allowed us to interpret the effect of being covered by a union contract in terms of the percentage of change in wages. In constructing the wage variable, we used the actual reported hourly wages for those paid hourly, while for those who were paid on a weekly basis, we estimated hourly wages by dividing weekly earnings by the number of hours worked per week.

We excluded cases in which hourly wages were less than $0.50 and greater than $100, after adjusting for inflation using 2023 dollars. The key independent variable for our individual-level analysis was a binary variable indicating coverage by a union contract. Using the union coverage measure, we then calculated state-level direct care worker union density for our state-level analysis.

To calculate the effect of union coverage on wages, we regressed the natural logarithm of wages on union status and several control variables, including age, gender, race/ethnicity (white, Black, Hispanic or Latino of any race, Asian, and other), education (less than high school, high school graduate, some college, and associate's degree or beyond), and geographic region (Northeast, Midwest, South, and West). Given that there are variations in median hourly wages across direct care settings,[26] we also factored setting (home care, residential care, nursing homes, and other settings) in our models. We began with a simple regression model with union status and controls only, and then introduced direct care setting in the second model.

In addition to the individual-level analysis, we examined the relationship between state-level right-to-work laws and direct care worker union density and median wages. We assigned states into the right-to-work category if they had a right-to-work law in place during any part of the study period (2014 to 2023) and then calculated direct care worker union densities and median wages by care setting for right-to-work versus union-supportive states.

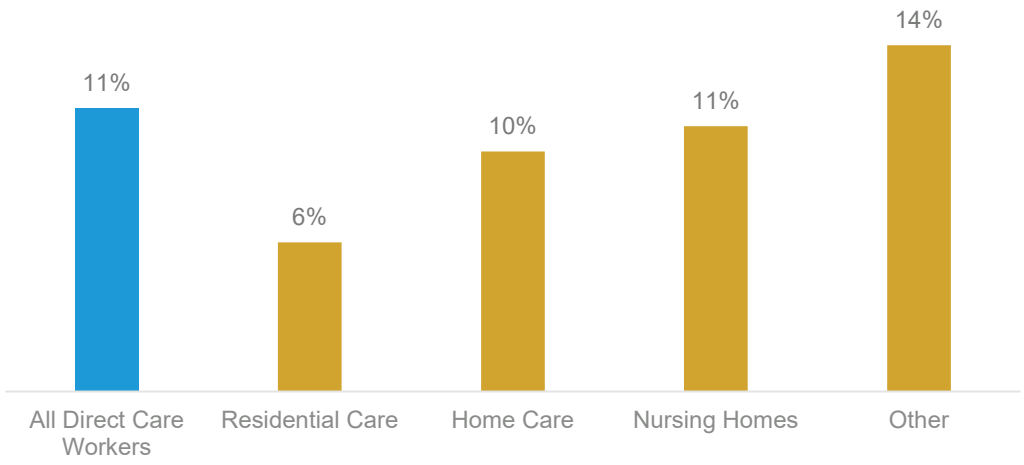
Findings

Union Coverage is Associated with Higher Direct Care Worker Wages

Figure 1 shows that 11 percent of all direct care workers are covered by a union contract, including 6 percent of residential care aides, 10 percent of home care workers, 11 percent of nursing assistants in nursing homes, and 14 percent of direct care workers in other industries.

Our descriptive analysis confirmed that union coverage positively impacts direct care worker wages, showing that workers covered by union contracts typically receive higher wages across settings as compared to those without union coverage (see Table 1). Overall, across all settings, median hourly wages for unionized direct care workers are $1.39 (9 percent) higher than median wages for those who are non-unionized. When comparing workers by setting, unionized workers typically earn $0.95 (seven percent) more per hour in home care, $1.59 (10 percent) more in residential care, $2.00 (13 percent) more in nursing homes, and $1.64 (10 percent) more in other settings.

Figure 1: Union Density by Direct Care Industry, 2014 to 2023



Note: Other industries include, but are not limited to, hospitals, employment services, and vocational rehabilitation services.

Sources: Sarah Flood, Miriam King, Renae Rodgers, Steven Ruggles, J. Robert Warren, Daniel Backman, Annie Chen, Grace Cooper, Stephanie Richards, Megan Schouweiler, and Michael Westberry. 2024. *IPUMS CPS: Version 12.0, CPS Basic Monthly Data 2014 to 2023*. https://doi.org/10.18128/D030.V12.0

Our closer examination of the union effect through OLS regression analysis shows that being covered by a union contract is significantly associated with a seven percent increase in direct care workforce wages

on average, after accounting for demographic and geographic factors. After also controlling for care setting (home care, residential care, nursing home, and other settings), union coverage is associated with a six percent increase in hourly wages. Please see Table A2 in the appendix for the full regression results.

State-Level Direct Care Worker Union Density is Positively Related to Higher Wages

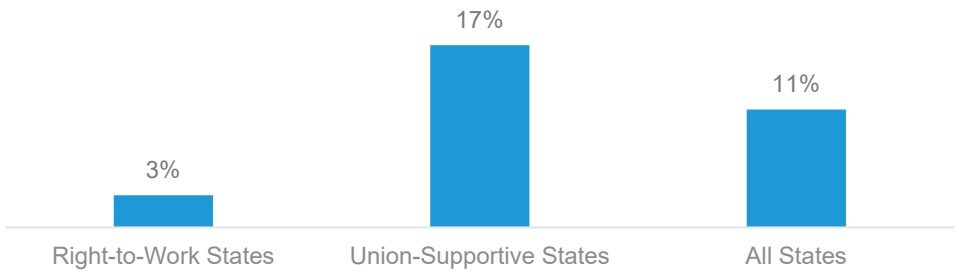
Direct care worker union density also varies across states. Specifically, direct care worker union density is 11 percent across all states, but just 3 percent in right-to-work states as compared to 17 percent in more union-supportive states (see Figure 2).

Table 1. Median Hourly Wages by Union Coverage and Direct Care Setting, 2014 to 2023, Adjusted for Inflation

	Overall	Union	Non-Union	Union Wage Premium
All Direct Care Workers	$15.08	$16.33	$14.94	$1.39
Home Care	$14.20	$15.03	$14.08	$0.95
Residential Care	$15.38	$16.90	$15.31	$1.59
Nursing Homes	$16.00	$17.67	$15.67	$2.00
Other Industries	$15.67	$17.10	$15.46	$1.64

Sources: Sarah Flood, Miriam King, Renae Rodgers, Steven Ruggles, J. Robert Warren, Daniel Backman, Annie Chen, Grace Cooper, Stephanie Richards, Megan Schouweiler, and Michael Westberry. 2024. *IPUMS CPS: Version 12.0, CPS Basic Monthly Data 2014 to 2023.* https://doi.org/10.18128/D030.V12.0

Figure 2: Direct Care Worker Union Densities by Right-to-Work and Union-Supportive States, 2014 to 2023



Source: Sarah Flood, Miriam King, Renae Rodgers, Steven Ruggles, J. Robert Warren, Daniel Backman, Annie Chen, Grace Cooper, Stephanie Richards, Megan Schouweiler, and Michael Westberry. 2024. *IPUMS CPS: Version 12.0, CPS Basic Monthly Data 2014 to 2023.* https://doi.org/10.18128/D030.V12.0

Differences in union density correspond to variation in median wages between these two groups of states, as direct care worker median hourly wages in more union-supportive states are $1.22 higher than in right-to-work states. Table 3 further shows that workers covered by a union contract in right-to-work states

earn an hourly wage premium of $2.50 compared to those without union coverage, which is larger than the union hourly wage premium of $0.90 in more union-supportive states.

Table 3. Direct Care Worker Median Hourly Wages by Right-to-Work vs. Union-Supportive States, 2014 to 2023, Adjusted for Inflation

	All	Union	Non-Union	Union Wage Premium
Right-to-Work States	$14.31	$16.67	$14.17	$2.50
Union-Supportive States	$15.52	$16.33	$15.43	$0.90
All States	$15.08	$16.33	$14.94	$1.40

Source: Sarah Flood, Miriam King, Renae Rodgers, Steven Ruggles, J. Robert Warren, Daniel Backman, Annie Chen, Grace Cooper, Stephanie Richards, Megan Schouweiler, and Michael Westberry. 2024. *IPUMS CPS: Version 12.0, CPS Basic Monthly Data 2014 to 2023.* https://doi.org/10.18128/D030.V12.0

Looking across individual states, there is an overall positive relationship between state-level union density for all direct care workers and median direct care wages (see Table A3 in the Appendix). This relationship is particularly pronounced in states with higher union densities: the top five states in terms of direct care worker union density are New York (29 percent), Washington (28 percent), California (22 percent), Oregon (20 percent), and Illinois (18 percent), and in these states, direct care median wages are higher than the national median of $15.08, as shown in Table 4. None of these states have right-to-work laws in place.

Table 4. Direct Care Worker Median Hourly Wages by State for Top Five States in Terms of Direct Care Worker Union Density, 2014 to 2023, Adjusted for Inflation

	Direct Care Union Density	Median Wage Overall
NY	29%	$15.50
WA	28%	$17.10
CA	22%	$15.80
OR	20%	$16.90
IL	18%	$15.30
United States	11%	$15.08

Sources: Sarah Flood, Miriam King, Renae Rodgers, Steven Ruggles, J. Robert Warren, Daniel Backman, Annie Chen, Grace Cooper, Stephanie Richards, Megan Schouweiler, and Michael Westberry. 2024. *IPUMS CPS: Version 12.0, CPS Basic Monthly Data 2014 to 2023.* https://doi.org/10.18128/D030.V12.0

Notably, some states are outliers in that they have lower union densities but relatively high overall median hourly wages. These states merit further investigation, to better understand the factors that support higher

wages in the absence of a stronger union presence. For example, we find 4 percent union density and $17.80 median wages in North Dakota; 7 percent union density and $17.40 median wages in Colorado; 8 percent union density and $16.70 median wages in D.C.; and 8 percent union density and $16.90 median wages in Nevada. Aside from these outliers, the relationship between higher state-level union density and direct care worker median hourly wages is positive overall.

DISCUSSION AND CONCLUSION

This study demonstrates that unions benefit direct care workers at both the individual and state levels. At the individual level, we find that union coverage is associated with higher wages for direct care workers across different care settings. In addition, our state-level analysis shows that union and non-union workers alike receive higher wages in states with higher union densities. Reflecting the impact of state policy choices, states that are relatively more union-supportive have greater union densities and higher median hourly wages than those with right-to-work policies in place. Notably, wages for non-union direct care workers in more union-supportive states are significantly higher than those in states with right-to-work laws—but unionized workers in right-to-work states earn wages that are similar to their union peers in union-supportive states.

These findings reveal that states where unions are stronger, they raise standards for all workers—including those not covered by a union contract. This is likely because a stronger union presence strengthens the collective voice of workers in calling for better working conditions, including through organizing and advocacy to raise Medicaid reimbursement rates (with pass-throughs to workers' wages) and other positive workforce policies at the state level.

While this report focuses on the effect of direct care worker union coverage and union density on wages, unions and other forms of worker engagement and organizing can improve direct care job quality across a range of additional domains. As noted earlier, unionization is associated with more safety and protections in the workplace, greater access to and more generous employer-provided benefits like health insurance, retirement earnings, and paid time off, as well as a stronger voice on the job, grievance processes for addressing concerns, and more.[27] Many of these benefits are also evident in worker cooperative models, whereby workers share ownership and governance over the business.[28] Cooperatives can co-exist with unions; some home care worker cooperatives are also unionized, for example. Future research should explore novel data sources to examine the additional benefits that accrue through multiple forms of organization for this workforce.

Considering the myriad benefits to direct care workers, employers, and local economies, policymakers should consider how to support worker participation and organizing initiatives. This can include promoting policies that remove barriers to worker organizing, such as the PRO Act at the federal level,[29] or repealing right-to-work laws at the state level, as Michigan did recently. It can also include measures to support local, state, and federal agencies with implementation and enforcement of labor standards.[30]

In addition to upholding worker organizing through unions, policymakers should support other forms of worker participation, such as sponsoring the formation of direct care workforce advisory groups and providing them with adequate funding and authority to shape working conditions,[31] and incentivizing the creation of worker associations and cooperatives. Moving forward, supporting worker organizing will require rebuilding and adequately funding the federal workforce charged with enforcing labor protections.[32] Employers can also play an important role in supporting workers by voluntarily recognizing unions when their workers choose to organize and facilitating other opportunities for workers to have a voice in the workplace.

APPENDIX TABLE A1: WEIGHTED DESCRIPTIVE STATISTICS OF DIRECT CARE WORKERS IN THE U.S., 2014 TO 2023

Variable	Percentage
Unionization	
Not in Union	89%
Union	11%
Direct Care Setting	
Home Care	43%
Residential Care Homes	8%
Nursing Homes	4%
Other	45%
Gender	
Men	14%
Female	86%
Race/Ethnicity	
White	42%
Black or African American	30%
Hispanic or Latinx	19%
Asian	7%
Other	2%
Education	
Less than High School	12%
High School Graduate	39%
Some College, No Degree	26%
Associate's Degree or Higher	24%
Region	
Northeast	23%
Midwest	22%
South	31%
West	24%
Median Age	42
N	17,184

Note: Other settings include, but are not limited to, hospitals, employment services, and vocational rehabilitation services.

Data Source: Sarah Flood, Miriam King, Renae Rodgers, Steven Ruggles, J. Robert Warren, Daniel Backman, Annie Chen, Grace Cooper, Stephanie Richards, Megan Schouweiler, and Michael Westberry. IPUMS CPS: Version 12.0, CPS Basic Monthly Data 2014 to 2023. Minneapolis, MN: IPUMS, 2024. https://doi.org/10.18128/D030.V12.0

APPENDIX TABLE A2. OLS REGRESSION MODELS PREDICTING NATURAL LOG OF HOURLY WAGES FOR DIRECT CARE WORKERS IN THE U.S., 2014 TO 2023

Variable	Model 1	Model 2
Union		
Not in Union	REF	REF
Union	0.067*** (-0.011)	0.055*** (-0.010)
Direct Care Setting		
Home Care		REF
Residential Care Home		0.070*** (-0.011)
Nursing Home		0.123*** (-0.018)
Other		0.097*** (-0.007)
Gender		
Men	REF	REF
Women	-0.070*** (-0.010)	-0.067*** (-0.010)
Race/Ethnicity		
White	REF	REF
Black	-0.020* (-0.008)	-0.019* (-0.008)
Latino	-0.022* (-0.009)	-0.013 (-0.009)
Asian	0.006 (-0.014)	0.014 (-0.014)
Other	-0.037* (-0.017)	-0.031 (-0.017)
Education		
Less than High School	REF	REF
High School Graduate	0.085*** (-0.009)	0.076*** (-0.009)
Some College	0.118*** (-0.010)	0.106*** (-0.010)
Associate's Degree	0.202*** (-0.011)	0.191*** (-0.011)
Region		
Northeast	REF	REF
Midwest	-0.024* (-0.009)	-0.037*** (-0.009)
South	-0.049*** (-0.009)	-0.061*** (-0.009)
West	0.043*** (-0.010)	0.035*** (-0.01)
Age	0.013*** (-0.001)	0.014*** (-0.001)
Age-Squared	-0.000*** (0.000)	-0.000*** (0.000)
Constant	2.394*** (-0.027)	2.329*** (-0.028)

Note: ***p < .001, **p < .01, *p < .05. Standard errors are in parentheses. Other settings include, but are not limited to, hospitals, employment services, and vocational rehabilitation services.

Data Source: Sarah Flood, Miriam King, Renae Rodgers, Steven Ruggles, J. Robert Warren, Daniel Backman, Annie Chen, Grace Cooper, Stephanie Richards, Megan Schouweiler, and Michael Westberry. IPUMS CPS: Version 12.0, CPS Basic Monthly Data 2014 to 2023. Minneapolis, MN: IPUMS, 2024. https://doi.org/10.18128/D030.V12.0

APPENDIX TABLE A3: DIRECT CARE UNION DENSITY IN RIGHT-TO WORK VERSUS UNION-SUPPORTIVE STATES, AND MEDIAN WAGES OVERALL, 2014 TO 2023

State	Direct Care Union Density	Right-To-Work (RTW) vs. Union-Supportive (US)	Median Wage Overall
AL	4%	RTW	$13.50
AK	11%	US	$19.10
AZ	1%	RTW	$15.30
AR	2%	RTW	$13.60
CA	22%	US	$15.80
CO	7%	US	$17.40
CT	13%	US	$15.80
DE	6%	US	$15.00
DC	8%	US	$16.90
FL	3%	RTW	$15.00
GA	2%	RTW	$14.30
HI	14%	US	$16.90
ID	0%	RTW	$13.50
IL	18%	US	$15.30
IN	1%	RTW	$14.90
IA	4%	RTW	$15.60
KS	4%	RTW	$14.60
KY	3%	RTW	$15.50
LA	1%	RTW	$12.60
ME	4%	US	$15.40
MD	10%	US	$16.40
MA	13%	US	$16.20
MI	13%	RTW*	$14.80
MN	11%	US	$16.50
MS	2%	RTW	$13.10
MO	3%	US	$13.90
MT	10%	US	$14.70
NE	2%	RTW	$15.60
NV	8%	RTW	$16.70
NH	6%	US	$16.10
NJ	11%	US	$15.30
NM	2%	US	$12.80
NY	29%	US	$15.50
NC	3%	RTW	$14.20
ND	4%	RTW	$17.80
OH	6%	US	$14.00

APPENDIX TABLE A3: DIRECT CARE UNION DENSITY IN RIGHT-TO WORK VERSUS UNION-SUPPORTIVE STATES, AND MEDIAN WAGES OVERALL, 2014 TO 2023 (CONT.)

State	Direct Care Union Density	Right-To-Work (RTW) vs. Union-Supportive (US)	Median Wage Overall
OK	3%	RTW	$14.20
OR	20%	US	$16.90
PA	8%	US	$14.50
RI	12%	US	$16.90
SC	1%	RTW	$13.30
SD	1%	RTW	$15.60
TN	2%	RTW	$13.70
TX	1%	RTW	$12.60
UT	5%	RTW	$15.30
VT	7%	US	$15.10
VA	3%	RTW	$14.30
WA	28%	US	$17.10
WV	8%	RTW	$12.90
WI	5%	RTW	$15.60
WY	2%	RTW	$16.40

Note: The Michigan legislature passed a bill repealing its right-to-work law in 2023, but the bill did not take effect until 2024 (meaning that the right-to-work law was in place during the study period).

Data Source: Sarah Flood, Miriam King, Renae Rodgers, Steven Ruggles, J. Robert Warren, Daniel Backman, Annie Chen, Grace Cooper, Stephanie Richards, Megan Schouweiler, and Michael Westberry. *IPUMS CPS: Version 12.0, CPS Basic Monthly Data 2014 to 2023.* Minneapolis, MN: IPUMS, 2024. https://doi.org/10.18128/D030.V12.0

Notes

[1] PHI. 2024. *Direct Care Workers in the United States: Key Facts 2024*. New York, NY: PHI. https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-2024/.

[2] Jacobs, Ken and Sarah Thomason. 2018. "The Union Effect in California #1: Wages, Benefits, and Use of Public Safety Net Programs." Research Brief, UC Berkeley Center for Labor Research and Education, University of California, Berkley, CA; Dean, Adam, Jamie McCallum, Atheendar Venkataramani, and David Michaels. 2023. "Labor Unions and Staff Turnover in US Nursing Homes. *JAMA Network Open,* doi:10.1001/jamanetworkopen.2023.37898*;* Berridge, Clara, Julie Lima, Margot Schwartz, Christine Bishop, Susan C. Miller. 2020. "Leadership, Staff Empowerment, and the Retention of Nursing Assistants: Findings From a Survey of U.S. Nursing Homes." *Journal of the American Medical Directors Association*, 21(9): 1254-1259.e2, https://doi.org/10.1016/j.jamda.2020.01.109; Howes, Candace. 2005. "Living Wages and Retention of Homecare Workers." *Industrial Relations: A Journal of Economy and Society*, 44(1): 139-163.

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