



PHI

QUALITY CARE
THROUGH
QUALITY JOBS

DIRECT CARE WORKERS IN THE UNITED STATES

KEY FACTS 2025

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CELEBRATING 20 YEARS OF KEY FACTS

This year marks the 20th anniversary of PHI's Key Facts reports. For two decades, these reports have provided reliable data that shapes policy, informs practice, and guides public understanding of the critical and undervalued workforce supporting older adults and people with disabilities. We celebrate not just the report, but the difference it makes: highlighting the essential role of direct care workers, improving their job quality, and enhancing the lives of those they serve. In a time when trusted workforce data is more important than ever, PHI remains committed to accuracy, transparency, and impact.

EXECUTIVE SUMMARY

Direct care workers assist older adults and people with disabilities and serious illness with essential daily tasks and activities across a range of care settings. This report explores the three primary segments of this workforce in long-term care:

- **Home Care Workers** are the nearly 3.2 million personal care aides and home health aides (and in some cases, nursing assistants) who support individuals in private homes and community settings.¹
- **Residential Care Aides** are the over 687,000 personal care aides, home health aides, and nursing assistants who assist individuals in group homes, assisted living communities, and other residential care settings.²
- **Nursing Assistants in Nursing Homes** are the over 492,000 workers who provide services to individuals living in skilled nursing homes.³

Increasing longevity and the growing population of older adults continue to drive up demand for direct care workers. Over the past decade, the direct care workforce added nearly 1.8 million new jobs, growing from nearly 3.5 million workers in 2014 to nearly 5.4 million in 2024.⁴ This upward trend is expected to continue, with the direct care workforce projected to add over 772,000 new jobs from 2024 to 2034 (an increase of 13 percent)—more new jobs than any other single occupation in the country.⁵ When also accounting for jobs that must be filled when existing workers transfer to other occupations or exit the labor force, there will be an estimated 9.7 million total job openings in direct care from 2024 to 2034.⁶

Direct care job growth is occurring primarily in the home and community-based services (HCBS) sector, with the home care workforce alone projected to add over 681,000 new jobs in the next decade (an increase of 20 percent).⁷ The number of residential care aides is also projected to increase by over 72,000 jobs, or 10 percent.⁸ In contrast, the nursing assistant workforce is expected to continue decreasing in size, with a projected decrease of 3 percent over the next decade.⁹ These diverging trends across long-term care industries largely result from consumer preferences for home care and HCBS-supportive public policies, although the federal reconciliation bill that passed in July 2025 will likely curtail HCBS funding and access.¹⁰

Over the past 10 years, the direct care workforce has seen incremental wage growth (accounting for inflation), with wage gains largely driven in more recent years by state and federal investments in Medicaid programs and the workforce, especially in response to the COVID-19 pandemic. For all direct care workers, the median hourly wage has increased by \$2.98 from 2014 to 2024.¹¹ Home care workers saw the largest wage increase (\$3.70).¹² However, direct care wages remain low overall—the median hourly wage for all direct care workers was just \$17.36 in 2024, with home care workers earning the least at \$16.77 per hour. Moreover, direct care workers' median wages are lower than median wages for competitive occupations, meaning occupations in other sectors that have similar or lower entry-level requirements, in all 50 states plus D.C.¹³ As a result, long-term care employers continue to experience acute recruitment and retention challenges, which will likely worsen in the years ahead as federal Medicaid cuts limit

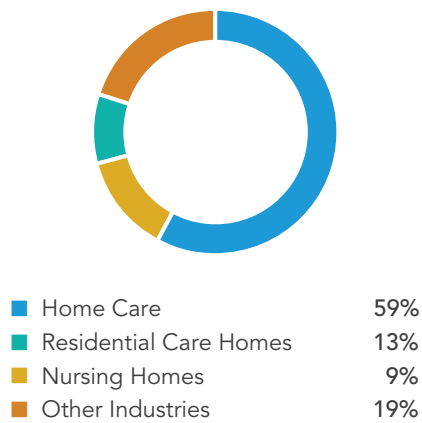
states’ ability to sustain or increase direct care workforce investments.¹⁴

Low wages combined with a high rate of part-time work make it challenging for direct care workers to financially support themselves and their families. Median annual earnings for direct care workers are just under \$26,000.¹⁵ Thirty-six percent of direct care workers live in low-income households (defined as subsisting at less than 200 percent of the federal poverty level), and 49 percent rely on public assistance, such as Medicaid, food and nutrition assistance, and/or cash assistance.¹⁶ These trends both reflect and perpetuate the racial and gender inequities faced by direct care workers, who are majority women and people of color.¹⁷

This annual report begins by describing how the growing, changing population of older adults is affecting demand for direct care, then provides a comprehensive update on three key segments of the workforce: home care workers, residential care aides, and nursing assistants in nursing homes. Each of the workforce sections focuses on demographics, occupational roles, job quality challenges, and projected job openings. Taken together, these analyses underscore the pressing need to continue efforts to improve job quality for direct care workers across long-term care settings, supporting their economic stability and wellbeing and sustaining essential services for older adults and people with disabilities.

ALL DIRECT CARE WORKERS

EMPLOYMENT BY INDUSTRY, 2024



WAGES BY INDUSTRY, 2014 TO 2024

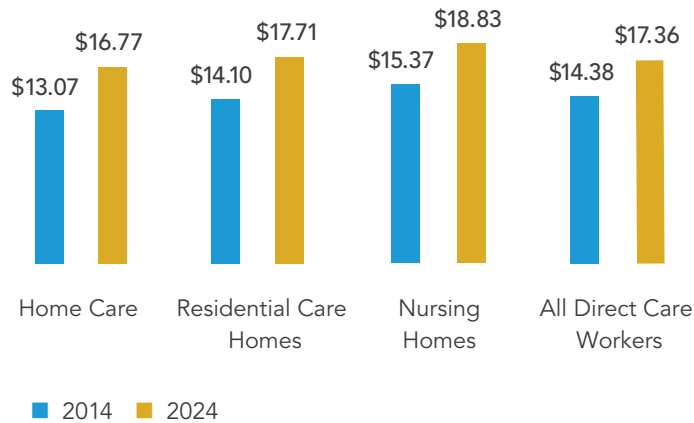


Chart Sources: Other industries employing direct care workers include hospitals and numerous others. Wages are adjusted for inflation using 2024 dollars. U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics (OEWS). 2025. *May 2014 to May 2024 National Occupational Employment and Wage Estimates*. https://www.bls.gov/oes/current/oes_nat.htm; BLS OEWS. 2025. *May 2014 to May 2024 National Industry-Specific Occupational Employment and Wage Estimates*. <https://www.bls.gov/oes/current/oesrci.htm>; analysis by PHI (June 2025).

U.S. POPULATION PROJECTIONS

From 2022 to 2060, the population of adults age 65 and older in the U.S. is projected to increase dramatically from 57.8 million to 88.8 million.¹⁸

The number of adults age 85 and older is expected to nearly triple over the same period from 6.5 million to 17.5 million. This demographic shift is the primary driver of job growth in the direct care workforce.

In contrast to the rapid expansion of the older adult population, the population of adults age 18 to 64 is expected to remain relatively stable, which means that there will be fewer potential paid and unpaid caregivers available to support older adults. Currently, the ratio of adults age 18 to 64 to adults age 85 and older is 31 to 1, but that ratio is projected to drop to 12 to 1 by 2060.

PROJECTED POPULATION GROWTH BY AGE GROUP, 2022 TO 2060

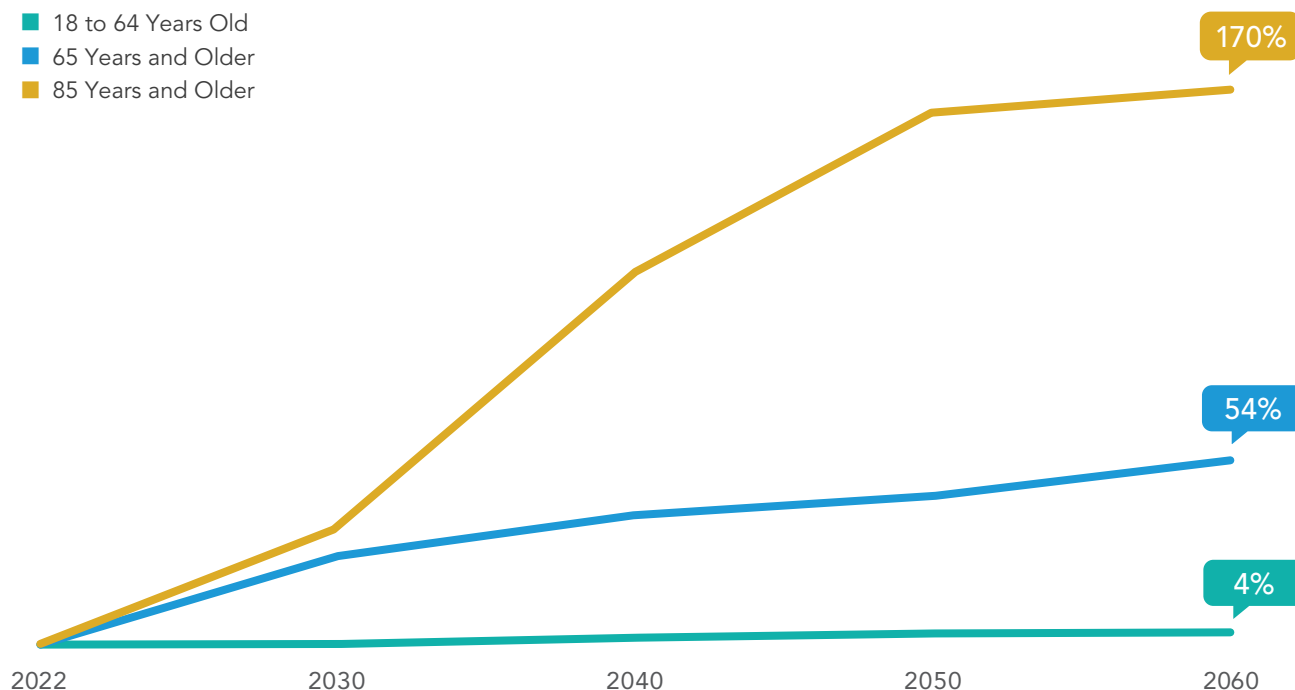


Chart Source: U.S. Census Bureau. 2023. 2023 National Population Projections Datasets, Projected Population by Single Year of Age, Sex, Race, Hispanic Origin, and Nativity for the United States: 2022 to 2100. <https://www.census.gov/data/datasets/2023/demo/popproj/2023-popproj.html>; analysis by PHI (July 2024).

Growing diversity and acuity among older adults will also shape future demand for direct care workers.¹⁹

The population of adults age 65 and over will become more diverse by 2060. From 2022 to 2060, the proportion of older adults of color will increase from 26 percent to 47 percent, and the proportion of older adults who are immigrants will increase from 18 percent to 32 percent.

Demographic changes among older adults will likely influence overall long-term care needs and service utilization patterns. These changes also highlight the need to promote cultural and linguistic competency within the direct care workforce, while recognizing workers' own diverse backgrounds, experiences, and barriers.²⁰

Individuals are also living longer with complex chronic conditions, such as Alzheimer's disease and other forms of dementia (among other conditions).

About 1 in 9 people age 65 and over are currently living with Alzheimer's disease, the most common form of dementia.²¹ As our population grows older, the number of older adults with Alzheimer's disease is expected to more than double, from 7.2 million in 2025 to 13.8 million in 2060. This trend will drive up demand for direct care workers since more than a third of individuals across all long-term care settings are living with Alzheimer's disease or another form of dementia.

OLDER ADULTS BY RACE/ETHNICITY, AND NATIVITY, 2022 AND 2060

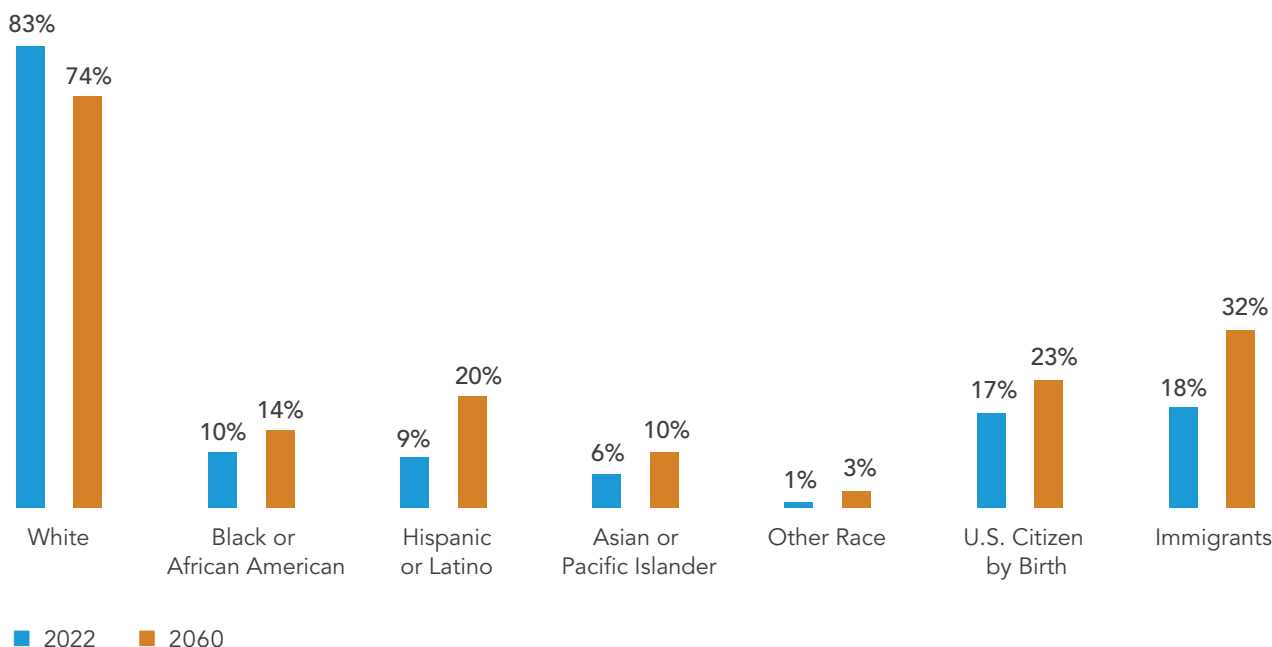


Chart Sources: U.S. Census Bureau. 2023. *2023 National Population Projections Datasets, Projected Population by Single Year of Age, Sex, Race, Hispanic Origin, and Nativity for the United States: 2022 to 2100*. <https://www.census.gov/data/datasets/2023/demo/popproj/2023-popproj.html>; analysis by PHI (July 2024).

HOME CARE WORKERS

Home care workers (primarily personal care aides and home health aides, as well as some nursing assistants) assist nearly 7.3 million older adults and people with disabilities living at home.²²

The home care workforce is one of the largest and fastest growing occupations in the U.S. due to a combination of factors, including the rapidly expanding population of older adults, consumer preferences for aging and receiving care in place, and the “rebalancing” of long-term care toward home and community-based services (HCBS).²³

Home care worker wages increased slightly over the past decade but remain low overall, leaving many workers in or near poverty and (along with other factors) driving high rates of turnover in this workforce.²⁴

WHO ARE HOME CARE WORKERS?

Home care workers are primarily women, people of color, and immigrants, and therefore face heightened risks of discrimination throughout their lives in areas including housing, education, employment, health care, and more.²⁵ Structural inequities related to gender, race/ethnicity, nativity, and other factors are therefore central concerns for this workforce.²⁶

- **Eighty-five percent of home care workers are women.**²⁷

- **Home care workers have a median age of 48.**
Thirty-seven percent of the home care workforce is age 55 and over, compared to 23 percent of the U.S. labor force overall.²⁸
- **While people of color make up 42 percent of the total U.S. labor force²⁹ they constitute 67 percent of all home care workers.**
Twenty-seven percent of home care workers are Black or African American and 25 percent are Hispanic or Latino (any race).

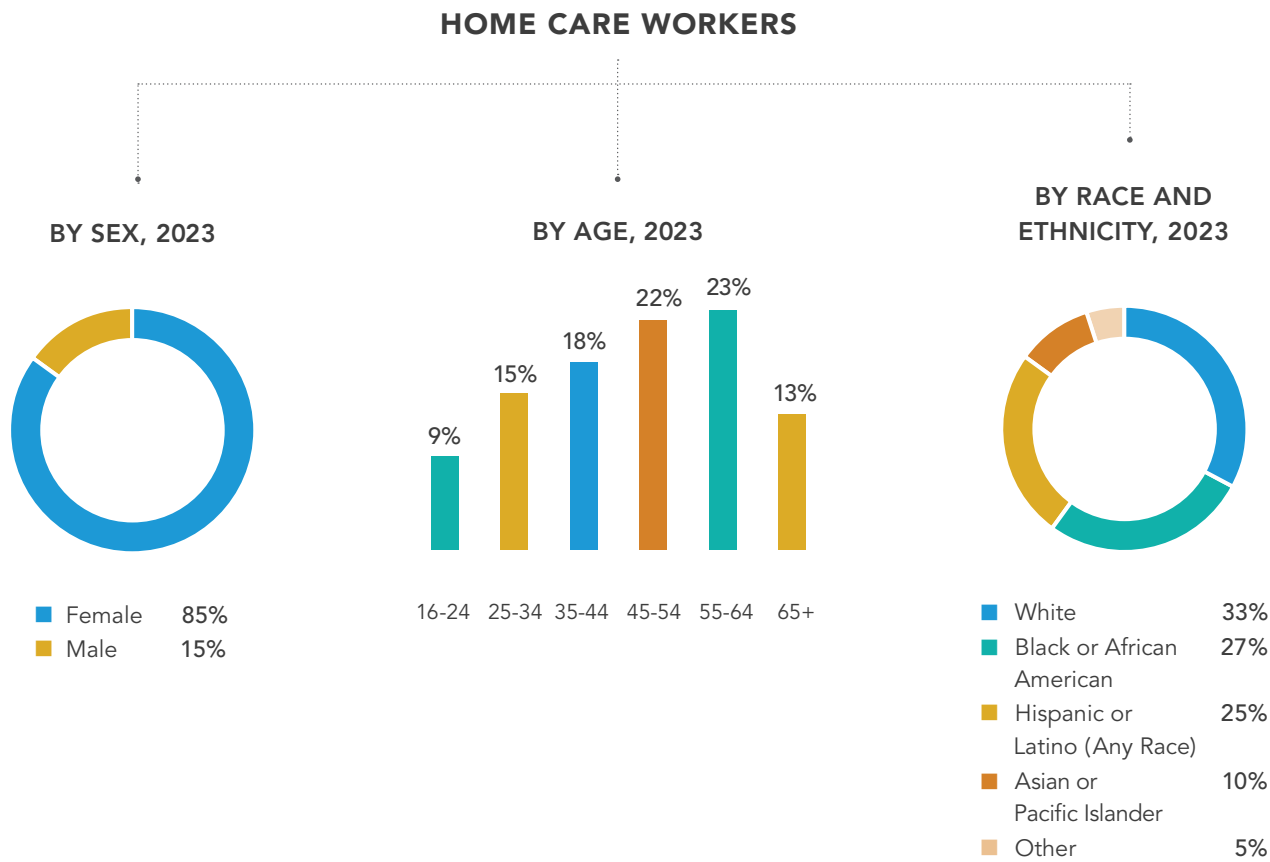


Chart Source: “Hispanic or Latino” refers to people of any race who identify as Hispanic or Latino; these individuals are excluded from all other race/ethnicity categories. Ruggles, Steven, Sarah Flood, Matthew Sobek, Daniel Backman, Grace Cooper, Julia Rivera Drew, Stephanie Richards, Renae Rodgers, Jonathan Schroeder, and Kari Williams. 2025. *IPUMS USA: Version 16.0 American Community Survey, 2023*. Minneapolis, MN: IPUMS. <https://doi.org/10.18128/D010.V16.0>; analysis by PHI (February 2025).

- Immigrants constitute 33 percent of the home care workforce, compared to 18 percent of the total U.S. labor force.³⁰
- Forty percent of home care workers are **multilingual**, including 23 percent who report speaking limited or no English and 17 percent with English proficiency. Multilingual workers can help meet the linguistic and cultural needs of diverse consumers, though those with limited English proficiency may require language-related supports.
- Twenty-eight percent of home care workers have at least one child under age 18 living at home, and 8 percent have one or more children under the age of five living at home.
- Forty-six percent of home care workers have pursued education beyond high school.

HOME CARE WORKERS

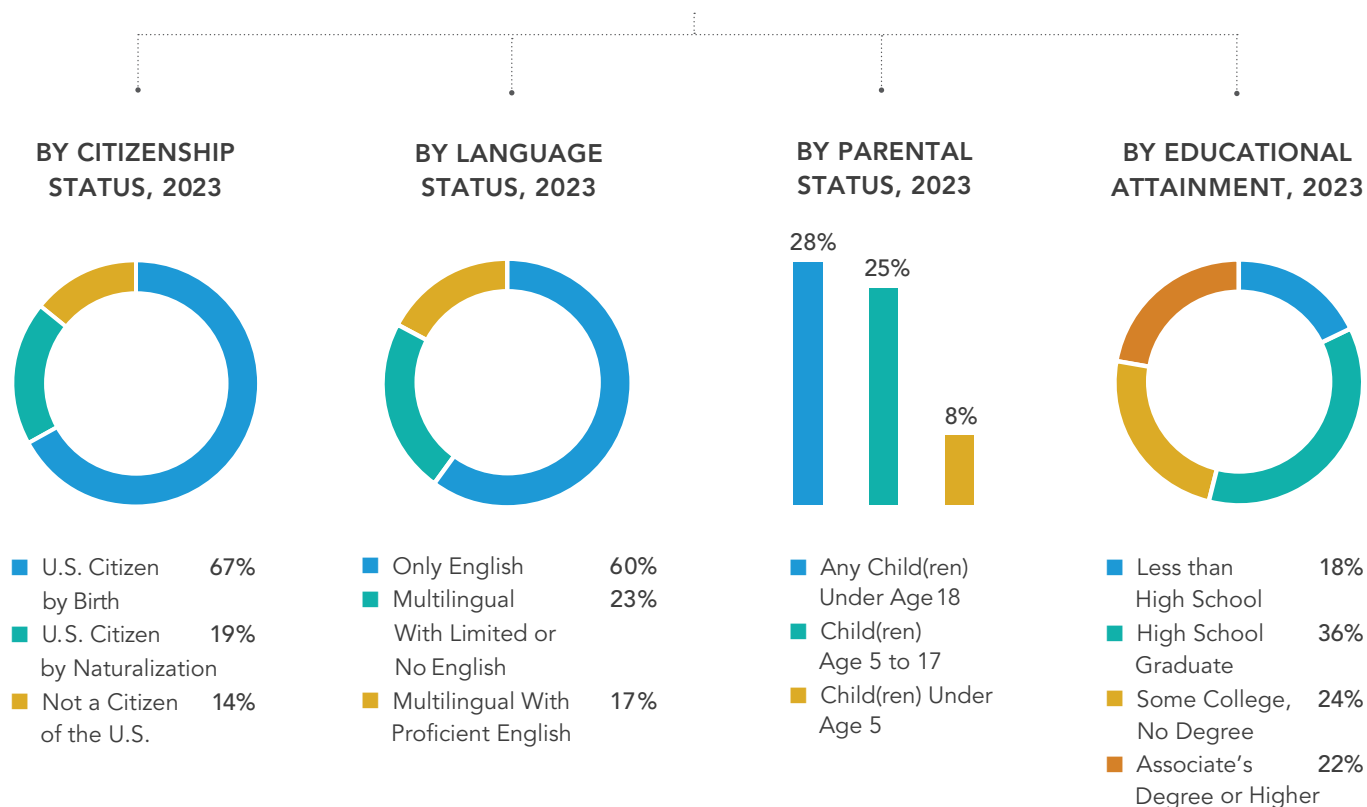


Chart Sources: Non-citizens include permanent residents (green card holders), visa holders (e.g., foreign students), humanitarian migrants (e.g., refugees, asylees, and temporary protected status holders), and those without documented status. Ruggles, Steven, Sarah Flood, Matthew Sobek, Daniel Backman, Grace Cooper, Julia Rivera Drew, Stephanie Richards, Renae Rodgers, Jonathan Schroeder, and Kari Williams. 2025. *IPUMS USA: Version 16.0 American Community Survey, 2023*. Minneapolis, MN: IPUMS. <https://doi.org/10.18128/D010.V16.0>; analysis by PHI (February 2025). The federal definition of limited English includes individuals who self-identify as speaking English less than "very well" and therefore may have at least some difficulty communicating in English. U.S. Census Bureau. n.d. "Frequently Asked Questions (FAQs) About Language Use." Last modified December 16, 2021. <https://www.census.gov/topics/population/language-use/about/faqs.html>.

THE ROLE OF HOME CARE WORKERS

Home care workers assist older adults and people with disabilities living at home with activities of daily living (ADLs), which include eating, dressing, toileting, mobility, and bathing.³¹ Other responsibilities differ across occupational groups within the home care sector. **Personal care aides** also provide other household assistance and/or social support to help individuals remain engaged in their communities. **Home health aides** (and in some cases, **nursing assistants**³²) also perform certain clinical tasks under the remote or intermittent onsite supervision of a licensed professional. Although formally classified as personal care aides in most cases, **direct support professionals** constitute a distinct occupational group within this workforce that provides habilitation services, employment assistance, and other supports to people with intellectual and developmental disabilities.³³ (See *Occupational Titles and Industry Classifications* on page 28 for more details.)

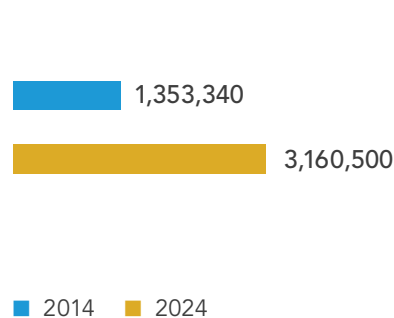
- The home care workforce more than doubled in size over the past 10 years, from nearly 1.4 million in 2014 to nearly 3.2 million in 2024.³⁴

- PHI estimates that **at least 1.5 million home care workers, including family members, are employed as “independent providers” through Medicaid-funded consumer-direction programs**, based on 2022-2023 survey data on consumer enrollment in these programs.³⁵

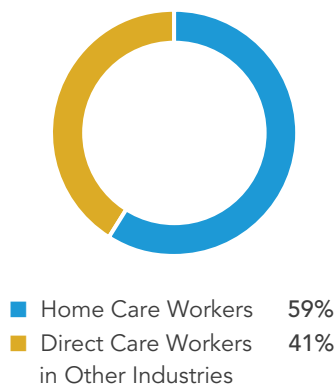
Aside from this estimate, independent providers are hard to quantify. Some may appear in official employment estimates if they are jointly employed by consumers and third-party agencies that pay unemployment insurance, but all others—including those paid out-of-pocket on the “gray market”—are excluded.³⁶

- **Home care workers constitute 59 percent of the total direct care workforce**, which also includes workers who are employed in residential care, nursing homes, and other settings.
- Home care jobs are predominantly government funded. **Payments from Medicaid constitute 68 percent of the \$312.9 billion in annual spending on home and community-based services (HCBS).**³⁷

HOME CARE WORKER
EMPLOYMENT, 2014 TO 2024



DIRECT CARE WORKER
EMPLOYMENT BY INDUSTRY, 2024



HCBS SPENDING
BY SOURCE, 2023

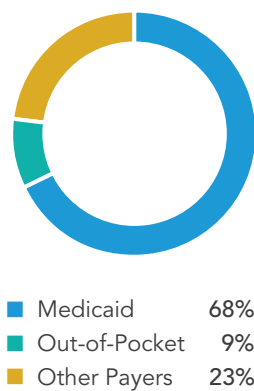


Chart Sources: U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics (OEWS). 2025. *May 2014 to May 2024 National Occupational Employment and Wage Estimates*. https://www.bls.gov/oes/current/oes_nat.htm; BLS OEWS. 2025. *May 2014 to May 2024 National Industry-Specific Occupational Employment and Wage Estimates*. <https://www.bls.gov/oes/current/oesoci.htm>; analysis by PHI (June 2025); Centers for Medicare and Medicaid Services. 2024. *National Health Expenditure Accounts, Table 19: National Health Expenditures by Type of Expenditure and Program: Calendar Year 2023*. <https://www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data/historical>; analysis by PHI (July 2025).

CHALLENGES FOR HOME CARE WORKERS

Home care workers typically earn low wages and experience considerable economic instability due to a combination of structural factors, including financing mechanisms, broader labor market conditions, and overall devaluing of care work.³⁸ Low compensation remains a key factor driving recruitment and retention challenges in the home care industry.

- Home care workers' wages have risen somewhat over the past 10 years, from a median of \$13.07 in 2014 to \$16.77 in 2024 (adjusting for inflation).

- In addition to experiencing low hourly wages, **nearly half (46 percent) of all home care workers work part-time**, defined as working fewer than 35 hours per week.³⁹
- Many home care workers also experience unstable employment over the course of the year, with **17 percent of home care workers employed for only part of the year** rather than year-round. Less than half (48 percent) of home care workers work full-time, year-round.⁴⁰
- At the other end of the work-hours spectrum, **16 percent of home care workers typically work more than 40 hours per week**.⁴¹

HOME CARE WORKER
MEDIAN HOURLY WAGES,
ADJUSTED FOR INFLATION,
2014 TO 2024



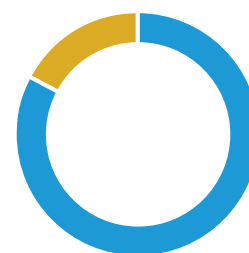
■ 2014 ■ 2024

HOME CARE WORKERS
BY EMPLOYMENT
STATUS, 2023



■ Full-Time 54%
■ Part-Time 46%

HOME CARE WORKERS
BY ANNUAL EMPLOYMENT
STATUS, 2023



■ Employed Year-Round 83%
■ Employed Part-Year 17%

Chart Sources: BLS OEWS. 2024. *May 2014 to May 2023 National Industry-Specific Occupational Employment and Wage Estimates*. <https://www.bls.gov/oes/current/oesrci.htm>; analysis by PHI (June 2024). The percentages shown in the employment status chart do not total 100 percent because they are rounded to the nearest whole percentage. Ruggles, Steven, Sarah Flood, Matthew Sobek, Daniel Backman, Annie Chen, Grace Cooper, Stephanie Richards, Renae Rodgers, and Megan Schouweiler. 2024. *IPUMS USA: Version 16.0 American Community Survey, 2023*. Minneapolis, MN: IPUMS. <https://doi.org/10.18128/D010.V15.0>; analysis by PHI (March 2024).

- Because of low wages and the prevalence of part-time work hours and part-year employment, **home care workers earn a median annual income of just \$22,429.**⁴²
- Low incomes lead to high poverty rates among home care workers: **15 percent live in a household below the federal poverty level and 41 percent live in low-income households** (i.e., below 200 percent of the federal poverty level).⁴³
- Because of high poverty rates, **nearly three in five (59 percent) home care workers receive some form of public assistance.**
- **Forty percent of home care workers are housing cost-burdened**, meaning that their housing costs—including rent or mortgage payments—exceed 30 percent of their household income.
- **Eleven percent of home care workers lack health insurance**, while 48 percent rely on public coverage, most commonly Medicaid.

HOME CARE WORKERS

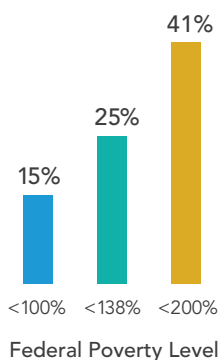
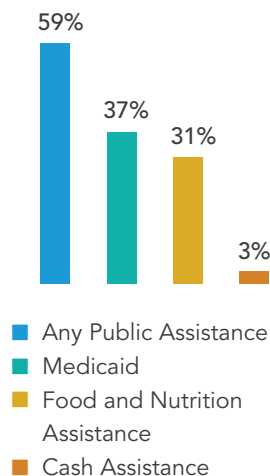
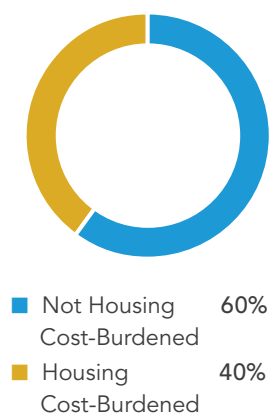
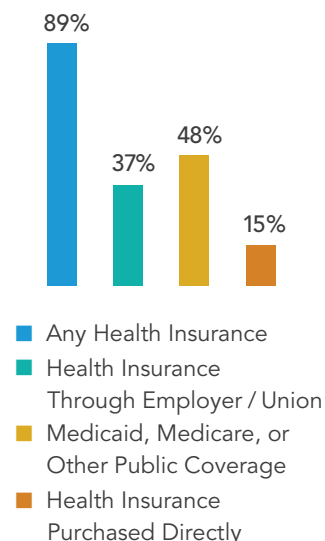
BY POVERTY LEVEL,
2023ACCESSING PUBLIC
ASSISTANCE, 2023WHO ARE HOUSING
COST-BURDENED, 2023BY HEALTH INSURANCE
STATUS, 2023

Chart Source: The percentages for specific forms of coverage in the health insurance chart do not total 89 percent because workers may have more than one source of coverage. Ruggles, Steven, Sarah Flood, Matthew Sobek, Daniel Backman, Grace Cooper, Julia Rivera Drew, Stephanie Richards, Renae Rodgers, Jonathan Schroeder, and Kari Williams. 2025. *IPUMS USA: Version 16.0 American Community Survey, 2023*. Minneapolis, MN: IPUMS. <https://doi.org/10.18128/D010.V16.0>; analysis by PHI (February 2025).

FUTURE DEMAND FOR HOME CARE WORKERS

- The home care workforce is projected to add over 681,000 new jobs from 2024 to 2034—more new jobs than any other occupation in the U.S. The occupation with the second-largest projected growth, software developers, is expected to add nearly 414,000 fewer jobs than the home care workforce.
- From 2024 to 2034, the home care workforce will have over 6.1 million total job openings. This figure includes over 681,000 new jobs created by growth in demand, nearly 2.3 million job openings caused by workers moving into other occupations, and nearly 3.2 million job openings due to workers leaving the labor force altogether.⁴⁴ The home care workforce ranks second among all U.S. occupations for total projected job openings.

OCCUPATIONS WITH MOST JOB GROWTH, 2024 TO 2034

Home Care Workers	681,400
Software Developers	267,700
Stockers and Order Fillers	235,000
Fast Food and Counter Workers	233,200
Restaurant Cooks	217,000

OCCUPATIONS WITH THE MOST TOTAL JOB OPENINGS, 2024 TO 2034

Fast Food and Counter Workers	9,042,200
Home Care Workers	6,137,100
Retail Salespersons	5,558,400
Cashiers	5,427,400
Stockers and Order Fillers	4,723,000

Chart Sources: U.S. Bureau of Labor Statistics (BLS), Employment Projections Program (EPP). 2025. National Employment Matrix. <https://www.bls.gov/emp/data/occupational-data.htm>; BLS EPP. 2025. *Occupational Employment Projections Data, Table 1.10 Occupational Separations and Openings, Projected 2024–2034*. <https://www.bls.gov/emp/tables/occupational-separations-and-openings.htm>; analysis by PHI (September 2025).

CONCLUSION

Median wages for home care workers increased modestly from 2014 to 2024, likely reflecting state and federal investments in HCBS and this workforce in recent years, most notably through Section 9817 of the American Rescue Plan Act (ARPA), which provided a short-term but significant increase in the federal match for states' HCBS programs.⁴⁵ Yet home care wages remain low and, coupled with unstable and often part-time/part-year schedules, lead to low annual earnings and high rates of poverty and public assistance use for this workforce. In turn, the home care industry continues to struggle with high turnover and widespread workforce shortages, leading to the reduction and closure of vital services.⁴⁶

Additional funding for HCBS through ARPA expired in 2025, and major cuts to Medicaid through the recently passed federal reconciliation bill will threaten job quality and economic security for home care workers in the future. In response, state policymakers, home care providers, advocates, and other leaders will need to collaborate more closely than ever to support and strengthen the home care workforce to meet growing demand.

RESIDENTIAL CARE AIDES

Residential care aides support more than one million individuals living in residential care settings in the U.S. These settings range from small group homes to assisted living and life plan communities (i.e., senior living communities with tiered levels of care).⁴⁷ Overall employment levels in residential care decreased sharply during the COVID-19 pandemic, but began to recover in early 2022 before surpassing pre-pandemic employment by November 2024.⁴⁸ The recent upward trend in employment and the total growth in the residential care aide workforce over time reflect the ongoing importance of residential care services within the long-term services and supports system, but residential care aides—like other direct care workers—continue to experience extensive job quality challenges.

WHO ARE RESIDENTIAL CARE AIDES?

Residential care aides are majority women and people of color, and disproportionately immigrants, and therefore face heightened risks of experiencing discrimination throughout their lives in areas including housing, education, employment, health care, and more.⁴⁹ Gender, racial, and other forms of equity are central concerns for this workforce.⁵⁰

- **Eighty-four percent of residential care aides are women.**⁵¹
- **Residential care aides have a median age of 41.** Eighteen percent of residential care aides are age 16 to 24, compared to 14 percent of the total U.S. labor force.⁵²
- **While people of color make up 42 percent of the total U.S. labor force,⁵³ they constitute 60 percent of residential care aides.** Thirty-five percent of residential care aides are Black or African American.

RESIDENTIAL CARE AIDES

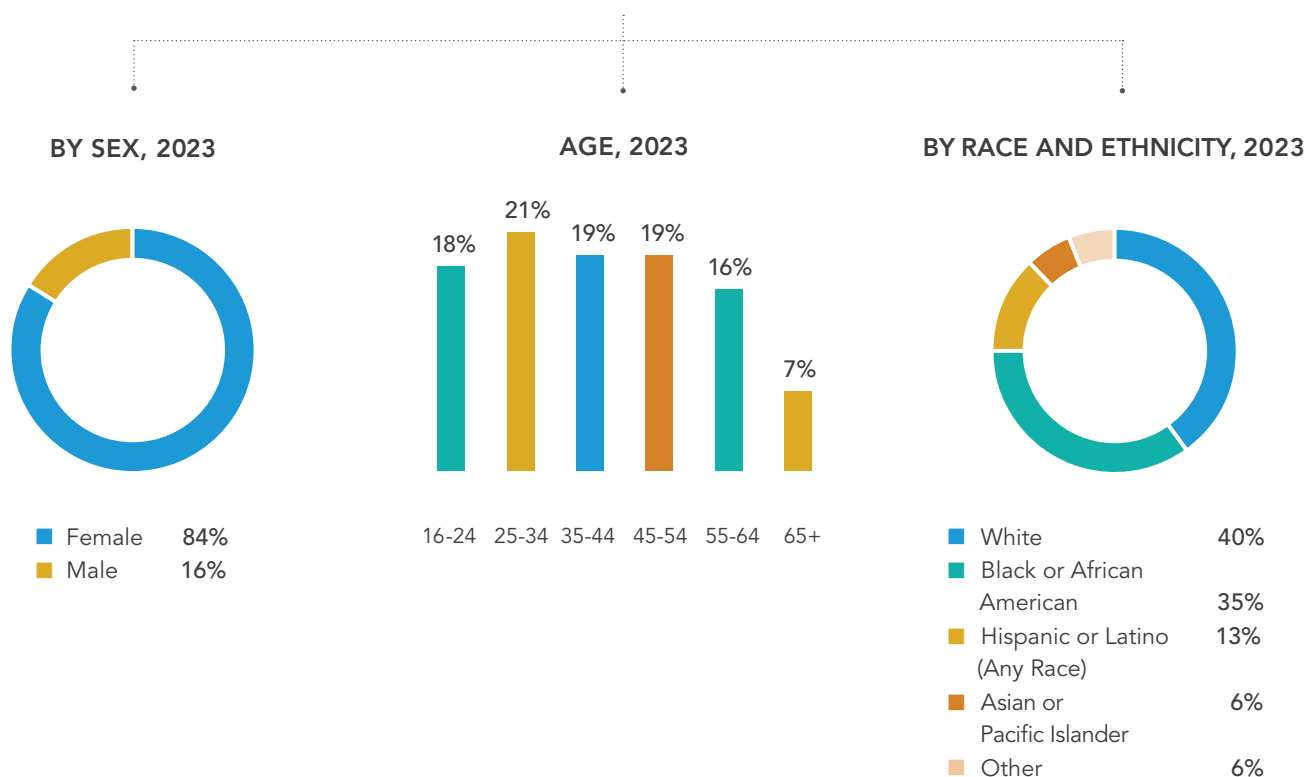


Chart Sources: "Hispanic or Latino" refers to people of any race who identify as Hispanic or Latino; these individuals are excluded from all other race/ethnicity categories. Ruggles, Steven, Sarah Flood, Matthew Sobek, Daniel Backman, Grace Cooper, Julia Rivera Drew, Stephanie Richards, Renae Rodgers, Jonathan Schroeder, and Kari Williams. 2025. *IPUMS USA: Version 16.0 American Community Survey, 2023*. Minneapolis, MN: IPUMS. <https://doi.org/10.18128/D010.V16.0>; analysis by PHI (February 2025).

- Immigrants constitute 24 percent of the residential care aide workforce, compared to 18 percent of the total U.S. labor force.⁵⁴
- Twenty-six percent of residential care aides are multilingual, including 15 percent with proficient English and 11 percent who report speaking limited or no English. Multilingual workers can help meet the language and cultural needs of diverse residents, though those with limited English proficiency may require language-related supports.
- Thirty percent of residential care aides have at least one child under age 18 living at home, and 11 percent have one or more children under the age of five living at home.
- Nearly half (46 percent) of residential care aides have pursued education beyond high school.

RESIDENTIAL CARE AIDES

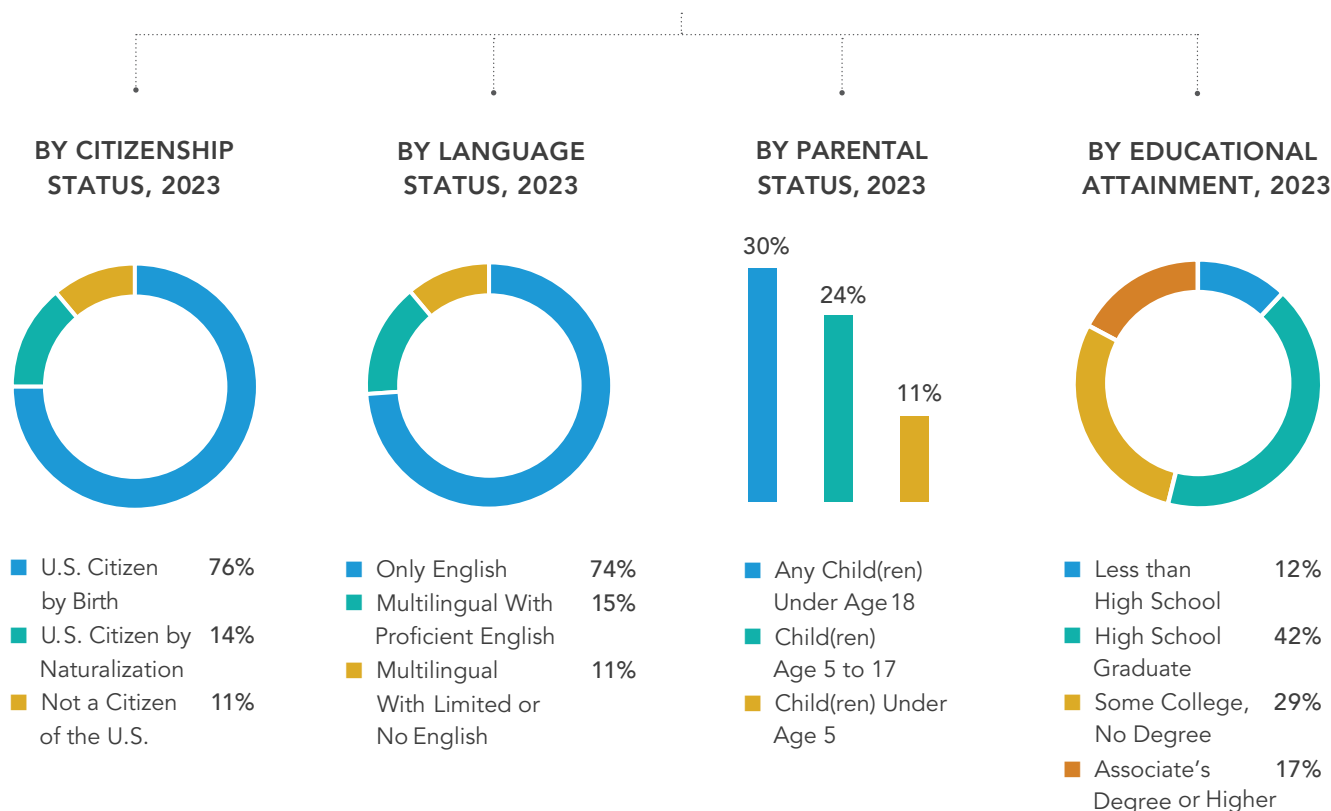


Chart Sources: The percentages shown in the citizenship chart do not total 100 percent because they are rounded to the nearest whole percentage. Non-citizens include permanent residents (green card holders), visa holders (e.g., foreign students), humanitarian migrants (e.g., refugees, asylees, and temporary protected status holders), and those without documented status. Ruggles, Steven, Sarah Flood, Matthew Sobek, Daniel Backman, Grace Cooper, Julia Rivera Drew, Stephanie Richards, Renae Rodgers, Jonathan Schroeder, and Kari Williams. 2025. *IPUMS USA: Version 16.0 American Community Survey*, 2023. Minneapolis, MN: IPUMS. <https://doi.org/10.18128/D010.V16.0>; analysis by PHI (February 2025). The federal definition of limited English includes individuals who self-identify as speaking English less than "very well" and therefore may have at least some difficulty communicating in English. U.S. Census Bureau. n.d. "Frequently Asked Questions (FAQs) About Language Use." Last modified December 16, 2021. <https://www.census.gov/topics/population/language-use/about/faqs.html>.

THE ROLE OF RESIDENTIAL CARE AIDES

Residential care aides assist individuals with daily tasks and activities in community-based residential care settings. These roles are filled by **personal care aides, home health aides, and nursing assistants**, depending on state-level regulations and employers' hiring practices. Although formally classified as personal care aides in most cases, **direct support professionals** specifically support residents with intellectual and developmental disabilities in residential care settings. (See *Occupational Titles and Industry Classifications* on page 28 for more details.)

- **The residential care aide workforce added 58,820 jobs in total over the past 10 years, increasing in size from nearly 608,000 workers in 2014 to over 687,000 in 2024.**

- **Residential care aides constitute 13 percent of the total direct care workforce**, which also includes workers who are employed in home care, nursing homes, and other settings.
- Of the residential care industry's \$138 billion in total annual revenue, **42 percent comes from public programs**, primarily Medicaid and Medicare, and **31 percent comes from out-of-pocket payments**.⁵⁵
- **Revenue sources vary across residential care.** Public sources constitute 79 percent of revenue in residential care homes for people with intellectual and developmental disabilities, versus 16 percent of revenue in assisted living and continuing care retirement communities.⁵⁶

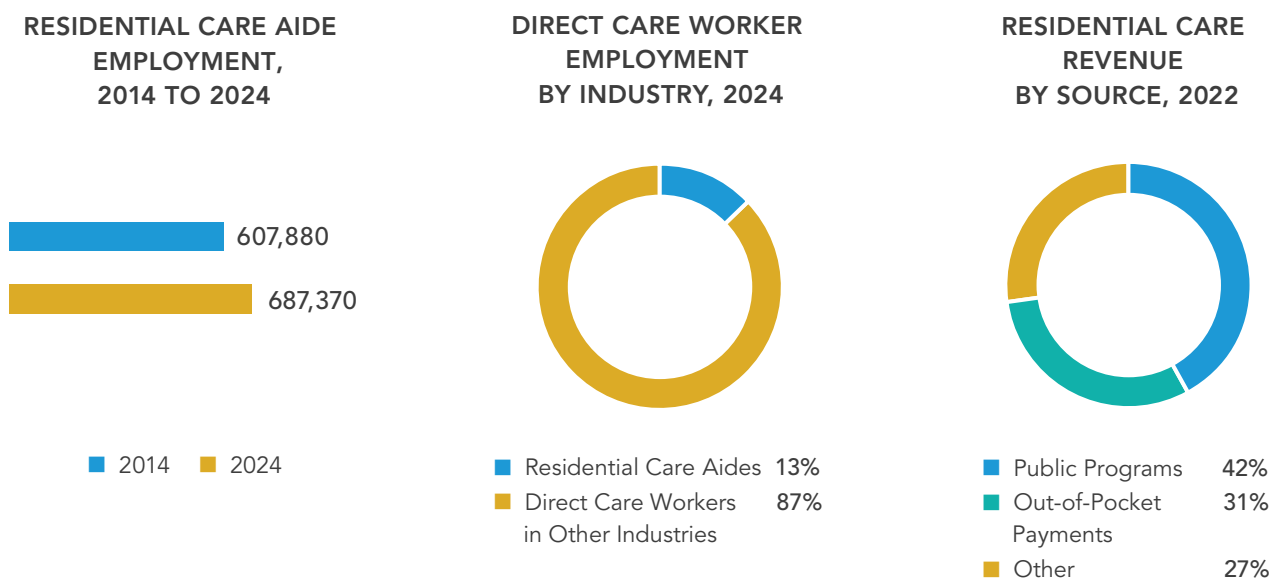


Chart Sources: U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics (OEWS). 2025. *May 2014 to May 2024 National Occupational Employment and Wage Estimates*. https://www.bls.gov/oes/current/oes_nat.htm; BLS OEWS. 2025. *May 2014 to May 2024 National Industry-Specific Occupational Employment and Wage Estimates*. <https://www.bls.gov/oes/current/oesrci.htm>; analysis by PHI (June 2025). Other sources of revenue include other health care providers; contributions, gifts, and grants; investment and property income; property, auto, and casualty insurances; and all other non-classifiable sources of revenue. Note that private insurance is not included as a revenue source due to data reporting concerns. U.S. Census Bureau. 2024. *Service Annual Survey, Table 4: Estimated Sources of Revenue for Employer Firms: 2013 through 2022*. <https://www.census.gov/data/tables/2022/econ/services/sas-naics.html>; analysis by PHI (July 2024).

CHALLENGES FOR RESIDENTIAL CARE AIDES

Residential care aides typically earn low wages and experience considerable economic instability due to a combination of structural factors, including financing mechanisms, broader labor market conditions, and overall devaluing of care work.⁵⁷ Low compensation remains a key factor driving recruitment and retention challenges in the residential care industry.

- **Residential care aides' wages have risen somewhat over the past 10 years, from a median of \$14.10 in 2014 to \$17.71 in 2024** (adjusting for inflation).

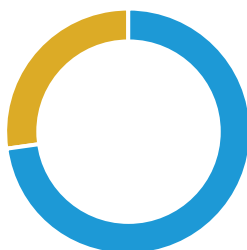
- **More than one in four residential care aides (27 percent) work part time**, defined as fewer than 35 hours per week.⁵⁸
- Many residential care aides also experience unstable employment over the course of the year, with **eighteen percent of residential care aides employed for only part of the year**, rather than year-round. Sixty-four percent of residential care aides work full-time, year-round.⁵⁹
- At the other end of the work-hours spectrum, **thirteen percent of residential care aides typically work more than 40 hours per week**.⁶⁰

RESIDENTIAL CARE AIDE
MEDIAN HOURLY WAGES,
ADJUSTED FOR INFLATION,
2014 TO 2024



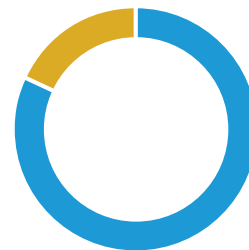
■ 2014 ■ 2024

RESIDENTIAL CARE AIDES
BY EMPLOYMENT
STATUS, 2023



■ Full-Time 73%
■ Part-Time 27%

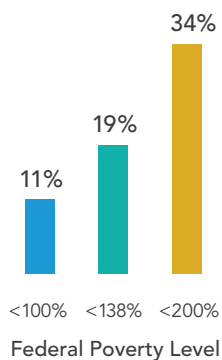
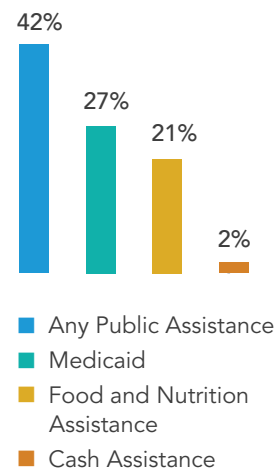
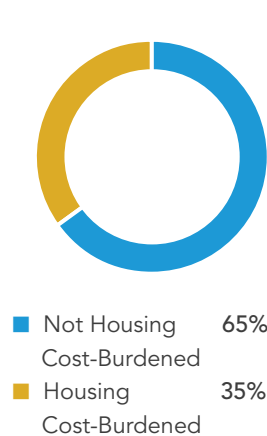
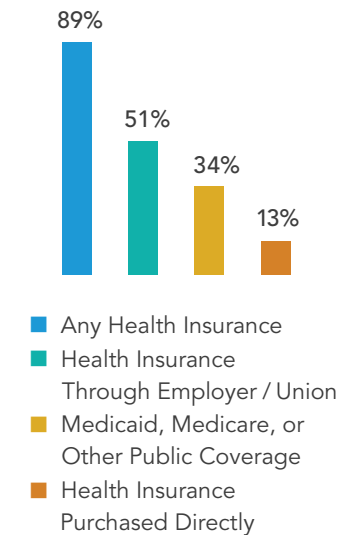
RESIDENTIAL CARE AIDES
BY ANNUAL EMPLOYMENT
STATUS, 2023



■ Employed Year-Round 82%
■ Employed Part-Year 18%

Chart Sources: U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics (OEWS). 2025. *May 2014 to May 2024 National Industry-Specific Occupational Employment and Wage Estimates*. <https://www.bls.gov/oes/current/oesrci.htm>; analysis by PHI (July 2025); Steven Ruggles, Sarah Flood, Matthew Sobek, Daniel Backman, Grace Cooper, Julia Rivera Drew, Stephanie Richards, Renae Rodgers, Jonathan Schroeder, and Kari Williams. 2025. *IPUMS USA: Version 16.0 American Community Survey, 2023*. <https://doi.org/10.18128/D010.V16.0>; analysis by PHI (February 2025).

RESIDENTIAL CARE AIDES

BY POVERTY LEVEL,
2023ACCESSING PUBLIC
ASSISTANCE, 2023AIDES WHO ARE HOUSING
COST-BURDENED, 2023BY HEALTH INSURANCE
STATUS, 2023

- Because of low wages and prevalent part-time and part-year employment, **residential care aides earn a median annual income of \$29,260.**⁶¹
- Low incomes lead to high poverty rates among residential care aides: **11 percent live in a household below the federal poverty level and 34 percent live in low-income households low (i.e., below 200 percent of the federal poverty level).**⁶²
- Because of high poverty rates, **more than two in five residential care aides (42 percent) receive some form of public assistance.**
- **Thirty-five percent of residential care aides are housing cost-burdened,** meaning that their housing costs—including rent or mortgage payments—exceed 30 percent of their household income.
- **Eleven percent of residential care aides lack health insurance.**⁶³ Fifty-one percent receive insurance through their own or their partners' employer or union, while 34 percent rely on public coverage, most commonly Medicaid.

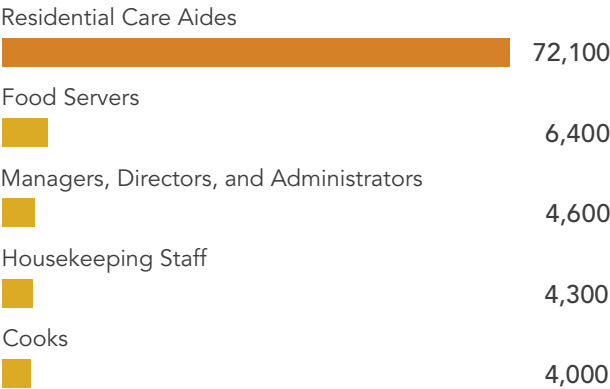
Chart Source: The percentages for specific forms of coverage in the health insurance chart do not total 89 percent because workers may have more than one source of coverage. Ruggles, Steven, Sarah Flood, Matthew Sobek, Daniel Backman, Grace Cooper, Julia Rivera Drew, Stephanie Richards, Renae Rodgers, Jonathan Schroeder, and Kari Williams. 2025. *IPUMS USA: Version 16.0 American Community Survey, 2023*. Minneapolis, MN: IPUMS. <https://doi.org/10.18128/D010.V16.0>; analysis by PHI (February 2025).

FUTURE DEMAND FOR RESIDENTIAL CARE AIDES

- The residential care aide workforce, which is the largest occupational group within residential care settings by far, is projected to add over 72,000 new jobs from 2024 to 2034.
- From 2024 to 2034, the residential care aide workforce will have nearly 1.1 million total job openings. This figure includes over 72,000

new jobs created by growing demand plus nearly 465,000 job openings caused by workers moving into other occupations and nearly 596,000 job openings due to workers leaving the labor force altogether.⁶⁴ Projected job openings for residential care aides are nearly four times the sum of all projected job openings for the next top four occupations in residential care settings.

JOB GROWTH IN RESIDENTIAL CARE BY OCCUPATION, 2024 TO 2034



JOB OPENINGS IN RESIDENTIAL CARE BY OCCUPATION, 2024 TO 2034



Chart Source: U.S. Bureau of Labor Statistics (BLS), Employment Projections Program (EPP). 2025. *National Employment Matrix*. <https://www.bls.gov/emp/data/occupational-data.htm>. BLS EPP. 2025. *Occupational Employment Projections Data, Table 1.10 Occupational Separations and Openings, Projected 2024–2034*. <https://www.bls.gov/emp/tables/occupational-separations-and-openings.htm>; analysis by PHI (September 2025).

CONCLUSION

As in home care, recruitment and retention in the residential care sector has been acutely challenging in recent years. While industry employment recently surpassed pre-pandemic levels, job quality and retention issues persist. Although median hourly wages and median annual incomes for residential care aides have increased somewhat, substantive proportions of this workforce continue to live in low-income households and rely on public assistance programs to meet their basic needs—meaning that they will be particularly vulnerable to the planned cutbacks to Medicaid and SNAP in the years ahead.⁶⁵ Considering the prominent role of private payers in the residential care sector, improving job quality and supporting the economic security and overall wellbeing of residential care aides will continue to require significant innovation and investments through private as well as public channels.

NURSING ASSISTANTS IN NURSING HOMES

Nursing assistants provide 24-hour care and personal assistance to more than 1.2 million nursing home residents across the U.S.⁶⁶ Overall employment in nursing home care has declined steadily in the past decade and dropped sharply during the COVID-19 pandemic, but has risen since early 2022 to just under pre-pandemic levels as of May 2025.⁶⁷ There is no doubt that nursing homes continue to provide essential services for individuals with complex needs—yet nursing assistants in nursing homes struggle with persistently low wages, heavy workloads, and long work hours, which contribute to high rates of stress, injury, and burnout.⁶⁸ For these reasons, the median turnover rate among nursing assistants in nursing homes is nearly 100 percent according to the most recent analysis,⁶⁹ and employers struggle to fill vacant positions.⁷⁰

WHO ARE NURSING ASSISTANTS IN NURSING HOMES?

Nursing assistants are primarily women, people of color, and immigrants, and therefore face heightened risks of experiencing discrimination throughout their lives in areas including housing, education, employment, health care, and more.⁷¹ Gender, racial, and other forms of equity are central concerns for this workforce.⁷²

- **Nearly 91 percent of nursing assistants are women.**⁷³

- **Nursing assistants have a median age of 39.** Nineteen percent of nursing assistants are age 16 to 24, compared to 14 percent of the total U.S. labor force.⁷⁴
- **While people of color make up 42 percent of the total U.S. labor force,⁷⁵ they constitute 61 percent of all nursing assistants in nursing homes.** Thirty-eight percent of nursing assistants are Black or African American.

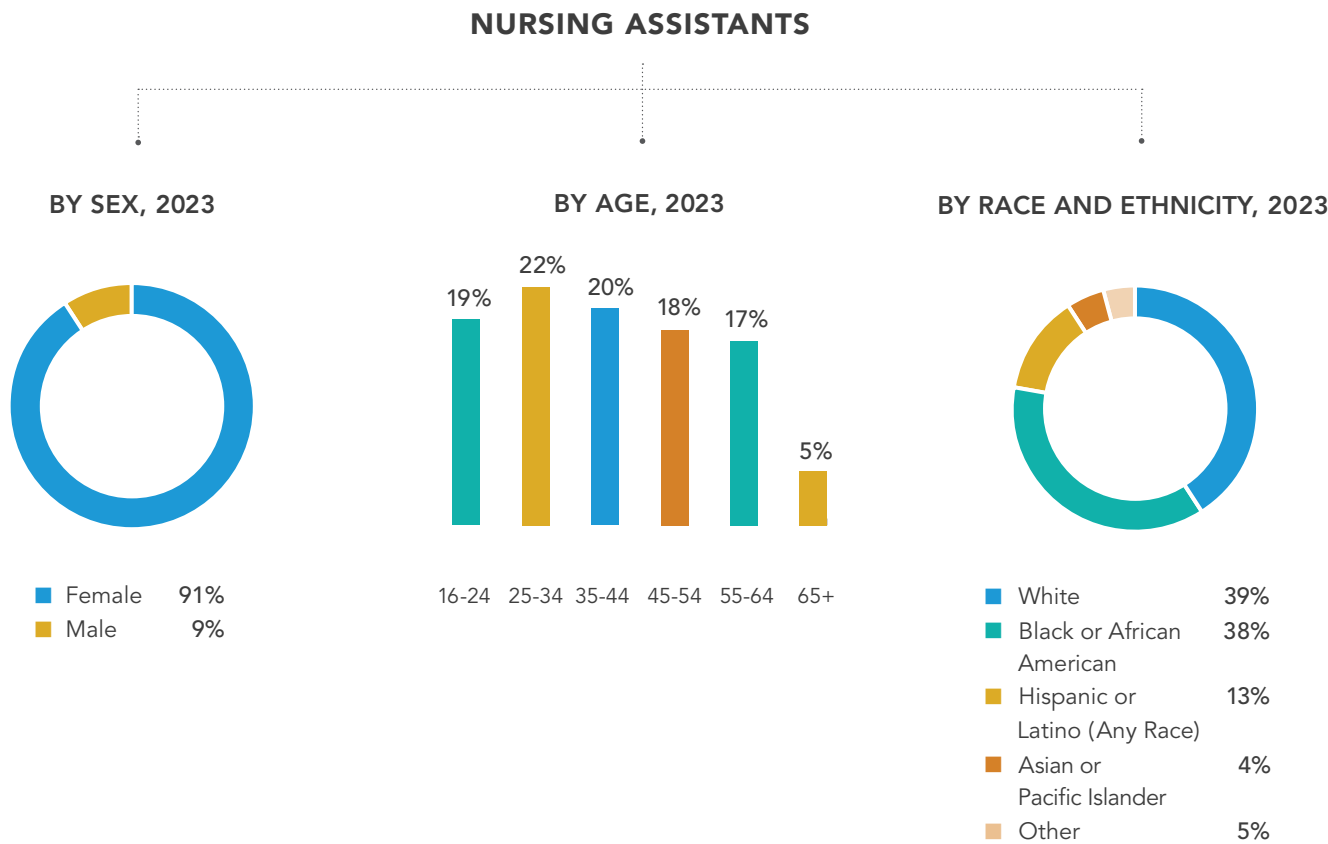


Chart Sources: “Hispanic or Latino” refers to people of any race who identify as Hispanic or Latino; these individuals are excluded from all other race/ethnicity categories. The percentages shown in the age and race/ethnicity charts do not total 100 because they are rounded to the nearest whole percentage. Ruggles, Steven, Sarah Flood, Matthew Sobek, Daniel Backman, Grace Cooper, Julia Rivera Drew, Stephanie Richards, Renae Rodgers, Jonathan Schroeder, and Kari Williams. 2025. *IPUMS USA: Version 16.0 American Community Survey, 2023*. Minneapolis, MN: IPUMS. <https://doi.org/10.18128/D010.V16.0>; analysis by PHI (February 2025).

- Immigrants constitute 21 percent of the nursing assistant workforce, compared to 18 percent of the total U.S. labor force.⁷⁶
- Twenty-four percent of nursing assistants are multilingual, including 14 percent with proficient English and 10 percent who report speaking limited or no English. Multilingual workers can help meet the language and cultural needs of diverse residents, though those with limited English proficiency may require language-related support.
- Thirty-five percent of nursing assistants have at least one child under the age of 18 living at home, and 13 percent have one or more children under the age of five living at home.
- Nearly half (46 percent) of nursing assistants have pursued education beyond high school.

NURSING ASSISTANTS

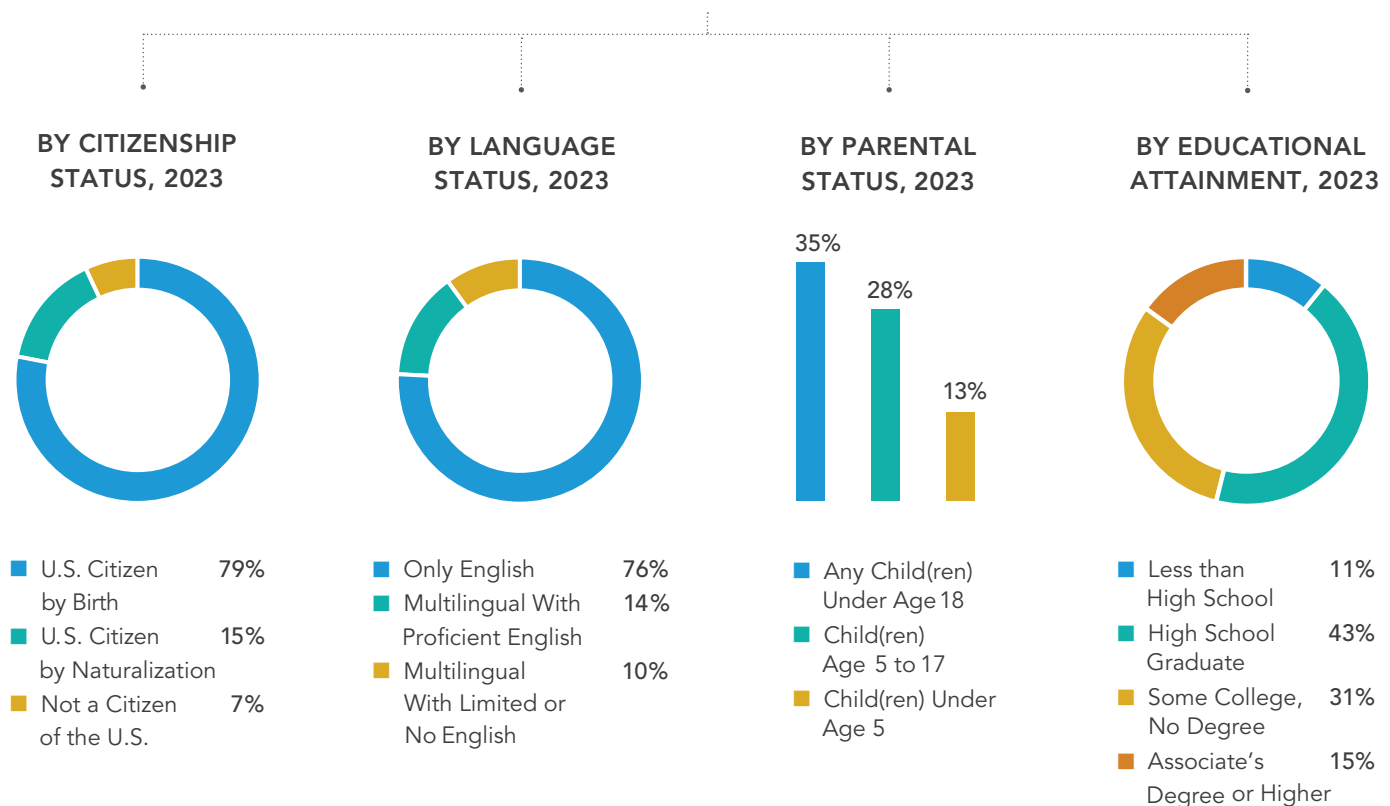


Chart Source: The percentages shown in the citizenship chart do not total 100 because they are rounded to the nearest whole percentage. Non-citizens include permanent residents (green card holders), visa holders (e.g., foreign students), humanitarian migrants (e.g., refugees, asylees, and temporary protected status holders), and those without documented status. Ruggles, Steven, Sarah Flood, Matthew Sobek, Daniel Backman, Grace Cooper, Julia Rivera Drew, Stephanie Richards, Renae Rodgers, Jonathan Schroeder, and Kari Williams. 2025. *IPUMS USA: Version 16.0 American Community Survey*, 2023. Minneapolis, MN: IPUMS. <https://doi.org/10.18128/D010.V16.0>; analysis by PHI (February 2025).

THE ROLE OF NURSING ASSISTANTS IN NURSING HOMES

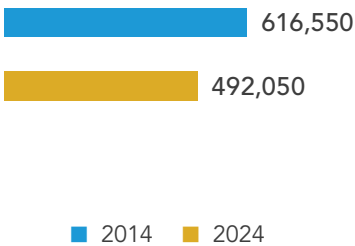
Nursing assistants support nursing home residents with activities of daily living (ADLs), including eating, dressing, toileting, mobility, and bathing. They also help residents participate in social activities and events such as classes, performances, and religious services. Further, nursing assistants perform certain clinical tasks under the supervision of onsite licensed professionals. (See *Occupational Titles and Industry Classifications* on page 28 for more details.)

- The number of nursing assistants declined by about 20 percent overall in the past decade, from 616,550 in 2014 to just over

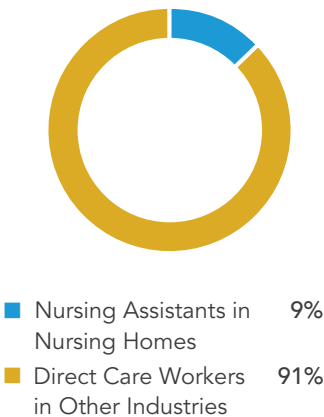
492,000 in 2024. The number of nursing home residents declined by 10 percent in approximately the same timeframe (from 2015 to 2024).⁷⁷

- **Nursing assistants in nursing homes constitute nine percent of the total direct care workforce,** which also includes workers employed in home care, residential care, and other settings.
- **Among all nursing staff, nursing assistants spend the most time with residents, providing 60 percent of all nursing hours** at a median of more than two hours of direct care per resident per day.⁷⁸

NURSING ASSISTANT
EMPLOYMENT
IN NURSING HOMES,
2014 TO 2024



DIRECT CARE WORKER
EMPLOYMENT
BY INDUSTRY, 2024



MEDIAN STAFF HOURS
PER RESIDENT PER DAY
BY OCCUPATION, 2024

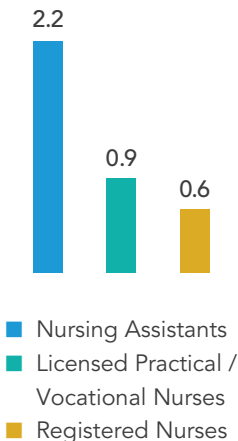
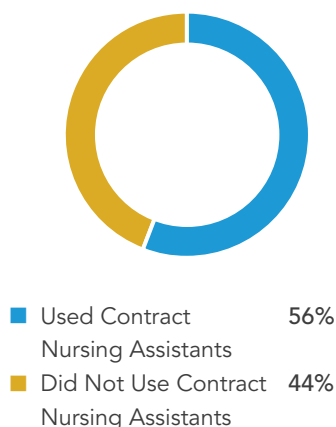


Chart Sources: U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics (OEWS). 2025. *National Industry-Specific Occupational Employment and Wage Estimates*. <https://www.bls.gov/oes/current/oesrci.htm>; BLS OEWS. 2025. *May 2014 to May 2024 National Occupational Employment and Wage Estimates*. https://www.bls.gov/oes/current/oes_nat.htm; analysis by PHI (July 2025); Centers for Medicare & Medicaid Services (CMS). 2024. *Payroll Based Journal Daily Nurse Staffing, Q1 through Q4 2024*. <https://data.cms.gov/quality-of-care/payroll-based-journal-employee-detail-nursing-home-staffing>; analysis by PHI (June 2025).

- **Nursing assistants support a median of 11 residents during each shift**, while 10 percent of nursing assistants typically assist 18 or more residents.⁷⁹
- **More than half of all nursing homes (56 percent) relied on nursing assistants from staffing agencies to fill staffing vacancies in 2024**, which is only a slight decrease from 62 percent relying on contract nursing assistants in 2023.⁸⁰
- **Forty-one percent of nursing homes employ medication aides**, who are nursing assistants that are trained and authorized to administer medications under the supervision of a licensed professional.⁸¹
- Nursing assistant jobs are predominantly government funded. Of the nursing home industry's \$140 billion in total annual revenue, **payments from public programs (primarily Medicaid and Medicare) constitute 66 percent**.⁸²

**NURSING HOMES
WITH CONTRACT NURSING
ASSISTANT STAFF, 2024**



**NURSING HOME
REVENUE BY SOURCE, 2024**

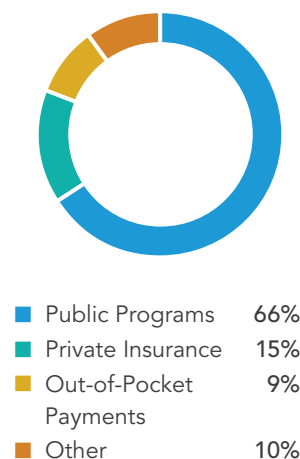


Chart Sources: Centers for Medicare & Medicaid Services (CMS). 2024. *Payroll Based Journal Daily Nurse Staffing, Q1 through Q4 2024*. <https://data.cms.gov/quality-of-care/payroll-based-journal-employee-detail-nursing-home-staffing>; analysis by PHI (June 2025). Other sources of revenue include other healthcare providers; contributions, gifts, and grants; investment and property income; property, auto, and casualty insurances; and all other non-classifiable sources of revenue. U.S. Census Bureau. 2024. *Service Annual Survey, Table 4: Estimated Sources of Revenue for Employer Firms: 2013 through 2022*. <https://www.census.gov/data/tables/2022/econ/services/sas-naics.html>; analysis by PHI (July 2024).

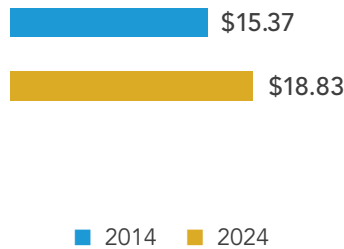
CHALLENGES FOR NURSING ASSISTANTS IN NURSING HOMES

Nursing assistants in nursing homes typically earn low wages and experience considerable economic instability due to a combination of structural factors, including financing mechanisms, broader labor market conditions, and overall devaluing of care work.⁸³ Low compensation remains a key factor driving recruitment and retention challenges in the nursing home industry.

- **Nursing assistants' wages have risen slightly over the past 10 years, from a median of \$15.37 in 2014 to \$18.83 in 2024** (adjusting for inflation).

- **More than one in four nursing assistants (27 percent) works part time**, defined as fewer than 35 hours per week.⁸⁴
- Many nursing assistants in nursing homes experience unstable employment throughout the year, with **17 percent of nursing assistants employed for only part of the year** rather than year-round.⁸⁵ Sixty-five percent of nursing assistants work full-time, full-year.⁸⁶
- At the other end of the work-hours spectrum, **14 percent of nursing assistants typically work more than 40 hours per week**.⁸⁷

NURSING ASSISTANT
MEDIAN HOURLY WAGES,
ADJUSTED FOR INFLATION,
2014 TO 2024



NURSING ASSISTANTS
BY EMPLOYMENT
STATUS, 2023



NURSING ASSISTANTS
BY ANNUAL EMPLOYMENT
STATUS, 2023

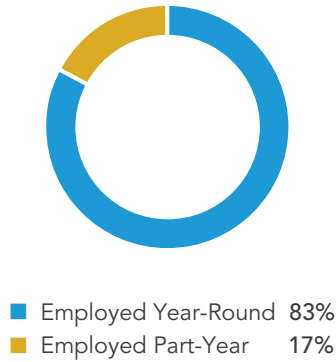
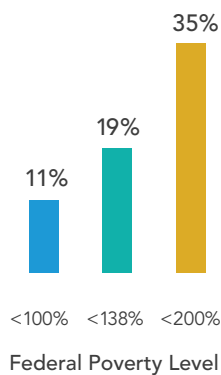


Chart Sources: U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics (OEWS). 2025. *May 2014 to May 2024 National Industry-Specific Occupational Employment and Wage Estimates*. <https://www.bls.gov/oes/current/oesnrci.htm>; analysis by PHI (July 2025); Ruggles, Steven, Sarah Flood, Matthew Sobek, Daniel Backman, Grace Cooper, Julia Rivera Drew, Stephanie Richards, Renae Rodgers, Jonathan Schroeder, and Kari Williams. 2025. *IPUMS USA: Version 16.0 American Community Survey, 2023*. Minneapolis, MN: IPUMS. <https://doi.org/10.18128/D010.V16.0>; analysis by PHI (February 2025).

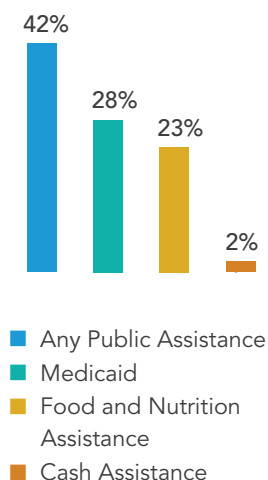
- Due to low wages and prevalence of part-time work hours and part-year employment, **nursing assistants earn a median annual income of \$30,586**.⁸⁸
- Low incomes lead to high poverty rates among nursing assistants: **11 percent live in a household below the federal poverty level and 35 percent live in low-income households** (i.e., below 200 percent of the federal poverty level).⁸⁹
- Because poverty rates are high among nursing assistants, **42 percent rely on some form of public assistance**.
- **Thirty-one percent of nursing assistants are housing cost-burdened**, meaning that their housing costs—including rent or mortgage payments—exceed 30 percent of their household income.
- **Twelve percent of nursing assistants in nursing homes lack health insurance**.⁹⁰ Fifty-six percent of nursing assistants have insurance through their own or their partners' employer or union, while 32 percent rely on public coverage, most commonly Medicaid.

NURSING ASSISTANTS

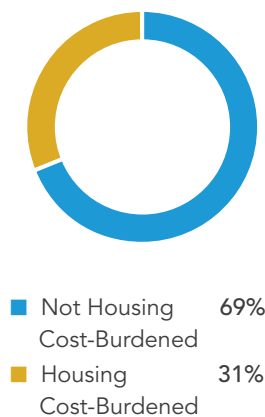
BY POVERTY LEVEL,
2023



ACCESSING PUBLIC
ASSISTANCE, 2023



WHO ARE HOUSING
COST-BURDENED, 2023



BY HEALTH INSURANCE
STATUS, 2023

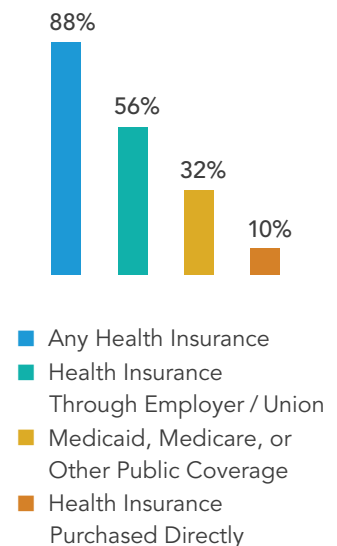
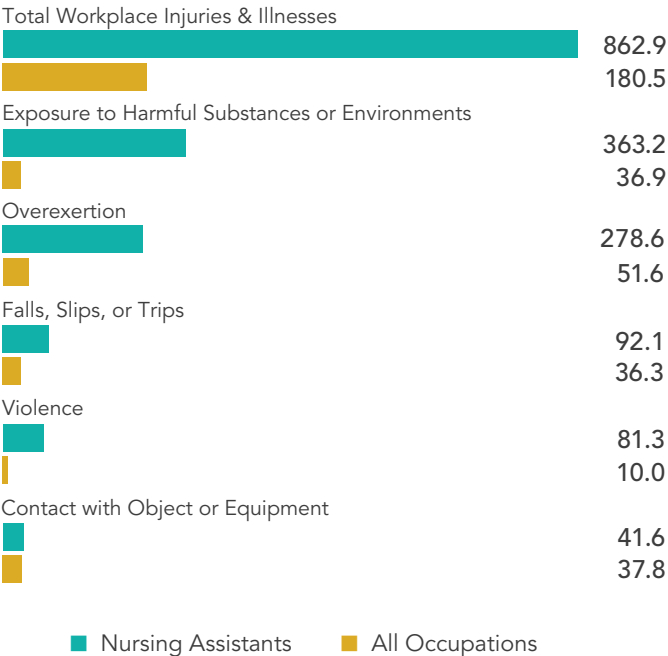


Chart Source: The percentages for specific forms of coverage in the health insurance chart do not total 88 percent because workers may have more than one source of coverage. Ruggles, Steven, Sarah Flood, Matthew Sobek, Daniel Backman, Grace Cooper, Julia Rivera Drew, Stephanie Richards, Renae Rodgers, Jonathan Schroeder, and Kari Williams. 2025. *IPUMS USA: Version 16.0 American Community Survey, 2023*. Minneapolis, MN: IPUMS. <https://doi.org/10.18128/D010.V16.0>; analysis by PHI (February 2025).

- **Nursing assistants are nearly five times more likely to experience workplace injuries or illnesses than the typical U.S. worker.** These injuries and illnesses require a median of 10 days away from work or a job transfer or restriction in duties.⁹¹ (These data are for nursing assistants across industries, because updated data on nursing assistants specifically working in nursing homes are not available.)

Chart Source: U.S. Bureau of Labor Statistics (BLS), Injuries, Illnesses, and Fatalities. 2023. *Occupational Injuries and Illnesses and Fatal Injuries Profiles: Days Away from Work, Restricted Work Activity, or Job Transfer (DART) Injury and Illness Annualized Rate per 10,000 Workers*. <https://www.bls.gov/iif/>; analysis by PHI (May 2025).

ANNUAL WORKPLACE INJURY AND ILLNESS RATES PER 10,000 WORKERS BY CAUSE OF INJURY, 2023



COVID-19 AND BEYOND

The COVID-19 pandemic had a devastating impact on the nursing home sector—with 2.3 million confirmed cases of COVID-19 and more than 172,000 deaths among nursing home residents since 2020, and nearly 2 million confirmed cases among nursing home staff.⁹² As of January 2025, nursing homes are only required to report COVID-19 cases and hospitalizations among residents, which limits efforts to monitor the ongoing prevalence of the virus among nursing home staff. However, vaccination data show that both residents and staff remain at high risk of infection: as of mid-2025, just 35 percent of nursing home residents and 8 percent of staff were up to date with their COVID-19 vaccinations.⁹³ (Notably, nursing homes are now required to report influenza and respiratory syncytial virus (RSV) cases and vaccination rates as well, but only for residents, not for staff.) Targeted efforts are still needed to address the long-standing challenges that amplified the impact of the COVID-19 pandemic for nursing homes and that continue to hinder efforts to increase vaccination uptake, strengthen staffing, and otherwise build resilience against crises.

FUTURE DEMAND FOR NURSING ASSISTANTS IN NURSING HOMES

- From 2024 to 2034, the nursing assistant workforce is projected to lose 13,400 jobs due to decreasing demand for nursing home care overall.⁹⁴
- However, the projected number of total job openings for nursing assistants in nursing homes continues to increase. From 2024 to 2034, this workforce will have 664,700 total job openings. This figure includes 352,900 job openings caused by workers moving into other occupations and 325,200 job openings due to workers exiting the labor force altogether.⁹⁵ Job openings for nursing assistants in nursing homes during this time period are projected to be over 1.7 times higher than job openings in the next four nursing home occupations combined.

JOB OPENINGS IN NURSING HOMES
BY OCCUPATION, 2024 TO 2034

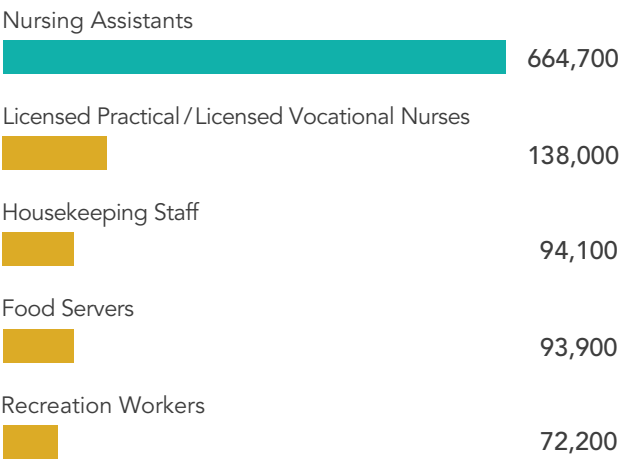


Chart Sources: U.S. Bureau of Labor Statistics (BLS), Employment Projections Program (EPP). 2025a. *National Employment Matrix*. <https://www.bls.gov/emp/data/occupational-data.htm>. BLS EPP. 2025b. *Occupational Employment Projections Data, Table 1.10 Occupational Separations and Openings, Projected 2024–2034*. <https://www.bls.gov/emp/tables/occupational-separations-and-openings.htm>; analysis by PHI (September 2025).

CONCLUSION

Although overall demand for nursing homes is declining, there is still a pressing need to recruit and retain enough nursing assistants to support individuals with complex needs in this care setting. The COVID-19 pandemic both revealed and greatly exacerbated workforce challenges in nursing homes, as indicated, for example, by the widespread reliance on contract nursing assistants to fill staffing gaps.⁹⁶ In response to these ongoing challenges, several states have taken steps to improve job quality and care quality by tying Medicaid reimbursement to nursing home staffing and job quality metrics;⁹⁷ others have set requirements for the percentage of nursing home revenue that must be invested in resident care, including the direct care workforce;⁹⁸ and still others have set state-level minimum staffing requirements for nursing homes, as did the Centers for Medicare & Medicaid Services (CMS) at the federal level in 2024.⁹⁹

However, recent progress to address job quality and understaffing in nursing homes is threatened by looming federal policy changes, including significant Medicaid cuts and a 10-year moratorium on implementation of the minimum staffing standard.¹⁰⁰ Targeted, coordinated efforts—particularly at the state level—will be essential to sustain and build on recent job quality improvements, strengthen and stabilize this workforce, and ensure quality care for nursing home residents.

OCCUPATIONAL TITLES AND INDUSTRY CLASSIFICATIONS

OCCUPATIONAL TITLES

The direct care worker occupational categories used in this report are defined by the Standard Occupational Classification (SOC) system developed by the Bureau of Labor Statistics (BLS) at the U.S. Department of Labor (DOL). Under the SOC system, workers are classified on the basis of their on-the-job responsibilities, skills, education, and training. Occupational definitions can be found at <http://www.bls.gov/SOC>. To note, these occupational classifications and related job descriptions are intentionally broad, as they are designed for national data collection across all occupations by BLS. In practice, the responsibilities associated with different occupational titles vary considerably according to state regulations, employer norms, and other factors.

TITLE	OTHER TITLES	JOB DESCRIPTION
Personal Care Aides (SOC 31-1122)	Caregiver, Home Care Aide, Personal Care Assistant, Personal Care Attendant, Resident Care Assistant	In addition to assisting with activities of daily living (ADLs), personal care aides often help with housekeeping, chores, meal preparation, and medication management. They may also help individuals engage in employment and/or community life, and provide advice on nutrition, household maintenance, and other activities.
Home Health Aides (SOC 31-1121)	Certified Home Health Aide, Home Hospice Aide, Home Health Attendant	In addition to assisting with ADLs, home health aides may also perform clinical tasks such as wound care, blood pressure readings, and range-of-motion exercises. Their work is supervised remotely or intermittently onsite by a licensed professional.
Nursing Assistants (SOC 31-1131)	Certified Nursing Assistant, Certified Nursing Aide, Nursing Attendant, Nursing Aide, Nursing Care Attendant, Medication Aide	Nursing assistants assist individuals with ADLs and may also perform certain clinical tasks under the onsite supervision of a licensed professional.

A NOTE ON OTHER OCCUPATIONAL TITLES

Two other direct care occupations have distinct on-the-job responsibilities, but do not have their own federal occupation codes.

Independent providers are home care workers, including paid family members, who are employed directly by older adults, people with disabilities, or their families through publicly funded consumer-direction programs or using private funds. Their roles may include a mix of personal care and health monitoring and maintenance tasks, depending on the needs and preferences of the individuals who employ them. Aside from this estimate,

independent providers are hard to quantify. Some may appear in official employment estimates if they are jointly employed by consumers and third-party agencies that pay unemployment insurance, but all others—including those paid out-of-pocket on the “gray market”—are excluded.¹⁰¹

Direct support professionals provide habilitation services, employment assistance, and other supports to people with intellectual and developmental disabilities.¹⁰² They are included in BLS data and other public datasets (unless they are employed directly by consumers or their families in the “gray market”), but because they do not have their own federal occupation code, they are combined with other direct care workers and are not separately quantifiable.

INDUSTRY CLASSIFICATIONS

Long-term care industries are defined by the North American Industry Classification System (NAICS) developed by the Office of Management and Budget (OMB). Business establishments are coded based on their primary activity. Industry definitions can be found at <https://www.census.gov/eos/www/naics/>.

TITLE	EXAMPLES	INDUSTRY DESCRIPTION
Home Care		
Home Health Care Services (NAICS 621610)	Home Health Care Agencies, Visiting Nurse Associations, In-Home Hospice Care Services	This industry comprises establishments that provide personal care, homemaking, and companionship services. These establishments also provide skilled nursing care and a range of other home-based medical services.
Services for the Elderly and Persons with Disabilities (NAICS 624120)	Non-Medical Home Care Providers, Homemaker Service Providers, Self-Help Organizations, Companion Service Providers, Adult Day Care Centers, Activity Centers for Older Adults and People with Disabilities	This industry comprises establishments that provide social assistance services to improve the quality of life for older adults, people with intellectual and developmental disabilities, and people with physical disabilities who live in their homes and communities. Services include non-medical personal care and homemaker services.
Residential Care		
Continuing Care Retirement Communities and Assisted Living Facilities for the Elderly (NAICS 623310)	Assisted Living Communities, Continuing Care Retirement Communities, Residential Care Homes, Personal Care Homes	This industry comprises establishments primarily engaged in providing residential and personal care services for older adults and people with disabilities. The care typically includes room, board, supervision, and assistance with daily tasks and activities.
Residential Intellectual and Developmental Disability Facilities (NAICS 623210)	Group Homes, Intermediate Care Facilities, Residential Care Homes, Homes for Individuals with Intellectual and Developmental Disabilities	This industry comprises establishments primarily engaged in providing residential care services for people with intellectual and developmental disabilities. These communities may provide some health care, though their focus is room, board, protective supervision, and counseling.
Nursing Homes		
Nursing Care Facilities (Skilled Nursing Homes) (NAICS 623110)	Skilled Nursing Facilities, Nursing Homes, Rest Homes with Nursing Care, Retirement Homes with Nursing Care, Group Homes for People with Disabilities with Nursing Care, Homes for the Aged with Nursing Care, Inpatient Hospice	This industry comprises establishments that are primarily engaged in providing 24-hour nursing, rehabilitation, and personal care services. These establishments have a permanent core staff of registered and licensed practical/vocational nurses who provide care along with nursing assistants and other staff.

DATA SOURCES AND METHODS

Hourly wage and employment data were sourced from the Bureau of Labor Statistics (BLS) Occupational Employment and Wage Statistics (OEWS) program and employment projections were sourced from the BLS Employment Projections Program (EPP). OEWS data are collected on a three-year cycle, resulting in overlapping annual estimates. Therefore, we chose to highlight two timepoints a decade apart. We drew nursing assistant wage data directly from the OEWS, but calculated home care worker and residential care aide wages as a weighted average of median hourly wages for each occupation in each industry. Median wages are preferable to mean wages in these calculations, since mean wages may be skewed by a small proportion of atypically high-paid workers. The Consumer Price Index for All Urban Consumers (Current Series) was used to adjust wages for inflation to 2024 dollars. EPP and OEWS employment figures reflect the number of jobs by industry and occupation rather than unique workers. Since some individuals hold more than one direct care job, employment figures may slightly overestimate the workforce size. However, we use these figures as a reasonable proxy for the size of the direct care workforce.

We used the U.S. Census Bureau's American Community Survey (ACS) to calculate workforce demographics, full-time/part-time status, full-year/part-year employment, median annual earnings, poverty rate, use of public assistance, health insurance coverage, and access to affordable housing.

For the nursing assistant profile specifically, we used Payroll-Based Journal data from the Centers for Medicare & Medicaid Services (CMS) to analyze use of contract CNA staff, hours per resident day, medication aide employment, and residents per nursing assistant. To estimate the ratio of residents to nursing assistants, we divided the number of residents in each nursing home by the estimated number of full-time equivalent (FTE) nursing assistants. We estimated the number of FTE positions by dividing total daily nursing assistant hours by three (the typical number of shifts in a day) and eight (the number of hours in a full-time shift). COVID-19 infections, deaths, and vaccination rates were sourced from the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) COVID-19 Long Term Care Facility Module. Data on workplace injury rates for nursing assistants were drawn from the Bureau of Labor Statistics (BLS) Injuries, Illnesses, and Fatalities (IIF) program.

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ABOUT PHI

PHI works to transform eldercare and disability services. We foster dignity, respect, and independence for all who receive care, and all who provide it. As the nation's leading authority on the direct care workforce, PHI promotes quality direct care jobs as the foundation for quality care.

Drawing on more than 30 years of experience working side-by-side with direct care workers and their clients in cities, suburbs, and small towns across America, PHI offers all the tools necessary to create quality jobs and provide quality care. PHI's trainers, researchers, and policy experts work together to:

- Learn what works and what doesn't in meeting the needs of direct care workers and their clients, in a variety of long-term care settings;
- Implement best practices through hands-on coaching, training, and consulting, to help long-term care providers deliver high-quality care;
- Support policymakers and advocates in crafting evidence-based policies to advance quality care.

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