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Where Do We Go from Here? Results and Recommendations for Iowa from a National Scan of Direct Care Workforce Trends and Innovations

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Iowa has long demonstrated leadership in efforts to strengthen the direct care workforce—meaning the personal care aides, home health aides, and nursing assistants who provide essential daily support to individuals across care settings, including private homes, community settings, nursing homes, and hospitals, among others. Through sustained collaboration among state agencies, providers, and organizations such as Iowa CareGivers, the state has built a robust foundation of workforce data and policy innovation. These efforts have helped Iowa understand and address the workforce challenges that affect the availability and quality of care and support for Iowans.

At the same time, workforce pressures continue to intensify. Demand for direct care workers is growing rapidly as Iowa's population ages and the need for home and community-based services (HCBS) expands. Between 2014 and 2024, the direct care workforce added 46,800 jobs in Iowa, and in the decade ahead (2022–2032), the state is projected to have nearly 86,000 direct care job openings, including nearly 10,000 new jobs (more job growth than in any other occupation in the state) and 76,000 job openings created when existing workers leave their occupations.[1] Filling these roles is increasingly difficult in a sector characterized by persistently low wages, limited advancement opportunities, and high turnover—yet essential to ensuring that Iowans can access care when and where they need it.

In tackling these challenges, Iowa can build on innovative workforce strategies that have been implemented across the country. Many of these strategies were made possible by Section 9817 of the American Rescue Plan Act of 2021 (ARPA),[2] which provided states with enhanced federal funding to strengthen HCBS. States used ARPA funds to test new approaches to compensation, training, career advancement, and more—laying the groundwork for more sustainable, long-term workforce solutions. Innovation continues through the federal Administration for Community Living's Direct Care Workforce Strategies Center, which is helping states develop, evaluate, and scale evidence-informed strategies to improve direct care job quality and strengthen service delivery systems. An inter-agency team from Iowa is participating in the Peer Learning Collaborative technical assistance program offered by the Strategies Center in 2025-26, pursuing concrete policy goals with support from subject matter experts including PHI. Through these recent federal initiatives, states are demonstrating how thoughtful, targeted investments can both strengthen the direct care workforce and improve care, offering valuable lessons for Iowa as the state continues to focus on direct care workforce development.

Purpose of this Report

In 2025, Iowa CareGivers contracted with PHI, a national direct care workforce research, advocacy, and innovation organization, to conduct a national scan of state strategies to support and strengthen this workforce. The results of the scan, which are intended to inform the path forward in Iowa, are presented in this report under six broad recommendations:

1. Strengthen Training and Career Pathways
2. Improve Wages
3. Address Benefits Cliffs
4. Strengthen the Workforce Pipeline
5. Focus on Self-Direction
6. Harness Data and Elevate Workers' Voices

This report presents the findings from a national scan of policy trends and promising practices, organized into six broad recommendations to inform Iowa's continued commitment to building a stable, skilled, and supported workforce. For each of these recommendations, we provide an overview of the issues involved, a summary of Iowa's progress to date (where relevant), examples from other states, and specific, actionable strategies for Iowa to consider.

1. Strengthen Training and Career Pathways

Across the country, states are strengthening training and career advancement systems for direct care workers as a strategy to improve job quality, stabilize the workforce, and support quality care. Competency-based foundational training provides direct care workers with the skills and confidence to succeed, while specialized training and advancement opportunities deepen their expertise, foster retention, and maximize their contributions. Linking training programs to portable, stackable credentials that are accessible to workers and employers further professionalizes this workforce, validates workers' skills, and offers transparency for both employers and consumers.

Strengthening training and career pathways has long been a focus in Iowa, leveraging state, federal, and philanthropic funds. In 2003 to 2007, Iowa participated in the *Better Jobs Better Care* national demonstration project, and from there, a state-sponsored Direct Care Worker Task Force recommended the development of a statewide training program for direct care workers. Drawing on the task force's recommendations, the University of Iowa College of Nursing created *Prepare to Care* in 2012, a competency-based training program with core and specialty modules.[3] More recently, Iowa used ARPA funding to provide HCBS employers with training grants and launched a new online learning management system (LMS).[4] State-sponsored apprenticeship programs have also helped support training and advancement in the state.[5] As mentioned above, Iowa continues to focus on improving training and career advancement through participation in the national Direct Care Workforce Strategy Center.

However, without portable and stackable credentials—an idea the state has explored but not yet implemented[6]—direct care workers' training remains tied to individual employers, and career lattice and ladder opportunities remain constrained. Drawing on lessons from other states, Iowa could meaningfully strengthen direct care workforce recruitment and retention by building a structured, statewide system of training and career advancement.

State Strategies

Create Portable and Stackable Credentials

Many states used ARPA funding to expand HCBS training programs, including programs that emphasize portable, stackable credentials.[7] For example, **Wisconsin's** WisCaregiver Certified Direct Care Professional (CDCP) program, developed in partnership with the University of Wisconsin–Green Bay, offers a 30-hour online foundational training that applies across HCBS settings.[8] Workers can also pursue micro-credentials in areas such as cultural competency and dementia care (among others), with their CDCP certification and micro-credentials stored in a searchable database that employers can use for verification.

Tie Training to Compensation

Some states have developed mechanisms to link training and credentialling systems with financial incentives or rewards. In some cases, states offer bonuses to encourage jobseekers to complete foundational training and work in the

The PHI Universal Direct Care Workforce Initiative™

Iowa's ongoing and future efforts to strengthen training and career advancement could be informed and supported by PHI's Universal Direct Care Workforce Initiative™—a national effort to transform training and career pathways for direct care workers—by offering a framework that could be adapted in the state. This initiative aims to replace fragmented training systems with a universal model characterized by accessible training, standardized core competencies, stackable and portable credentials, and clear advancement opportunities. Demonstration projects are underway in New York and Wisconsin to test and scale a universal training and credentialing model, and the lessons learned could help guide similar efforts in Iowa

field for a specified period. For example, the CDCP program in **Wisconsin** described above provides new workers with a $500 bonus after completing the CDCP training program and securing employment,[9] and the Certified Home Health Aide Scholarship program in **New Jersey** offers newly trained workers bonuses after six and 12 weeks of relevant employment.[10] Other training programs tie training to incremental wage increases. In **Tennessee**, the Direct Support Professional Apprenticeship program leveraged ARPA funding to provide workers with stepwise hourly wage increases totaling $3.50 following online and on-the-job training. [11]

Opportunities for Iowa

Through participation in the national Direct Care Workforce Strategies Center technical assistance program (2025-26),[12] Iowa is already focused on updating and strengthening the direct care training landscape. This effort includes convening state agencies, training and education providers, and other experts to take stock of current and past direct care workforce development efforts and create plans for modernizing *Prepare to Care* to serve as the foundation for a more robust career ladder and lattice structure in the state.

As well as continuing these efforts to fruition, Iowa could consider building a central database to house direct care training credentials (potentially by expanding the existing Direct Care Worker Registry for nursing assistant credentials).[13] This database would make training portable across employers and care settings, supporting career mobility and workforce flexibility. Tying completion of foundational training and advanced modules to bonuses or wage increases would further incentivize participation and help translate training into meaningful improvements in recruitment, retention, and career advancement.

2. Improve Wages

Livable and competitive compensation provides financial stability for direct care workers and supports their retention in the field. "Wage pass-through" policies are one strategy to address wages. They require employers to dedicate a percentage of reimbursement rates to worker wages and compensation, or establish wage floors (i.e., role-specific minimum wages) for direct care workers.[14]

Iowa has implemented these policies for some direct care workers, though evaluation of the impact on workers' wages is still needed. Nursing homes pay quality assurance fees that are returned as rate increases, and they are required to allocate 35 percent of the payments toward direct care worker wages, benefits, and related employment costs.[15] The state also increased rates for HCBS providers using ARPA funds with a provision that providers spend the funds on direct care worker compensation. In addition, legislation was introduced in 2025 that would mandate a progressive minimum wage increase for direct care workers in Iowa, starting at $15 per hour in July 2026 and rising incrementally to $20 per hour by July 2031, with subsequent yearly adjustments based on cost of living.[16]

Even with these efforts, wages and annual earnings for direct care workers in Iowa remain low, with negative implications for direct care workforce recruitment and retention. Direct care workers who responded to the 2025 Iowa Wage and Benefit Study survey had a median hourly wage of $19.72—a modest increase of $2.00, adjusted for inflation, over the previous decade—and PHI's research shows that direct care wages fall short of median wages in competitive job sectors (i.e., for occupations requiring similar entry-level qualifications, such as retail and food services).[17] Financial instability affects direct care workforce recruitment and retention, as the Wage and Benefit Survey results demonstrate. Better pay was the top reason (cited by 70.1 percent of respondents) to seek work outside of direct care. For workers who had already left the field, better pay was cited as the number one reason to consider returning (59.7 percent of respondents). These findings underscore the importance of addressing wages as a strategy for stabilizing the workforce and individuals' access to care.

State Strategies

Raise Reimbursement Rates with Required Wage Increases

Recently proposed direct care worker wage floors in Iowa have already been successfully enacted in several other states. For example, **Colorado** used ARPA funding to implement a new $15.00 minimum wage for Medicaid-funded direct care workers in 2022, then increased it to $17.00 using general funds in 2025.[18] Indexing wage floors to inflation can help ensure wages keep pace with cost of living. In 2021, **Maine** established a reimbursement floor for direct care worker wages at 125 percent of the state minimum wage (or $15.19 at the time of enactment) with required annual adjustments.[19]

Enforcement of dollar amount or percentage pass-through and wage floor policies generally includes employer attestations followed by more detailed audits to verify that funds were used appropriately. Wage floor policies have enforcement advantages over dollar amount or percentage-based approaches: wage records can be more straightforward to audit than organizational budgets and labor expenditures, and workers may be able to assess and report their employers' compliance more easily based on their hourly wages.

Factor Higher Wages into Reimbursement Rates

Some states routinely examine their payment methodologies and reimbursement rates to determine their adequacy and outcomes. This rate-analysis process presents an opportunity to build higher wages (including wage floors) into rates. In 2023, **New Mexico** required the rate-setting process for fee-for-service programs serving individuals with intellectual and development disabilities to include an increase in direct support professional (DSP) wages to 150 percent of the general minimum wage ($18.00 per hour, currently).[20] The state also reviewed rates for HCBS under its managed care program to determine whether they were sufficient to recruit and retain an adequate workforce, among other goals.[21]

Opportunities for Iowa

Survey data in Iowa highlight a clear need to invest in direct care worker wages to ensure a stable direct care workforce that is large enough to meet rising demand. Iowa has already invested in direct care workers through reimbursement increases with pass-through requirements, as described above. The state could build on this progress by continuing to explore the proposed wage floor policy. To support wage floors, the state could commission a rate analysis to determine how much funding would be needed, accounting for varying reimbursement policies across programs and services. Implementing these policies would help retain existing workers, bring back those who have left, and attract new jobseekers—ultimately strengthening services for older adults and people with disabilities.

3. Address Benefits Cliffs

Because of low wages and unstable schedules, many direct care workers in Iowa depend on public benefits programs to access necessary goods and services, like food, housing, and health care. Many direct care workers in Iowa receive tax credits for low-income households, food and nutrition assistance, and Medicaid coverage for themselves and their dependents.[22] Due to strict program rules, however, modest income gains can cause direct care workers to lose these benefits—often resulting in "benefits cliffs," whereby the combined value of lost benefits and additional taxes is greater than the income increase, leaving the individual and their family financially worse off.[23]

As states invest in increasing wages and improving economic stability for the direct care workforce, they have also focused on strategies to mitigate the effects of benefits cliffs. Iowa has implemented one such strategy by expanding eligibility for childcare assistance from 145 percent of the federal poverty level (FPL) to up to 225 percent FPL, under a recent rule change.[24]

Strategies to mitigate cliffs are especially important given recent significant changes in federal policy regarding Medicaid, the Supplemental Nutrition Assistance Program (SNAP), and the Affordable Care Act insurance marketplace, which will increase the risk of benefit losses.[25] For example, the new "community engagement" requirements will make maintaining Medicaid coverage more difficult for direct care workers due to the variable hours that are common in this work, along with the reporting burden.[26] Despite these changes, Iowa can help mitigate risks to workers by offering coaching and support, and by protecting and continuing to expand access to benefits.

State Strategies

Delay and Lengthen Transitions off Public Benefits

Increasing eligibility thresholds helps ensure individuals and families continue to receive support from public benefits programs even as their incomes increase incrementally. For example, 40 states and Washington, D.C. have adopted Medicaid expansion, meaning adults

with incomes up to 138 percent of the FPL can receive Medicaid in those states, and 44 states and D.C. have adopted broad-based categorical eligibility for SNAP, up to 200 percent FPL.[27] Another strategy is to pay a cash benefit to families to make up for the loss in net resources created by benefits cliffs. For example, an innovative pilot program in **Tennessee** called Our ChanceTN addresses the gap created by benefits cliffs by providing a transitional cash benefit to families who have experienced a benefits cliff.[28] The state partnered with the Federal Reserve Bank of Atlanta to create a tailored calculator in order to determine the value of lost benefits and therefore the transitional benefit amount.

Support Workers with Benefits Coaching

The structure and eligibility requirements of public benefits programs, which can include income and asset limits and required work hours, are complex and often difficult to navigate. Complex eligibility rules also make it hard to predict when a wage increase will cause an individual to lose benefits. State-sponsored benefits coaching programs help individuals and families navigate these complex eligibility requirements and make short and long-term financial decisions. The Our ChanceTN program in **Tennessee** above includes a coaching component. **Maine** has adopted a coaching approach more broadly, incorporating benefits coaching into regular appointments with program participants at the Maine Department of Health and Human Services and career counseling sessions at the Maine Department of Labor.[29] Both states use a suite of tools developed by the Federal Reserve Bank of Atlanta called the Career Ladder and Financial Forecaster (CLIFF) tools that help predict how wage increases and career advancement will affect public benefits eligibility.[30]

Opportunities for Iowa

Following the approaches used in other states, Iowa could assess opportunities to raise eligibility thresholds for certain public assistance programs (within its authority), as one way to mitigate the likelihood of benefits cliffs. A second option would be to establish transitional benefits to minimize the impact of combined losses of certain public benefits.[31] In the near term, the state can focus on implementing new federal requirements in ways that minimize harm to workers; for example, by communicating with workers about new requirements early and often, and by aligning work verification systems across Medicaid and SNAP programs.[32] Given the complexity of the structure and eligibility requirements of public benefits programs, Iowa can also consider implementing coaching programs to help ensure that workers and employers are aware of the benefits available to them and supported in navigating enrollment.

4. Strengthen the Workforce Pipeline

Strengthening the workforce pipeline is a critical step toward growing the direct care workforce. States have implemented various strategies to attract jobseekers to the direct care field and remove barriers to entry—for example, by making training more affordable and accessible, creating clear pathways from training to employment, and establishing funds to

support employers with innovative recruitment initiatives. Reducing the time and cost of training is critical for a workforce made up largely of low-income women, many of whom are balancing paid work, unpaid caregiving, and other responsibilities.

Iowa has a strong precedent in place through the ARPA-funded HCBS Employee Training and Scholarship Grant Program.[33] This program provided grants to over 85 HCBS providers to cover costs for staff training, credentials and certifications (including for direct care roles), and tuition assistance up to $1,000 per employee. Lessons learned through this intervention could inform a more permanent and expansive program for direct care workforce recruitment.

State Strategies

Make Training and Employment Accessible

Several states have implemented programs that reduce barriers to training. **Tennessee** leveraged a grant awarded by the federal Health Resources and Services Administration (HRSA) in 2023 to provide 600 jobseekers with $3,000 scholarships for a direct support professional training program.[34] The scholarships covered tuition and helped address access barriers (e.g., transportation and childcare) and employment costs (e.g., background checks and drug screening). Similarly, the Certified Home Health Aide (CHHA) Career Program in **New Jersey** offers free training and stipends to cover tuition and other barriers.[35]

Support Employers with Recruitment

States have also developed programs that link trainees directly to employment opportunities. In **New Jersey**, the CHHA Career Program provides job placement assistance upon completion and pairs new hires with experienced CHHAs who mentor them through the early days of employment, when turnover risk is high. The program focuses particularly on supporting young adults, immigrants, and refugees. **Wisconsin** has pursued a similar strategy through its WisCaregiver Careers programs. The WisCaregiver certified nursing assistant (CNA) program includes free training and connects graduates to employers who provide a six-month retention bonus.[36] To support the WisCaregiver CDCP program described above, the state launched WisCaregiver Connections, an online platform where workers who complete the CDCP training can document their skills and connect with employers (including self-directing consumers) seeking qualified workers.

Opportunities for Iowa

Iowa could build on its ARPA-funded Employee Training and Scholarship Grant Program by establishing a permanent, statewide workforce pipeline initiative. Such a program could offer scholarships or tuition assistance for jobseekers; address access barriers such as language, childcare, or transportation; and create structured pathways into lasting employment through job placement and early retention interventions, like peer support and mentorship. Job placement activities could include the training database described earlier and/or job boards to help newly trained workers connect with employers (including self-directing consumers,

discussed below) and make it easier for employers to find qualified candidates. Together, these strategies would grow the pool of workers and support their successful entry into the field.

5. Focus on Self-Direction

Self-direction is a publicly funded home care service delivery model that enables consumers to hire, train, manage, and dismiss their own workers, without the involvement of home care agencies. In Iowa, nearly 11,700 people were enrolled in self-direction programs in 2023, up from about 9,700 in 2019.[37] The self-direction model (also known as consumer-direction) is preferred by many consumers, given its emphasis on independence and autonomy; however, self-directing consumers and/or their family caregivers can also struggle to find and retain workers, while home care workers (known as independent providers in this model) may struggle to find clients. In addition, individual consumers may not have the resources or expertise to help workers develop certain skills—such as communication and conflict resolution—that are essential for strong working relationships and high-quality care.

To address these challenges, states have implemented a variety of strategies to support self-directing consumers and families and independent providers. Some states provide or require foundational training for independent providers, which consumer employers can augment as needed. Another approach is to build a matching service platform, which is an online tool that helps self-directed care recipients connect with workers and vice versa. Iowa has recently explored this idea—in 2022, the state planned to use ARPA funds to create a Direct Support Employment Network and Hiring Resource, which would have allowed workers to share their availability, training, and services with self-directing consumers. However, the state was ultimately unsuccessful in choosing a vendor to manage the resource and opted not to pursue it further.[38] Iowa could strengthen its consumer-direction programs by revisiting and launching a matching service platform—and leveraging the state's existing LMS to expand access to training for independent providers.

State Strategies

Create a Matching Service Platform

State approaches to matching service platforms vary. Some focus on connecting individuals and their families with short-term respite care, while others connect consumers with workers to provide long-term support.[39] The size and functionality of these tools also vary widely. Some operate statewide and have robust features, like secure messaging systems and direct integrations with state programs. One such tool is Carina, which currently operates in **Washington** and **Oregon.**[40] Carina is a non-profit platform that was started through a partnership between SEIU 775 and Washington state agencies in 2018. A recent evaluation of the platform conducted by PHI found that Carina's system for allowing workers and consumers to connect online before meeting in person helped create longer-lasting caregiving relationships, among other benefits of the platform.[41]

Make Training Available to Independent Providers

As discussed above, any training for direct care workers should be affordable and accessible, should increase workers' confidence and expertise, and should ultimately improve care quality and outcomes. The National Respite Care Provider Training (NRCPT) provides a strong example of a training program that fulfills these principles. The NRCPT was developed through a partnership between ARCH National Respite Network and Resource Center, the National Academy for State Health Policy, and the Respite Care Association of Wisconsin. It covers core competencies for respite care—much of which is provided by independent providers—such as promoting person-centered care and developing trusting relationships with clients, and is available in modular form in both English and Spanish.[42] The NRCPT was pilot-tested in **10 states** in 2022 and is broadly available at no cost through the ARCH website.[43] Training programs like the NRCPT serve as good models for how to ensure that independent providers—including but not limited to respite care providers—acquire the skills and confidence they need to be successful in providing high-quality, person-centered care.

Opportunities for Iowa

Iowa could revisit establishing the Employment Network and Hiring Resource to support workers and consumers, while also expanding access to training resources. The state may already have relevant training content in the existing LMS that would benefit consumer-directed workers, and the state could consult these workers and their employers to determine additional topics to add to the platform. These policy interventions would improve job quality for independent providers, access to services for individuals and families, and care quality in Iowa's consumer-directed programs.

6. Harness Data and Elevate Workers' Voices

Systematically tracking the size, stability, and compensation of the direct care workforce can help inform the development and evaluation of state policies and programs. Similarly, surveying workers directly, or formally including them in policymaking processes in other ways, helps ensure new policies and programs are rooted in the reality of providing care in the field. States have explored these strategies in various ways, including through setting provider data submission requirements, fielding surveys of workers and their employers, and establishing direct care worker advisory groups.

Iowa has demonstrated a strong focus on direct care workforce data collection. Since 2008, the state has published annual statewide data on nursing home staff turnover rates by position, including for nursing assistants.[44] As another example, the Iowa Wage and Benefit survey described above—versions of which have been fielded intermittently since 2001—offers in-depth insight into direct care worker wages, benefits, and retention issues. Building on existing efforts, the state could consider creating a more comprehensive data collection system, and more

formally and routinely consult direct care workers on policy solutions to strengthen recruitment and retention.

State Strategies

Track Workforce Trends Across Programs

Some states track direct care workforce trends by developing their own employer surveys or by contracting with external entities. Many rely on the National Core Indicators State of the Workforce surveys: **26 states and the District of Columbia** use the version for programs serving people with intellectual and developmental disabilities,[45] while **six states** use the version for aging and disability service providers.[46] Both versions of the survey offer insights into direct care worker turnover, vacancies, wages, and benefits, among other key workforce indicators. States can add custom questions to their surveys according to their own priorities, while consistent wording of the core elements across years and regions enables workforce trends to be tracked over time and between states.

Elevate Workers' Voices and Experiences

States have pursued various strategies to directly engage direct care workers and better understand their experiences and perspectives. Similar to Iowa's Wage and Benefit study, **Colorado** has also surveyed direct care workers about their employment conditions and experiences, repeating surveys and tracking trends over time.[47] Taking a different approach, **Maine** engages workers on an ongoing basis through the Direct Care and Support Professional Advisory Council, which is sponsored through the state's ombudsman program.[48] The Council develops direct care workers as leaders and advocates, and facilitates opportunities to share their insights directly with policymakers.[49] The Council is currently focused on increasing recognition for direct care workers, increasing their pay, and building awareness around quality care.[50]

Opportunities for Iowa

Iowa could expand its existing data collection efforts to gain a more comprehensive picture of direct care workforce trends—for example, by adopting the NCI workforce surveys or building out and ensuring the regular repetition of the Iowa Wage and Benefit survey (as proposed by legislation introduced in 2025).[51] In addition to continuing to survey workers and employers, Iowa could convene an advisory group to ensure workers have a voice over time and across workforce initiatives.

Conclusion

By drawing on policy trends and promising practices from states across the country, this national policy scan offers Iowa actionable guidance for building on its strong foundation of direct care workforce development. Together, the recommendations in this report—

strengthening training and career pathways, improving wages, addressing benefits cliffs, building a robust workforce pipeline, supporting self-direction, and harnessing data and elevating workers' voices—form a comprehensive strategy to stabilize and grow Iowa's direct care workforce.

Each of these recommendations reinforces the others. Training, career pathways, and workforce pipelines are most effective when paired with competitive, role-aligned wages. Better wages have the greatest positive impact when accompanied by measures to prevent or minimize benefits cliffs. Self-direction programs benefit from proactive efforts to support training and pipeline development with a focus on tailored strategies for independent providers. Collecting data and incorporating workers' insights ensures that all of these strategies are responsive to the needs of both workers and consumers, while also providing a foundation for ongoing evaluation.

Implementing these strategies will require strong collaboration among state agencies. The direct care workforce operates across multiple settings and programs with different regulations and financing mechanisms. Successful collaboration thus depends on developing a shared vocabulary for the workforce, setting clear goals and achievable milestones, and engaging all relevant partners to ensure alignment and feasibility.

By pursuing diverse efforts—including new approaches as well as initiatives that are already underway—in collaborative, integrated ways, Iowa can address persistent workforce challenges and ensure that all Iowans have access to high-quality care and support.

Resources

This environmental scan provides tailored guidance for strengthening Iowa's direct care workforce, grounded in national policy trends and informed by illustrative state examples. The following resources offer additional insights into direct care workforce policies, programs, and innovations across the country, highlighting practical examples, lessons learned, and guidance for states working to improve recruitment and retention.

- State Efforts to Improve Direct Care Workforce Wages: Final Report (ASPE, 2024)
- Direct Service Workforce Learning Collaborative Summary Report (Centers for Medicare and Medicaid Services, 2023)
- State Policy Resource Guide to the Direct Care Workforce (EWA, 2023)
- State Policy Strategies for Strengthening the Direct Care Workforce (PHI, 2022)
- Direct Care Workforce Policy and Action Guide (Milbank Memorial Fund, 2022)
- State Strategies for Sector Growth and Retention of the Direct Care Health Workforce (National Governors Association, 2021)
- Caring for the Future: The Power and Potential of America's Direct Care Workforce (PHI, 2021)

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