PHI QUALITY CARE THROUGH QUALITY JOBS

DIRECT CARE WORKERS IN THE UNITED STATES

KEY FACTS
2026

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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.

Increasing longevity and the growing population of older adults continue to drive up demand for direct care workers. The direct care workforce grew from about 3.6 million in 2015 to nearly 5.8 million in 2025, making it the largest workforce in the United States.

This upward trend is expected to continue, with the direct care workforce projected to add over 886,000 new jobs from 2025 to 2035 (an increase of 14 percent)—more new jobs than any other single occupation in the country.[1] 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 9.6 million total job openings in direct care from 2025 to 2035.[2]

This report describes in detail the direct care workforce overall, as well as the three primary segments of this workforce in long-term care, namely home care workers, residential care aides, and nursing assistants.

- **Home Care Workers** are the nearly 3.5 million personal care aides and home health aides (and in some cases, nursing assistants) who support individuals in private homes and community settings.[3]
- **Residential Care Aides** are the over 714,000 personal care aides, home health aides, and nursing assistants who assist individuals in group homes, assisted living communities, and other residential care settings.[4]
- **Nursing Assistants in Nursing Homes** are the more than 534,000 workers who provide services to individuals living in skilled nursing homes.[5]

Direct care job growth continues to primarily occur in the home and community-based services (HCBS) sector, with the home care workforce alone projected to add nearly 773,000 new jobs in the next decade (an increase of 21 percent).[6] The number of residential care aides is also projected to increase by nearly 68,000 jobs, or 9 percent.[7] In contrast, although nursing assistant employment has risen somewhat in recent years, the nursing assistant workforce is still expected to decrease by 14,000 jobs.[8] The faster growth in home care (and to a lesser extent residential care) results from consumer preferences for home care and HCBS-supportive public policies, although the 2025 federal reconciliation bill is expected to curtail HCBS funding and access in the years ahead.[9]

Over the past 10 years, the direct care workforce has seen incremental wage growth (accounting for inflation), with wage gains largely driven by state and federal investments in Medicaid programs and the workforce, especially in response to the COVID-19 pandemic. However, wages remain startlingly low. In 2025, direct care workers earned a median hourly wage of $17.99, compared to $20.54 for similar occupations outside direct care.[10] 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—as shown by persistently high rates of poverty and public assistance use.

Low wages and other job quality concerns also drive ongoing and acute recruitment and retention challenges for long-term care employers. These dynamics will likely worsen in the years ahead as federal Medicaid cuts limit states' ability to sustain or increase the direct care workforce investments that workers and employers rely on.[11]

This annual report begins by describing how the growing, changing population of older adults is affecting demand for direct care. It then provides an overview of the direct care workforce overall, followed by a closer look at the three key segments of this workforce across long-term services and supports: 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, the analyses presented in this report underscore the pressing need to continue efforts to improve job quality for direct care workers, supporting their economic stability and wellbeing and sustaining essential services for older adults and people with disabilities.

WORKFORCE DATA MATTERS

The direct care workforce statistics presented in this report and in PHI's online Workforce Data Center are critically important for describing current workforce challenges, monitoring trends over time, and developing and evaluating real-world strategies and solutions.[12] These statistics rely primarily on robust, publicly available survey data collected by the U.S. Census Bureau and Bureau of Labor Statistics. Looking ahead, these data sources must be protected and adequately funded to ensure evidence-based policymaking and practice—and additional data infrastructure must be built across states to fill gaps in our understanding of the size, stability, and compensation of the nation's largest and most in-demand workforce.

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.[13]

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 trend 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 in the decades ahead, which means that there will be fewer potential paid and unpaid caregivers available to provide support as needed. 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

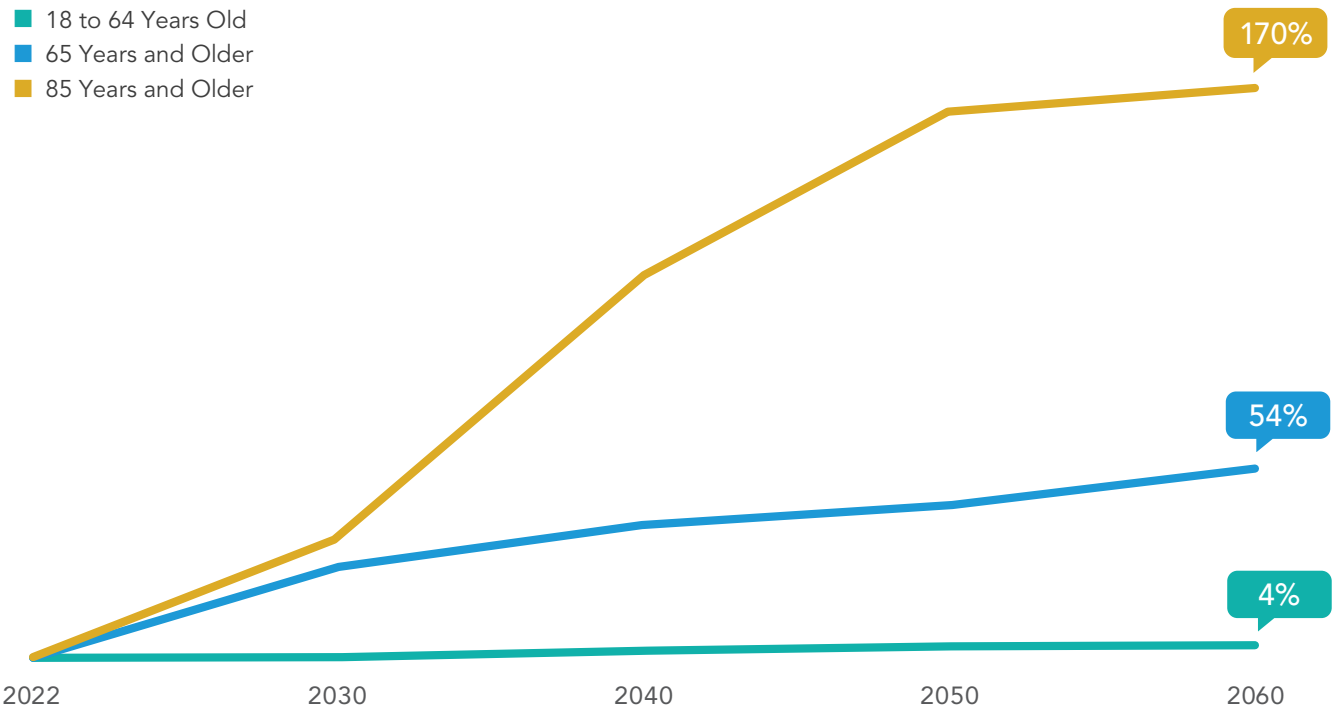


Chart Source: U.S. Census Bureau. 2023. *2023 National Population Projections Datasets, Projected Population by Single Year of Age, Sex, Race, Hispanic Origin, and Nativity for the United States: 2022 to 2100.* https://www.census.gov/data/datasets/2023/demo/popproj/2023-popproj.html; analysis by PHI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

Growing diversity and acuity among older adults will also shape future demand for direct care workers.[14]

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 is expected to increase from 26 percent to 47 percent, and the proportion of older adults who are immigrants is expected to increase from 18 percent to 32 percent.

Demographic changes among older adults will 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 and supporting workers' own diverse backgrounds, experiences, and barriers.[15]

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

About one in nine people age 65 and over are currently living with Alzheimer's disease, the most common form of dementia.[16] As the U.S. population grows older, the number of older adults with Alzheimer's disease is expected to nearly double, from 7.2 million in 2025 to 13.8 million in 2060.

This trend will drive up demand for direct care workers since a large share 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

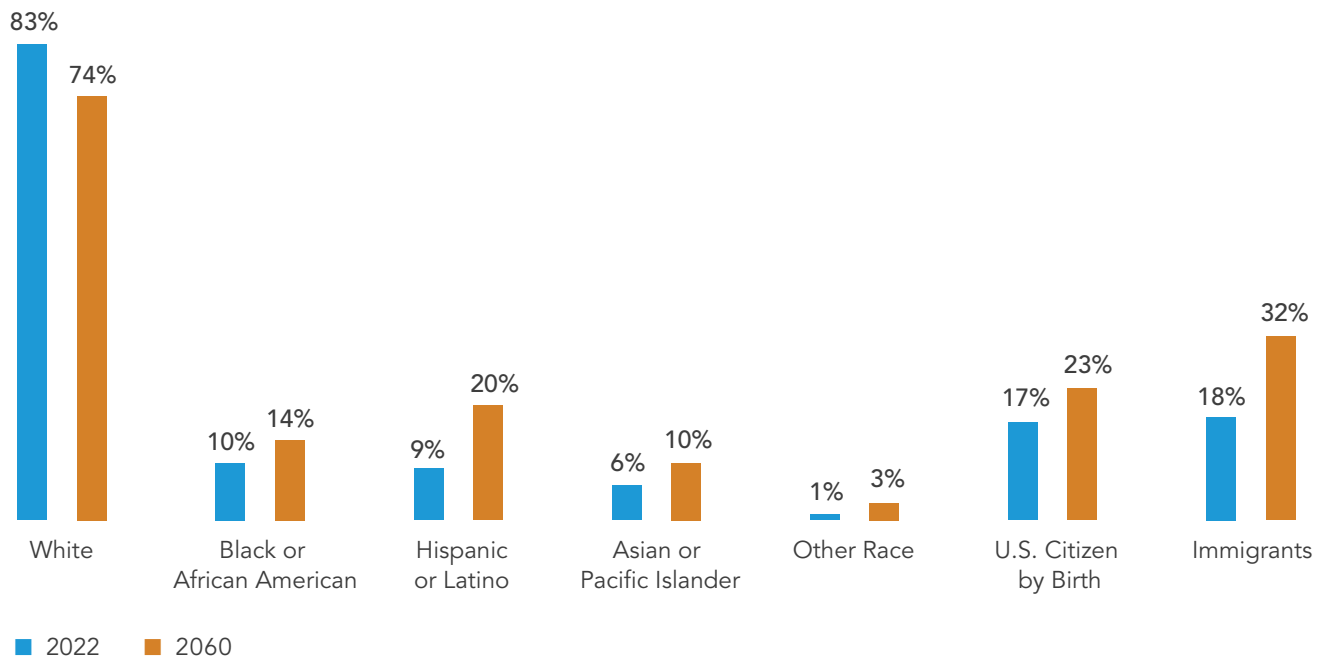


Chart Sources: U.S. Census Bureau. 2023. *Table 6: Projected Population Distribution by Race, Hispanic Origin, and Selected Age Groups.* 2023 National Population Projections Tables: Main Series, Projections for the United States: 2023 to 2100. https://www.census.gov/data/tables/2023/demo/popproj/2023-summary-tables.html; U.S. Census Bureau. 2023. *Table 9: Projected Native-Born Population for Selected Age Groups & Table 10: Projected Foreign-Born Population for Selected Age Groups.* 2023 National Population Projections Tables: Main Series, Projections for the United States: 2023 to 2100. https://www.census.gov/data/tables/2023/demo/popproj/2023-summary-tables.html; analysis by PHI (July 2024).

DIRECT CARE WORKFORCE OVERVIEW

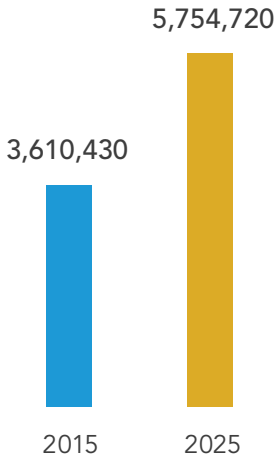
As demand for direct care workers increases, the direct care workforce continues to grow rapidly.

Over the past decade, the direct care workforce added nearly 2.1 million new jobs, growing from 3.6 million workers in 2015 to nearly 5.8 million in 2025. That growth was concentrated in home care, which added nearly 2 million jobs, while the number of residential care aides grew by 86,000 and the number of nursing assistants in nursing homes declined by nearly 78,000.

Home care workers make up the largest share of the direct care workforce (60 percent), followed by residential care aides (13 percent) and nursing assistants in nursing homes (9 percent).

Eighteen percent of direct care workers are employed in hospitals, vocational rehabilitation services, and a range of other care settings.

DIRECT CARE WORKFORCE GROWTH, 2015 TO 2025



DIRECT CARE WORKER EMPLOYMENT BY INDUSTRY, 2025

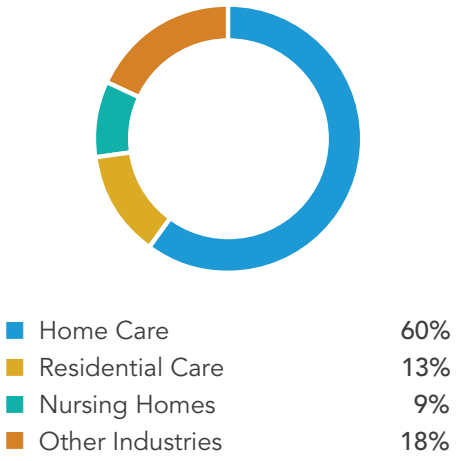
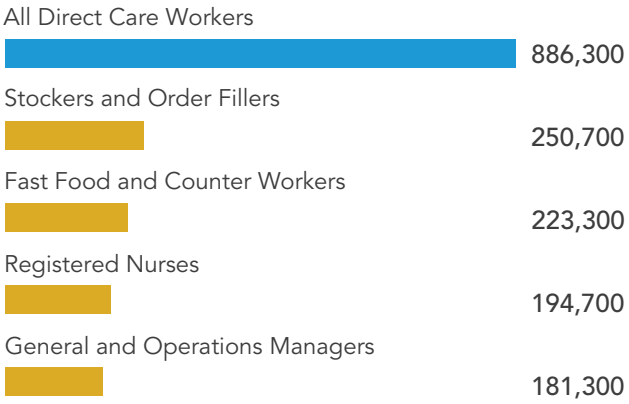


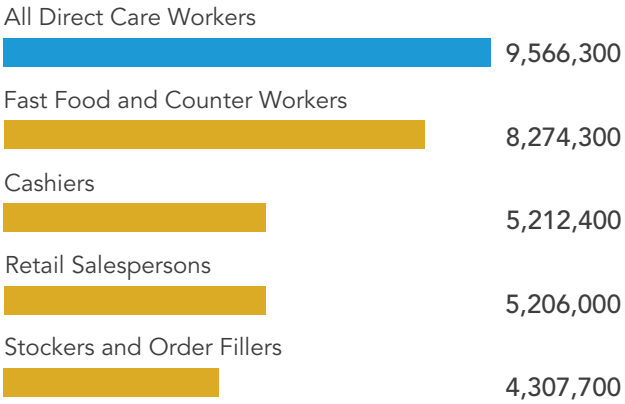
Chart Source: Other industries employing direct care workers include hospitals, vocational rehabilitation services, and a range of other care settings. U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics (OEWS). 2026. May 2015 to May 2025 All Data. https://www.bls.gov/oes/tables.htm; analysis by PHI (June 2026).

The direct care workforce is projected to add over 886,000 new jobs from 2025 to 2035—more new jobs than any other occupation in the U.S. After also including the number of workers who are expected to leave the field or leave the labor force altogether, **the direct care workforce will have an estimated 9.6 million total job openings over the same period.**

OCCUPATIONS WITH MOST JOB GROWTH, 2025 TO 2035



OCCUPATIONS WITH THE MOST TOTAL JOB OPENINGS, 2025 TO 2035



The median hourly wage for all direct care workers has increased by $2.94 in the past decade, from $15.06 in 2015 to $17.99 in 2025 (adjusted for inflation).[17] Nursing assistants in nursing homes saw the largest wage increase ($4.55), followed by residential care aides ($3.41) and home care workers ($3.24).[18]

Notably, the 2025 median hourly wage for all direct care workers was $2.55 lower than that for similar occupations ($20.54).[19]

DIRECT CARE WORKER WAGES BY INDUSTRY*, 2015 TO 2025

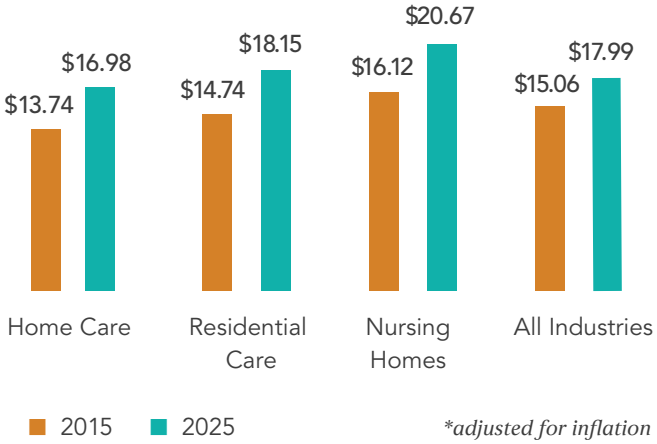


Chart Sources: U.S. Bureau of Labor Statistics (BLS), Employment Projections Program (EPP). 2026. National Employment Matrix Database. https://data.bls.gov/projections/nationalMatrixHome?ioType=o; BLS EPP. 2026. EP Data Tables, Table 1.10 Occupational Separations and Openings, Projected 2025–2035. https://www.bls.gov/emp/tables/occupational-separations-and-openings.htm; analysis by PHI (August 2026); BLS, Division of Occupational Employment and Wage Statistics (OEWS). 2026. May 2015 to May 2025 All Data. https:// www.bls.gov/oes/tables.htm; analysis by PHI (June 2026).

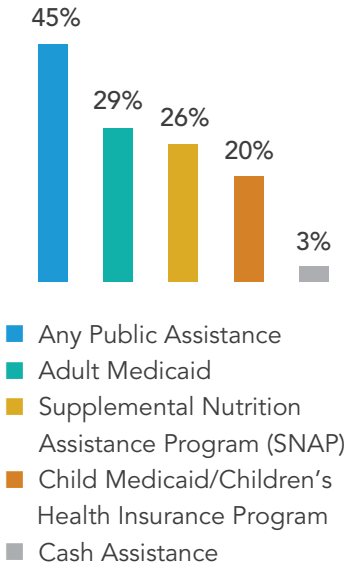
Low wages combined with high rates of part-time work and inconsistent schedules mean that median annual earnings for direct care workers are just under $28,500.[20]

Thirty-four percent of direct care workers live in low-income households (defined as subsisting at less than 200 percent of the federal poverty level), and **45 percent rely on public assistance**, such as Medicaid, the Supplemental Nutrition Assistance Program (SNAP), Child Medicaid, and/or cash assistance.

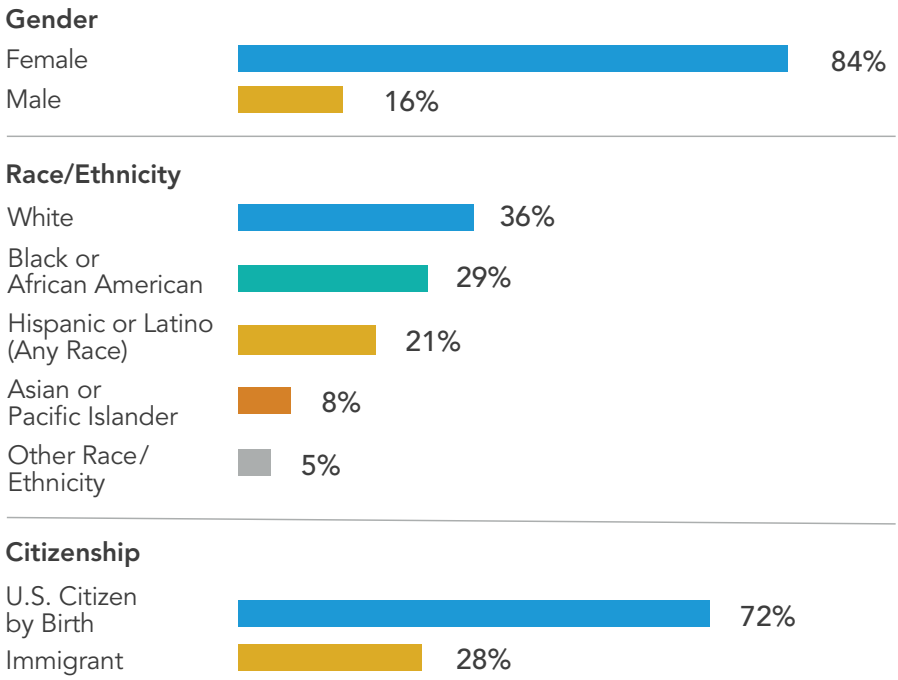
Low wages and high rates of poverty and public assistance use among direct care workers both reflect and perpetuate racial and gender inequities.

Direct care workers are majority women and people of color and disproportionately immigrants, and therefore face heightened risks of experiencing discrimination throughout their lives in housing, education, employment, health care, and more.[21]

DIRECT CARE WORKERS ACCESSING PUBLIC ASSISTANCE, 2024



DIRECT CARE WORKFORCE BY GENDER, RACE, ETHNICITY, AND CITIZENSHIP, 2024



STATE-BY-STATE WORKFORCE DATA, ALL IN ONE PLACE

The PHI Workforce Data Center delivers interactive, up-to-date data and charts on direct care wages, employment, and demographics—for every state and the nation as a whole. Compare benchmarks, track trends, and use data to build a stronger case for improving job quality. **Visit phinational.org/workforce-data-center.**

Chart Source: 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, 2024.* Minneapolis, MN: IPUMS. https://doi.org/10.18128/D010.V16.0; analysis by PHI (May 2026).

HOME CARE WORKERS

Home care workers (primarily personal care aides and home health aides, as well as some nursing assistants) assist an estimated 7.9 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]

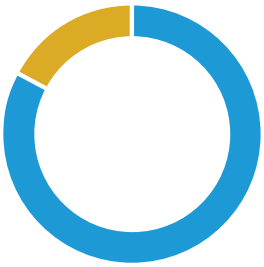
WHO ARE HOME CARE WORKERS?

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

- **Eighty-three percent of home care workers are women.**[27]
- **Home care workers have a median age of 48.** Thirty-five 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 43 percent of the total U.S. labor force,**[29] **they constitute 67 percent of all home care workers.** Twenty-six percent of home care workers are Black or African American, and 26 percent are Hispanic or Latino (any race).

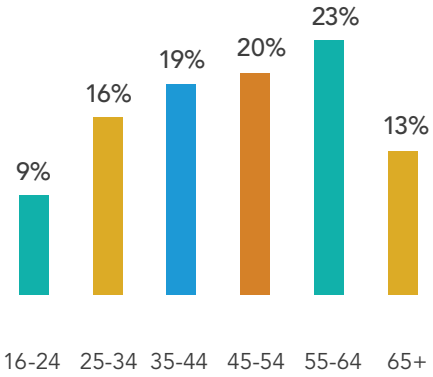
HOME CARE WORKERS

BY SEX, 2024



- Female 83%
- Male 17%

BY AGE, 2024



BY RACE AND ETHNICITY, 2024

- White 33%
- Black or African American 26%
- Hispanic or Latino (Any Race) 26%
- Asian or Pacific Islander 10%
- Other 5%

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, 2025.* Minneapolis, MN: IPUMS. https://doi.org/10.18128/D010.V16.0; analysis by PHI (May 2026).

- **Immigrants constitute 32 percent of the home care workforce, compared to 18 percent of the total U.S. labor force.**[30]
- **Thirty-nine percent of home care workers are multilingual,** including 22 percent who report speaking limited or no English and 17 percent who are multilingual with English proficiency. Multilingual workers can help meet the linguistic and cultural needs of diverse consumers, although those with limited English proficiency may require language-related supports.
- **Twenty-nine percent of home care workers 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.**
- **Forty-six percent of home care workers have pursued education beyond high school.**

HOME CARE WORKERS

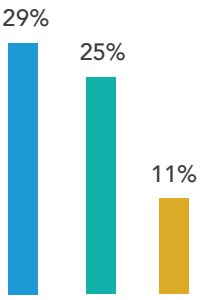
BY CITIZENSHIP STATUS, 2024

- U.S. Citizen by Birth 68%
- U.S. Citizen by Naturalization 19%
- Not a Citizen of the U.S. 14%

BY LANGUAGE STATUS, 2024

- Only English 61%
- Limited or No English 22%
- Multilingual with Proficient English 17%

BY PARENTAL STATUS, 2024



- Any Child(ren) Under Age 18
- Child(ren) Age 5 to 17
- Child(ren) Under Age 5

BY EDUCATIONAL ATTAINMENT, 2024

- Less than High School 17%
- High School Graduate 37%
- Some College, No Degree 23%
- Associate's Degree or Higher 23%

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, 2024.* Minneapolis, MN: IPUMS. https://doi.org/10.18128/D010.V16.0; analysis by PHI (May 2026). 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.

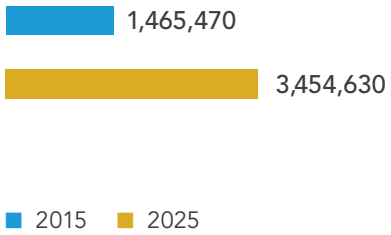
THE ROLE OF HOME CARE WORKERS

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 32 for more details.)

- **The home care workforce more than doubled in size over the past 10 years, from nearly 1.5 million in 2015 to nearly 3.5 million in 2025.**
- **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.[34]

  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.[35] However, all others—including those paid out-of-pocket on the "gray market"—are excluded.[36]
- **Home care workers constitute 60 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 66 percent of the $360 billion in annual spending on home and community-based services (HCBS).**[37]

HOME CARE WORKER EMPLOYMENT, 2015 TO 2025



DIRECT CARE WORKER EMPLOYMENT BY INDUSTRY, 2025

HCBS SPENDING BY SOURCE, 2024

Chart Sources: U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics (OEWS). 2026. *May 2015 to May 2025 All Data*. https://www.bls.gov/oes/tables.htm; analysis by PHI (June 2026); PHI estimates HCBS revenue using methods developed by KFF. Chidambaram, Priya and Alice Burns. 2024. *10 Things About Long-Term Services and Supports (LTSS)*. Washington, DC: KFF. https://www.kff.org/medicaid/issue-brief/10-things-about-long-term-services-and-supports-ltss/; Centers for Medicare and Medicaid Services. 2025. *National Health Expenditure Accounts, Table 19: National Health Expenditures by Type of Expenditure and Program: Calendar Year 2024*; analysis by PHI (June 2026).

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 inadequate financing mechanisms, broader labor market conditions, and the 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 $13.74 in 2015 to $16.98 in 2025** (adjusting for inflation).
- **The 2025 median hourly wage for home care workers was $3.57 lower than the median hourly wage for similar occupations ($20.54).**[39]
- 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.[40]
- Many home care workers also experience unstable employment over the course of the year, with **18 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.[41]
- At the other end of the work-hours spectrum, **15 percent of home care workers typically work more than 40 hours per week.** [42]

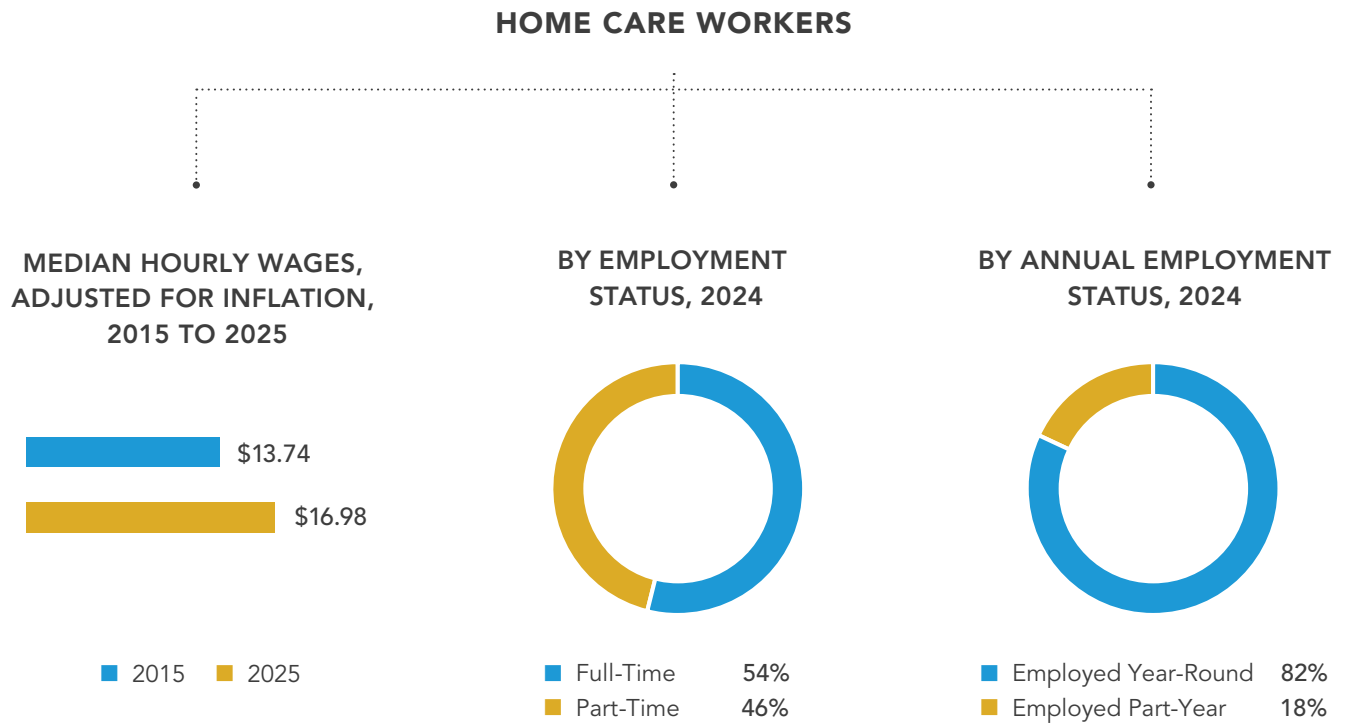
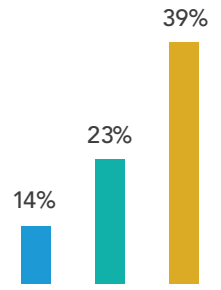


Chart Sources: U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics (OEWS). 2026. *May 2015 to May 2025 All Data*. https://www.bls.gov/oes/tables.htm; analysis by PHI (June 2026); Ruggles, Steven, Sarah Flood, Matthew Sobek, Daniel Backman, Grace Cooper, Julia Rivera Drew, Stephanie Richards, Renae Rodgers, Jonathan Schroeder, and Kari Williams. 2025. *IPUMS USA: Version 16.0 American Community Survey, 2024*. Minneapolis, MN: IPUMS. https://doi.org/10.18128/D010.V16.0; analysis by PHI (May 2026).

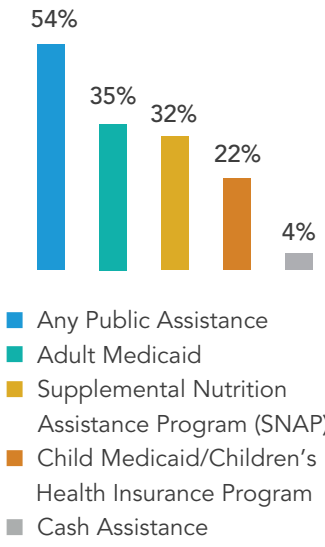
- Because of low wages and the prevalence of part-time work hours and part-year employment, **home care workers earn a median annual income of just $23,655.**[43]
- Low incomes lead to high poverty rates among home care workers: **14 percent live in a household below the federal poverty level and 39 percent live in low-income households** (i.e., below 200 percent of the federal poverty level).[44]
- Because of high poverty rates, **over half (54 percent) of home care workers receive some form of public assistance.**
- **Thirty-seven percent of home care workers are housing cost-burdened,** meaning that their housing costs (i.e., payments for a mortgage or rent, property taxes and insurance, and basic utilities) exceed 30 percent of their household income.
- **Twelve percent of home care workers lack health insurance,**[45] while 46 percent rely on public coverage, most commonly Medicaid.

HOME CARE WORKERS

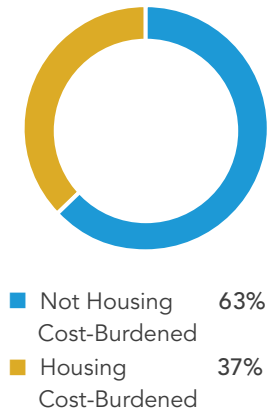
BY POVERTY LEVEL, 2024



ACCESSING PUBLIC ASSISTANCE, 2024



WHO ARE HOUSING COST-BURDENED, 2024



BY HEALTH INSURANCE STATUS, 2024

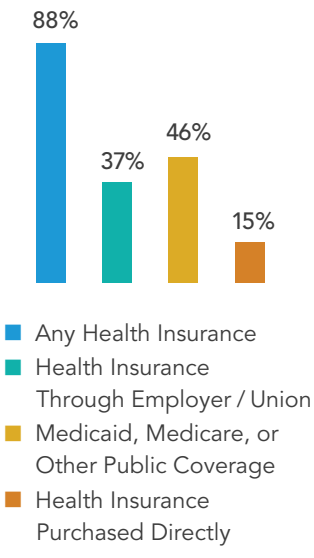


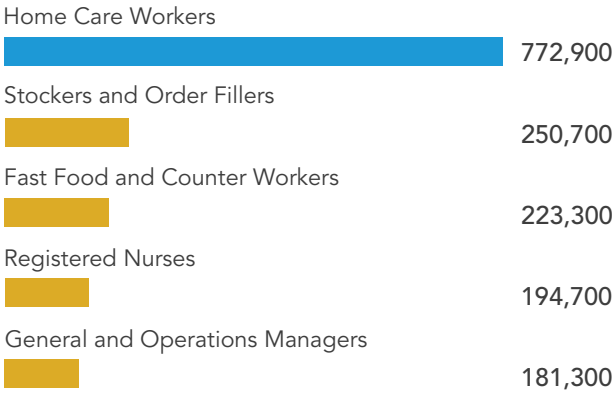
Chart Source: The percentages shown in the health insurance chart are rounded to the nearest whole percentage, and the percentages for specific forms of coverage do not total 88 percent because workers may have more than one source of coverage. Ruggles, Steven, Sarah Flood, Matthew Sobek, Daniel Backman, Grace Cooper, Julia Rivera Drew, Stephanie Richards, Renae Rodgers, Jonathan Schroeder, and Kari Williams. 2025. *IPUMS USA: Version 16.0 American Community Survey, 2024*. Minneapolis, MN: IPUMS. https://doi.org/10.18128/D010.V16.0; analysis by PHI (May 2026).

FUTURE DEMAND FOR HOME CARE WORKERS

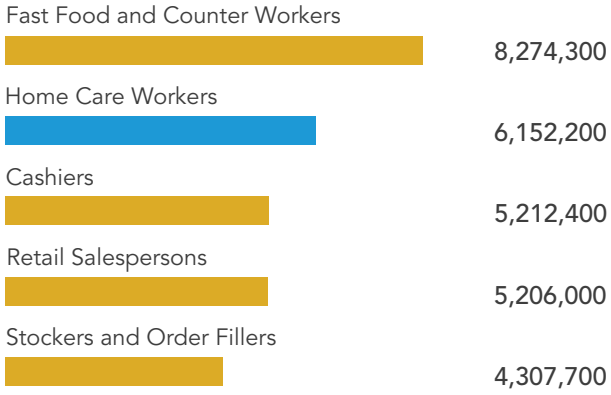
- **The home care workforce is projected to add nearly 773,000 new jobs from 2025 to 2035—more new jobs than any other occupation in the U.S.** The occupation with the second-largest projected growth, stockers and order fillers, is expected to add over 522,000 fewer jobs than the home care workforce.

- **From 2025 to 2035, the home care workforce will have nearly 6.2 million total job openings.** This figure includes nearly 773,000 new jobs created by growth in demand, nearly 2.3 million job openings caused by workers moving into other occupations, and over 3.1 million job openings due to workers leaving the labor force altogether.[46] The home care workforce ranks second among all U.S. occupations for total projected job openings.

OCCUPATIONS WITH MOST JOB GROWTH, 2025 TO 2035



OCCUPATIONS WITH THE MOST TOTAL JOB OPENINGS, 2025 TO 2035



CONCLUSION

Median wages for home care workers increased modestly over the past decade, likely reflecting state and federal investments in HCBS and this workforce in recent years.[47] 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. High inflation will continue to erode spending power for home care workers. Rising gas prices are especially concerning for this mobile workforce. In turn, the home care industry continues to struggle with high turnover and widespread workforce shortages, causing service delays and gaps for consumers.[48]

Recent federal policy changes will exacerbate these home care workforce challenges. Unprecedented cuts to Medicaid through H.R. 1, the 2025 federal reconciliation bill, will make investment in this workforce harder for states. Other federal policy actions—including new barriers to public benefits, the rollback of minimum wage and overtime protections, and punitive immigration policies—are harming home care workers directly and will contribute to workforce instability and shortages over time.[49] 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.

Chart Sources: U.S. Bureau of Labor Statistics (BLS), Employment Projections Program (EPP). 2026. *National Employment Matrix*. https://www.bls.gov/emp/data/occupational-data.htm; BLS EPP. 2026. *Occupational Employment Projections Data, Table 1.10 Occupational Separations and Openings, Projected 2025–2035*. https://www.bls.gov/emp/tables/occupational-separations-and-openings.htm; analysis by PHI (August 2026).

RESIDENTIAL CARE AIDES

Residential care aides support more than one million individuals living in residential care settings in the U.S.[50] These settings include small group homes, assisted living, and life plan communities (i.e., senior living communities with tiered levels of care) as key examples.[51] Overall employment levels in residential care decreased sharply during the COVID-19 pandemic, but have now surpassed pre-pandemic levels. 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 considerable job quality challenges.

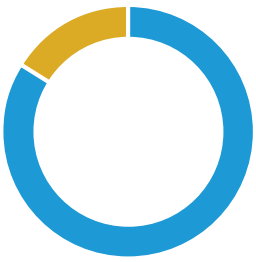
WHO ARE RESIDENTIAL CARE AIDES?

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 housing, education, employment, health care, and more.[52] Structural inequities related to gender, race/ethnicity, nativity, and other factors are central concerns for this workforce.[53]

- **Eighty-four percent of residential care aides are women.**[54]
- **Residential care aides have a median age of 38.** Twenty-two percent of residential care aides are age 16 to 24, compared to 14 percent of the total U.S. labor force.[55]
- **While people of color make up 43 percent of the total U.S. labor force,**[56] **they constitute 62 percent of residential care aides.** Thirty-six percent of residential care aides are Black or African American.

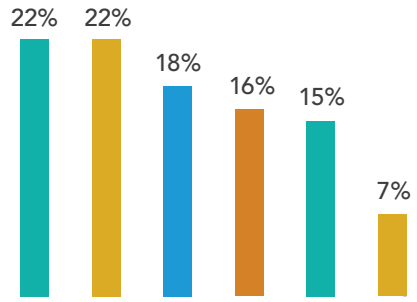
RESIDENTIAL CARE AIDES

BY SEX, 2024

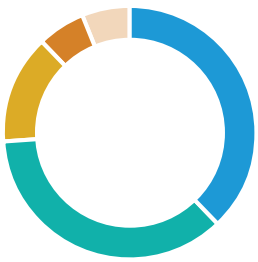


Female	84%
Male	16%

BY AGE, 2024



BY RACE AND ETHNICITY, 2024



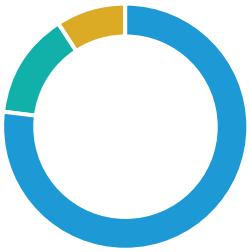
White	38%
Black or African American	36%
Hispanic or Latino (Any Race)	14%
Asian or Pacific Islander	6%
Other	6%

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, 2024*. Minneapolis, MN: IPUMS. https://doi.org/10.18128/D010.V16.0; analysis by PHI (May 2026).

- **Immigrants constitute 23 percent of the residential care aide workforce, compared to 18 percent of the total U.S. labor force.**[57]
- **Twenty-five percent of residential care aides are multilingual,** including 14 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, although those with limited English proficiency may require language-related supports.
- **Thirty-one percent of residential care aides have at least one child under age 18 living at home, and 15 percent have one or more children under the age of five living at home.**
- **Half of all residential care aides have pursued education beyond high school.**

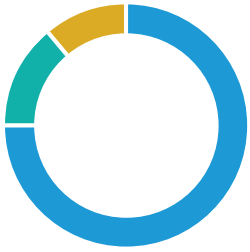
RESIDENTIAL CARE AIDES

BY CITIZENSHIP STATUS, 2024



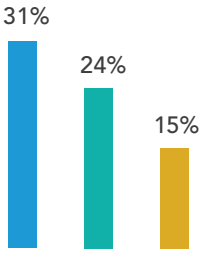
- U.S. Citizen by Birth 77%
- U.S. Citizen by Naturalization 14%
- Not a Citizen of the U.S. 9%

BY LANGUAGE STATUS, 2024



- Only English 75%
- Multilingual with Proficient English 14%
- Limited or No English 11%

BY PARENTAL STATUS, 2024



- Any Child(ren) Under Age 18
- Child(ren) Age 5 to 17
- Child(ren) Under Age 5

BY EDUCATIONAL ATTAINMENT, 2024

- Less than High School 10%
- High School Graduate 40%
- Some College, No Degree 31%
- Associate's Degree or Higher 19%

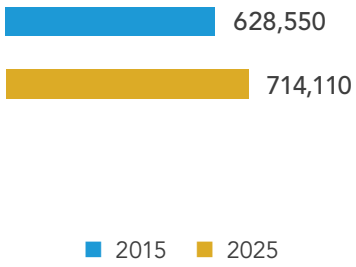
Chart Sources: Non-citizens include permanent residents (green card holders), visa holders (e.g., foreign students), humanitarian migrants (e.g., refugees, asylees, and temporary protected status holders), and those without documented status. Ruggles, Steven, Sarah Flood, Matthew Sobek, Daniel Backman, Grace Cooper, Julia Rivera Drew, Stephanie Richards, Renae Rodgers, Jonathan Schroeder, and Kari Williams. 2025. *IPUMS USA: Version 16.0 American Community Survey, 2024.* Minneapolis, MN: IPUMS. https://doi.org/10.18128/D010.V16.0; analysis by PHI (May 2026). 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

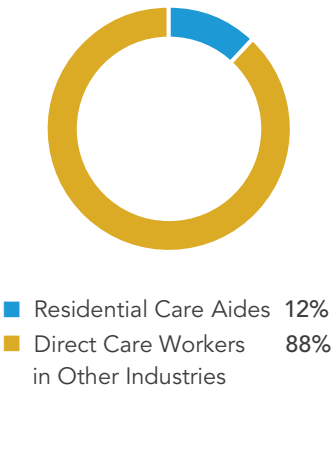
Residential care aides assist individuals with daily tasks and activities in community-based residential care settings. These roles are filled by **personal care aides, home health aides,** and **nursing assistants,** depending on state-level regulations and employers' hiring practices. Although formally 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 32 for more details.)

- **The residential care aide workforce added 85,560 jobs over the past 10 years, increasing in size from 629,000 workers in 2015 to 714,000 in 2025.** Residential care aide employment fell by 39,000 positions from 2019 to 2022, but has since rebounded, adding 78,000 jobs.[58]
- **Residential care aides constitute 12 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 **37 percent comes from out-of-pocket payments.**[59]
- **Revenue sources vary across residential care settings.** Public sources constitute 73 percent of revenue in residential care homes for people with intellectual and developmental disabilities, versus 17 percent of revenue in assisted living and continuing care retirement communities.[60]

RESIDENTIAL CARE AIDE EMPLOYMENT, 2015 TO 2025



DIRECT CARE WORKER EMPLOYMENT BY INDUSTRY, 2025



RESIDENTIAL CARE REVENUE BY SOURCE, 2023

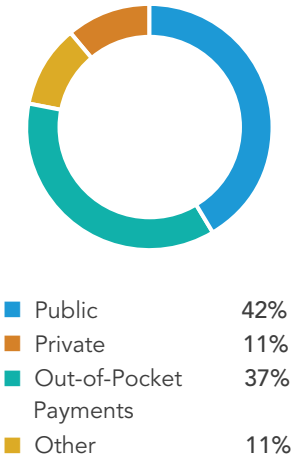


Chart Sources: U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics (OEWS). 2026. *May 2015 to May 2025 All Data*. https://www.bls.gov/oes/tables.htm; analysis by PHI (June 2026); "Private" includes revenue from Medicaid and Medicare managed care. "Other" sources of revenue include all other resident care revenue not captured in other categories, as well as non-resident care revenue (e.g., investment or property income, and contributions, gifts, and grants). U.S. Census Bureau. 2026. *Annual Integrated Economic Survey (AIES), Table AIES62TYPEPAYER, Health Care and Social Assistance: Revenue by Type of Payer for Employer Firms in the U.S, 2023*. https://data.census.gov/table/AIESMISCSECTORTIMESERIES.AIES62TYPEPAYER?q=AIES; analysis by PHI (July 2026).

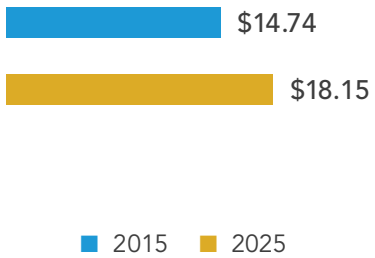
CHALLENGES FOR RESIDENTIAL CARE AIDES

Residential care aides typically earn low wages and experience considerable economic instability due to a combination of structural factors, including inadequate financing mechanisms, broader labor market conditions, and the overall devaluing of care work.[61] 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 $14.74 in 2015 to $18.15 in 2025** (adjusting for inflation).
- **The 2025 median hourly wage for residential care aides was $2.40 lower than the median hourly wage for similar occupations ($20.54).**[62]
- **More than one in four residential care aides (28 percent) work part time,** defined as fewer than 35 hours per week.[63]
- Many residential care aides also experience unstable employment over the course of the year, **with 16 percent of residential care aides employed for only part of the year,** rather than year-round. Sixty-five percent of residential care aides work full-time, year-round.[64]
- At the other end of the work-hours spectrum, **15 percent of residential care aides typically work more than 40 hours per week.**[65]

RESIDENTIAL CARE AIDES

MEDIAN HOURLY WAGES, ADJUSTED FOR INFLATION, 2015 TO 2025



BY EMPLOYMENT STATUS, 2024

BY ANNUAL EMPLOYMENT STATUS, 2024

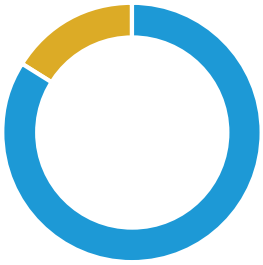
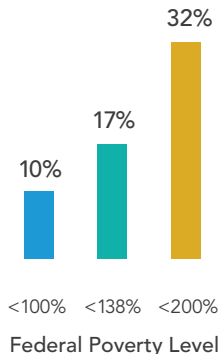


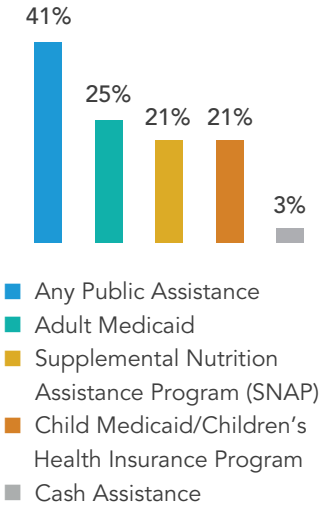
Chart Sources: U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics (OEWS). 2026. *May 2015 to May 2025 All Data*. https://www.bls.gov/oes/tables.htm; analysis by PHI (June 2026); Ruggles, Steven, Sarah Flood, Matthew Sobek, Daniel Backman, Grace Cooper, Julia Rivera Drew, Stephanie Richards, Renae Rodgers, Jonathan Schroeder, and Kari Williams. 2025. *IPUMS USA: Version 16.0 American Community Survey, 2024*. Minneapolis, MN: IPUMS. https://doi.org/10.18128/D010.V16.0; analysis by PHI (May 2026).

RESIDENTIAL CARE AIDES

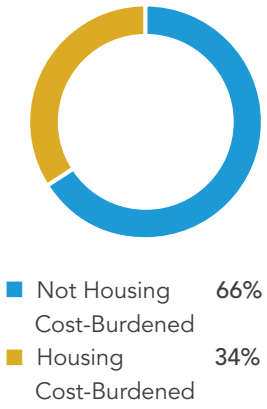
BY POVERTY LEVEL, 2024



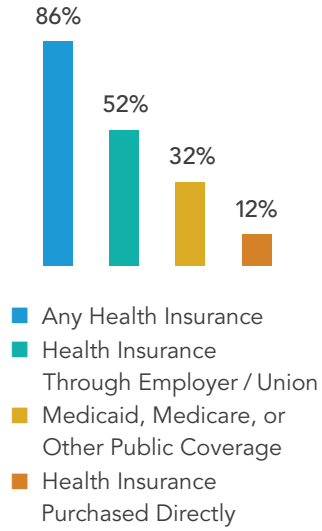
ACCESSING PUBLIC ASSISTANCE, 2024



WHO ARE HOUSING COST-BURDENED, 2024



BY HEALTH INSURANCE STATUS, 2024



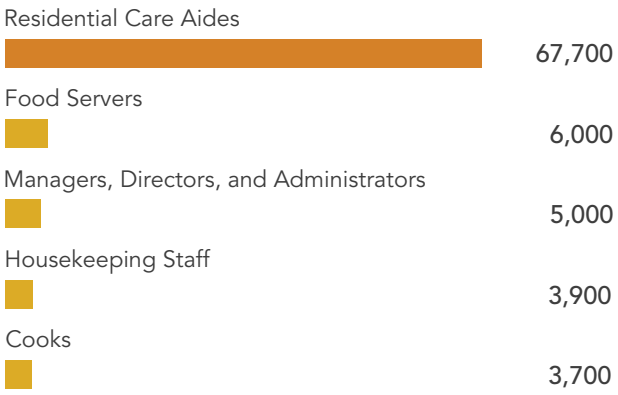
- Because of low wages and prevalent part-time and part-year employment, **residential care aides earn a median annual income of $30,458.**[66]
- Low incomes lead to high poverty rates among residential care aides: **10 percent live in a household below the federal poverty level and 32 percent live in low-income households** (i.e., below 200 percent of the federal poverty level).[67]
- Because of high poverty rates, **more than two in five residential care aides (41 percent) receive some form of public assistance.**
- **Thirty-four percent of residential care aides are housing cost-burdened,** meaning that their housing costs (i.e., payments for a mortgage or rent, property taxes and insurance, and basic utilities) exceed 30 percent of their household income.
- **Fourteen percent of residential care aides lack health insurance.**[68] Fifty-two percent receive insurance through their own or their partners' employer or union, while 32 percent rely on public coverage, most commonly Medicaid.

Chart Source: The percentages for specific forms of coverage in the Health Insurance Status chart do not total 86 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, 2024.* Minneapolis, MN: IPUMS. https://doi.org/10.18128/D010.V16.0; analysis by PHI (May 2026).

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 nearly 68,000 new jobs from 2025 to 2035.**
- **From 2025 to 2035, the residential care aide workforce will have over 1 million total job openings.** This figure includes nearly 68,000 new jobs created by growing demand plus 432,000 job openings caused by workers moving into other occupations and nearly 551,000 job openings due to workers leaving the labor force altogether.[69] Projected job openings for residential care aides are more than three 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, 2025 TO 2035



JOB OPENINGS IN RESIDENTIAL CARE BY OCCUPATION, 2025 TO 2035

CONCLUSION

As in home care, recruitment and retention in the residential care sector have been acutely challenging in recent years. While residential care aide employment recently surpassed pre-pandemic levels, job quality and workforce stability issues persist. Median hourly wages and median annual incomes for residential care aides have increased somewhat, but 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, like home care workers, they will be particularly at risk of imminent cuts to Medicaid and SNAP programs.[70] 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.

Chart Sources: U.S. Bureau of Labor Statistics (BLS), Employment Projections Program (EPP). 2026. *National Employment Matrix*. https://www.bls.gov/emp/data/occupational-data.htm. BLS EPP. 2026. *Occupational Employment Projections Data, Table 1.10 Occupational Separations and Openings, Projected 2025–2035*. https://www.bls.gov/emp/tables/occupational-separations-and-openings.htm; analysis by PHI (August 2026).

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.[71] After a downward trend that accelerated during the COVID-19 pandemic, nursing assistant employment in nursing homes has risen substantially since 2022. Though nursing home staffing challenges have improved somewhat,[72] nursing assistants struggle with persistently low wages, heavy workloads, and long work hours, which contribute to high rates of stress, injury, and burnout.[73]

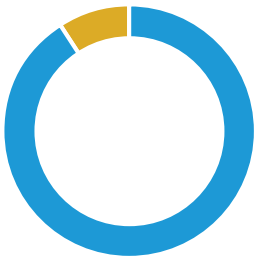
WHO ARE NURSING ASSISTANTS IN NURSING HOMES?

Nursing assistants are primarily women, people of color, and immigrants, and therefore face heightened risks of experiencing discrimination throughout their lives in housing, education, employment, health care, and more.[74] Structural inequities related to gender, race/ethnicity, nativity, and other factors are central concerns for this workforce.[75]

- **Nearly 91 percent of nursing assistants are women.**[76]
- **Nursing assistants have a median age of 38.** Twenty-one percent of nursing assistants are age 16 to 24, compared to 14 percent of the total U.S. labor force.[77]
- **While people of color make up 43 percent of the total U.S. labor force,[78] they constitute 60 percent of all nursing assistants in nursing homes.** Thirty-five percent of nursing assistants are Black or African American.

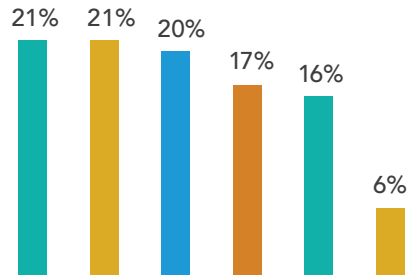
NURSING ASSISTANTS

BY SEX, 2024

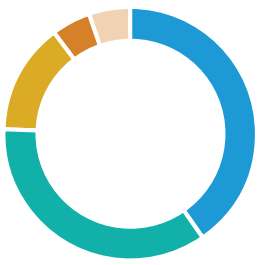


Female	91%
Male	9%

BY AGE, 2024



BY RACE AND ETHNICITY, 2024



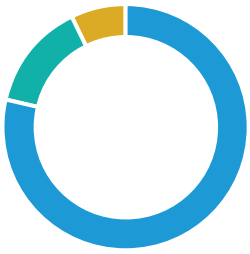
White	40%
Black or African American	35%
Hispanic or Latino (Any Race)	14%
Asian or Pacific Islander	5%
Other	5%

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 Race and Ethnicity chart 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, 2024.* Minneapolis, MN: IPUMS. https://doi.org/10.18128/D010.V16.0; analysis by PHI (May 2026).

- **Immigrants constitute 22 percent of the nursing assistant workforce, compared to 18 percent of the total U.S. labor force.**[79]
- **Twenty-five percent of nursing assistants are multilingual,** including 15 percent with proficient English and 9 percent who report speaking limited or no English. Multilingual workers can help meet the language and cultural needs of diverse residents, although those with limited English proficiency may require language-related support.
- **Thirty-three 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 (44 percent) of nursing assistants have pursued education beyond high school.**

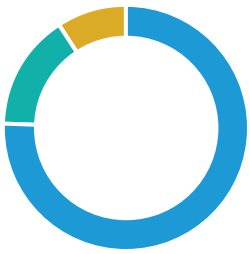
NURSING ASSISTANTS

BY CITIZENSHIP STATUS, 2024



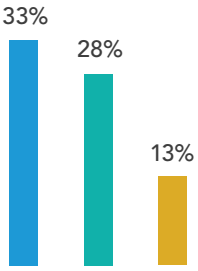
- U.S. Citizen by Birth 78%
- U.S. Citizen by Naturalization 14%
- Not a Citizen of the U.S. 7%

BY LANGUAGE STATUS, 2024



- Only English 75%
- Multilingual With Proficient English 15%
- Limited or No English 9%

BY PARENTAL STATUS, 2024



- Any Child(ren) Under Age 18
- Child(ren) Age 5 to 17
- Child(ren) Under Age 5

BY EDUCATIONAL ATTAINMENT, 2024

- Less than High School 13%
- High School Graduate 43%
- Some College, No Degree 30%
- Associate's Degree or Higher 14%

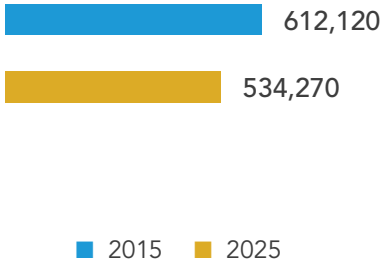
Chart Source: The percentages shown in the citizenship chart do not total 100 because they are rounded to the nearest whole percentage. Non-citizens include permanent residents (green card holders), visa holders (e.g., foreign students), humanitarian migrants (e.g., refugees, asylees, and temporary protected 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, 2024*. Minneapolis, MN: IPUMS. https://doi.org/10.18128/D010.V16.0; analysis by PHI (May 2026).

THE ROLE OF NURSING ASSISTANTS IN NURSING HOMES

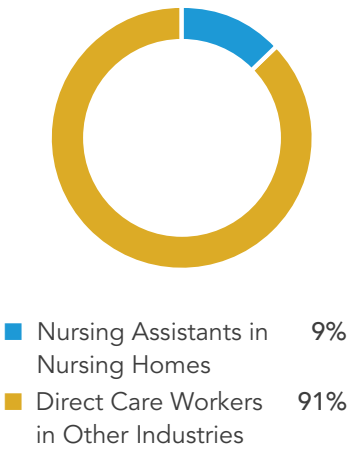
Nursing assistants support nursing home residents with activities of daily living (ADLs), including eating, dressing, toileting, mobility, and bathing. They also help residents participate in social activities and events such as classes, performances, and religious services. Further, nursing assistants perform certain clinical tasks under the supervision of onsite licensed professionals. (See *Occupational Titles and Industry Classifications* on page 32 for more details.)

- **The number of nursing assistants declined by about 13 percent overall in the past decade, from around 612,000 in 2015 to 534,000 in 2025.** Nursing assistant employment fell by 118,000 positions from 2019 to 2022 but has since rebounded, adding 86,000 jobs.[80]
- **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 61 percent of all nursing hours** at a median of more than two hours of direct care per resident per day.[81]

NURSING ASSISTANT EMPLOYMENT IN NURSING HOMES, 2015 TO 2025



DIRECT CARE WORKER EMPLOYMENT BY INDUSTRY, 2025



MEDIAN STAFF HOURS PER RESIDENT PER DAY BY OCCUPATION, 2025

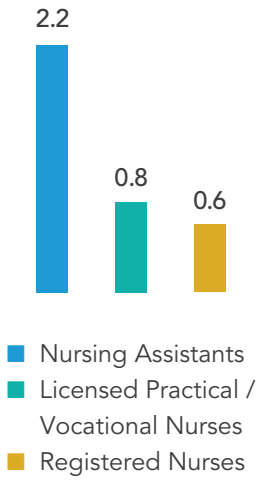


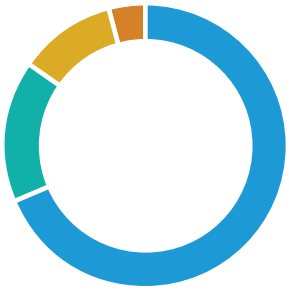
Chart Sources: U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics (OEWS). 2026. May 2015 to May 2025 All Data. https://www.bls.gov/oes/tables.htm; analysis by PHI (June 2026); Centers for Medicare & Medicaid Services (CMS). 2026. *Payroll Based Journal Daily Nurse Staffing, Q1 through Q4 2025*. https://data.cms.gov/quality-of-care/payroll-based-journal-daily-nurse-staffing; analysis by PHI (June 2026).

- **Nursing assistants support a median of 11 nursing home residents during each shift,** while 10 percent of nursing assistants typically assist 14 or more residents.[82]
- **Just over half of all nursing homes (51 percent) relied on nursing assistants from staffing agencies to fill staffing vacancies in 2025,** a significant decrease from the pandemic-era peak of 62 percent in 2023.[83] This trend is promising, since prior research has shown that contract staffing is associated with worse care quality outcomes for residents in nursing homes.[84]
- **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.[85]
- Nursing assistant jobs are predominantly government funded. Of the nursing home industry's $142 billion in total annual revenue, **payments from public programs (primarily Medicaid and Medicare) constitute 68 percent.**[86]

NURSING HOMES WITH CONTRACT NURSING ASSISTANT STAFF, 2025

Used Contract Nursing Assistants	51%
Did Not Use Contract Nursing Assistants	49%

NURSING HOME REVENUE BY SOURCE, 2023



Public Programs	68%
Private Insurance	16%
Out-of-Pocket Payments	11%
Other	4%

Chart Sources: Centers for Medicare & Medicaid Services (CMS). 2025. *Payroll Based Journal Daily Nurse Staffing, Q1 through Q4 2025.* https://data.cms.gov/quality-of-care/payroll-based-journal-daily-nurse-staffing; analysis by PHI (June 2026). "Private" includes revenue from Medicaid and Medicare managed care. "Other" sources of revenue include all other resident care revenue not captured in other categories, as well as non-resident care revenue (e.g., investment or property income, and contributions, gifts, and grants). U.S. Census Bureau. 2026. *Annual Integrated Economic Survey (AIES), Table AIES62TYPEPAYER, Health Care and Social Assistance: Revenue by Type of Payer for Employer Firms in the U.S, 2023.* https://data.census.gov/table/AIESMISCSECTORTIMESERIES.AIES62TYPEPAYER?q=AIES; analysis by PHI (July 2026).

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 inadequate financing mechanisms, broader labor market conditions, and the overall devaluing of care work.[87] 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 $16.12 in 2015 to $20.67 in 2025** (adjusting for inflation).
- **The 2025 median hourly wage for nursing assistants in nursing homes was $7.23 lower than the median hourly wage for similar occupations ($27.90).**[88]
- **More than one in four nursing assistants (27 percent) work part time,** defined as fewer than 35 hours per week.[89]
- 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.[90] Sixty-five percent of nursing assistants work full-time, full-year.[91]
- At the other end of the work-hours spectrum, **13 percent of nursing assistants typically work more than 40 hours per week.**[92]

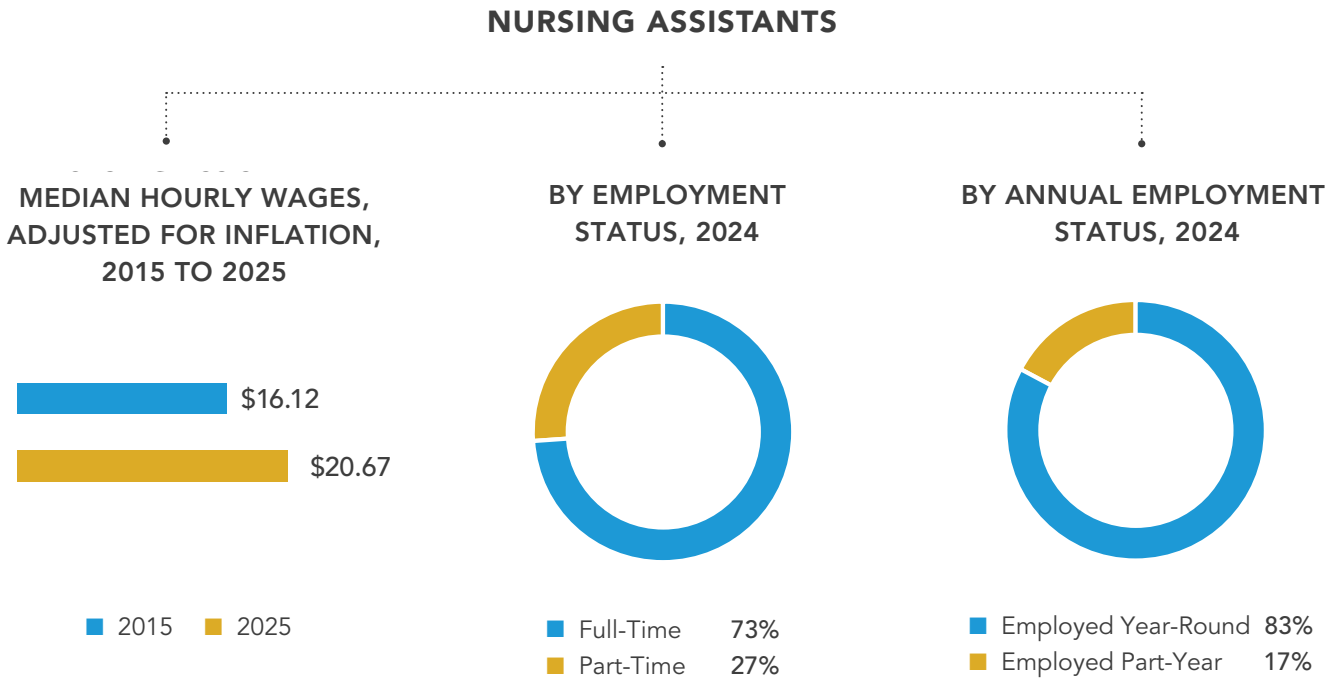
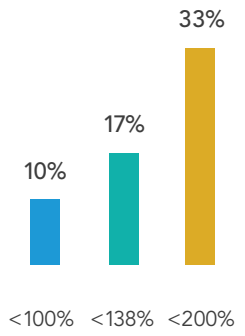


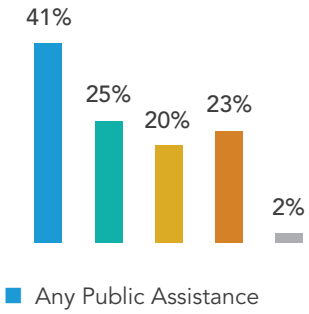
Chart Sources: U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics (OEWS). 2026. *May 2015 to May 2025 All Data*. https://www.bls.gov/oes/tables.htm; analysis by PHI (June 2026); Ruggles, Steven, Sarah Flood, Matthew Sobek, Daniel Backman, Grace Cooper, Julia Rivera Drew, Stephanie Richards, Renae Rodgers, Jonathan Schroeder, and Kari Williams. 2025. *IPUMS USA: Version 16.0 American Community Survey, 2024*. Minneapolis, MN: IPUMS. https://doi.org/10.18128/D010.V16.0; analysis by PHI (May 2026).

NURSING ASSISTANTS

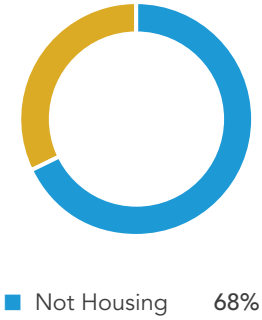
BY POVERTY LEVEL, 2024



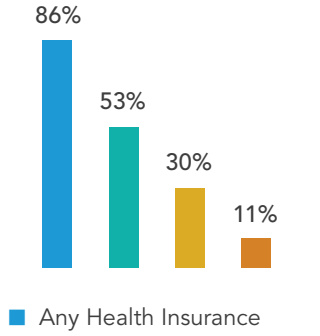
ACCESSING PUBLIC ASSISTANCE, 2024



WHO ARE HOUSING COST-BURDENED, 2024



BY HEALTH INSURANCE STATUS, 2024



- Due to low wages and the prevalence of part-time work hours and part-year employment, **nursing assistants earn a median annual income of $32,488.**[93]
- Low incomes lead to high poverty rates among nursing assistants: **10 percent live below the federal poverty level and 33 percent live in low-income households** (i.e., below 200 percent of the federal poverty level).[94]
- Because poverty rates are high among nursing assistants, **41 percent rely on some form of public assistance**.
- **Thirty-two percent of nursing assistants are housing cost-burdened,** meaning that their housing costs (i.e., mortgage payments or rent, property taxes and insurance, and basic utilities) exceed 30 percent of their household income.
- **Fourteen percent of nursing assistants in nursing homes lack health insurance.**[95] Fifty-three percent of nursing assistants have insurance through their own or their partners' employer or union, while 30 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 86 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, 2024.* Minneapolis, MN: IPUMS. https://doi.org/10.18128/D010.V16.0; analysis by PHI (May 2026).

- **Nursing assistants are nearly four times more likely to experience workplace injuries or illnesses than the typical U.S. worker,** with their injuries and illnesses requiring a median of 10 days away from work or a job transfer or restriction in duties.[96] (These data are for nursing assistants across industries; updated data on nursing assistants specifically working in nursing homes are not available.)

ANNUAL WORKPLACE INJURY AND ILLNESS RATES PER 10,000 WORKERS BY CAUSE OF INJURY, 2024

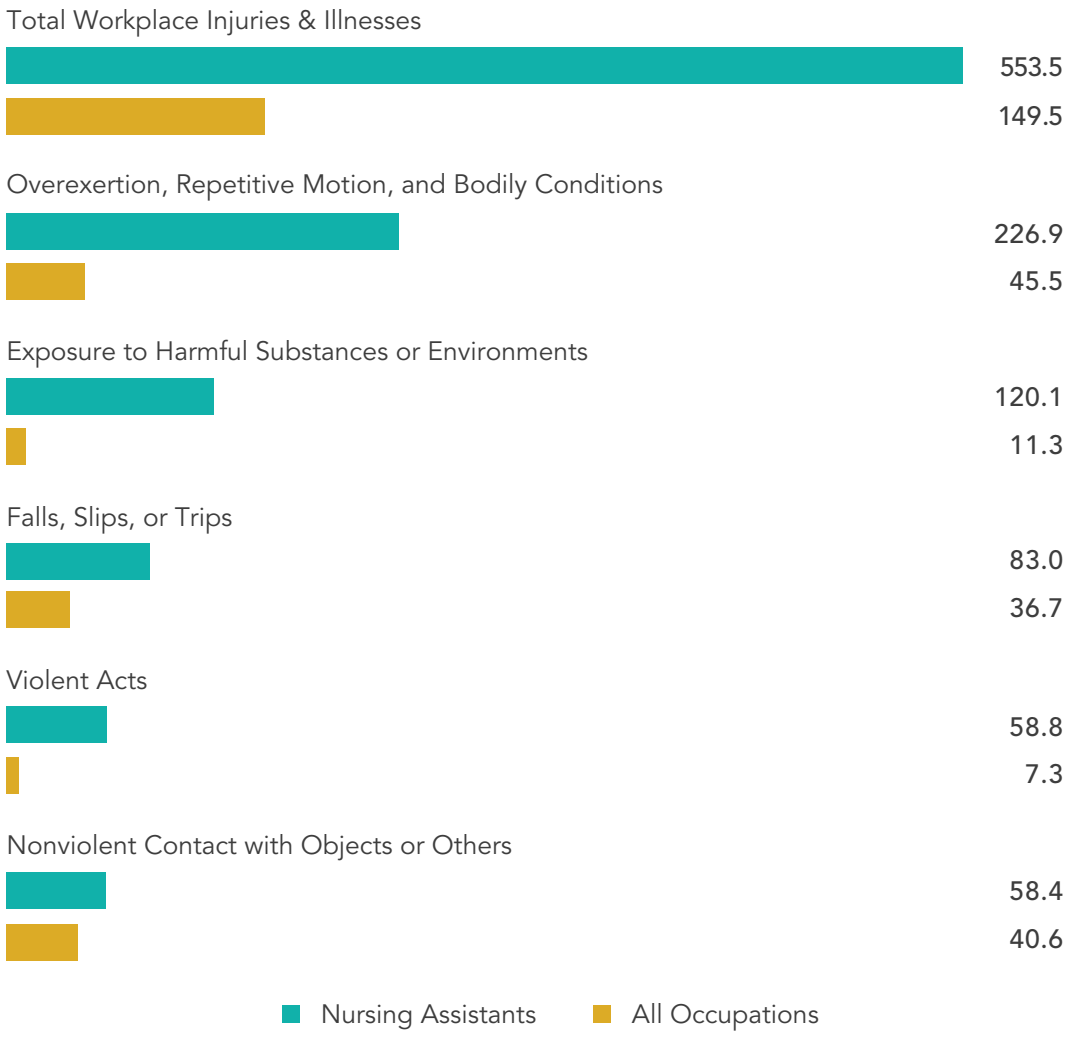
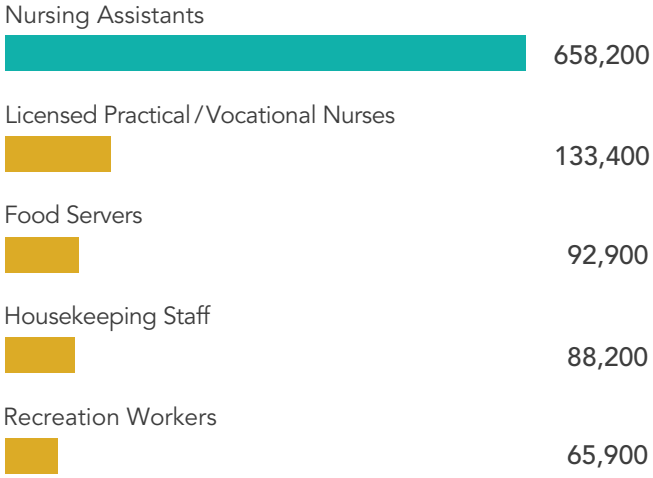


Chart Source: U.S. Bureau of Labor Statistics (BLS), Injuries, Illnesses, and Fatalities. 2024. *Occupational Injuries and Illnesses and Fatal Injuries Profiles: Day Away/Restricted of Transfer (DART) Injury and Illness Annualized Rate per 10,000 Workers.* https://www.bls.gov/iif/; analysis by PHI (June 2026).

FUTURE DEMAND FOR NURSING ASSISTANTS IN NURSING HOMES

- **From 2025 to 2035, the nursing assistant workforce is projected to lose 14,000 jobs,** reflecting the decreasing trend in demand for nursing home care and the number of nursing assistant jobs in recent years.[97] However, if recent employment growth continues, this projection may reverse direction.
- **However, the projected number of total job openings for nursing assistants in nursing homes continues to increase. From 2025 to 2035, this workforce will have over 658,000 total job openings.** This figure includes 349,000 job openings caused by workers moving into other occupations and over 323,000 job openings due to workers exiting the labor force altogether.[98] 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, 2025 TO 2035



CONCLUSION

Although overall demand for nursing homes has declined over the past decade, the number of nursing assistants in nursing homes has increased since the lowest point of pandemic-era employment. Nursing homes appear to be filling vacant positions with long-term employees at a higher rate, rather than using contract nursing assistants to fill staffing gaps. Beyond post-pandemic recovery, longer-term utilization and employment trends in nursing homes remain to be seen. In any case, more progress is needed to recruit and retain enough nursing assistants to support individuals with complex needs in this care setting. Several states have taken steps to improve job and care quality by tying Medicaid reimbursement to nursing home staffing and job quality metrics;[99] others have set requirements for the percentage of nursing home revenue that must be invested in resident care, including investments in the direct care workforce;[100] and still others have set state-level minimum staffing requirements for nursing homes.[101]

However, recent progress to address job quality and understaffing in nursing homes is threatened by federal policy changes, including significant Medicaid cuts and the repeal of minimum staffing standards (that had yet to be implemented).[102] Targeted, coordinated efforts—particularly at the state level, and with federal leadership where possible—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.

Chart Sources: U.S. Bureau of Labor Statistics (BLS), Employment Projections Program (EPP). 2026. *National Employment Matrix.* https://www.bls.gov/emp/data/occupational-data.htm. BLS EPP. 2026. *Occupational Employment Projections Data, Table 1.10 Occupational Separations and Openings, Projected 2025–2035.* https://www.bls.gov/emp/tables/occupational-separations-and-openings.htm; analysis by PHI (August 2026).

REPORTS FROM THE FIELD: PHI RESEARCH & ANALYSIS IN THE PAST YEAR

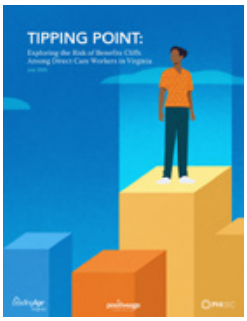
PHI leverages rigorous research and evaluation to shape how policymakers, employers, advocates, members of the media, and others understand and respond to direct care workforce challenges.

Here's a snapshot of what we have worked on in the past year:

Personal Care Aide Training Requirements[103]

Training standards for this fast-growing workforce remain an inconsistent patchwork across states and programs. PHI's updated research highlights opportunities to promote universal entry-level competencies, create stackable and portable credentials, and build integrated career pathways.

Tipping Point: Exploring the Risk of Benefits Cliffs Among Direct Care Workers in Virginia[104]

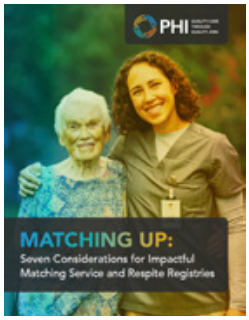


In a study conducted with LeadingAge Virginia and PositiveAge, PHI found that sudden losses of public benefits can undercut wage increases that are meant to improve job quality. The good news: states have a robust menu of policy options to address the issue.

Falling Behind: How Declining Real Wages Are Undermining Individual Provider Workforce Stability in Washington State[105]

Analyzing 8.3 million employment records with SEIU 775, the caregivers union, PHI found inflation largely erased hard-won pandemic-era wage gains in Washington State, with workforce separations now climbing. The report makes a strong case for higher wages—and shows what other states can learn through workforce data collection and analysis.

Matching Service Registries[106]



PHI's latest update to the field's most comprehensive registry catalog now includes respite registries, demonstrating a wide range of web-based tools states can use to connect workers and consumers. The report distills lessons learned from this research into seven considerations for states and organizations building or strengthening their own registries.

PHI Midterm Policy Brief Series[107]

Ahead of the 2026 midterms, PHI published a series of briefs that unpacked how federal policies to cut Medicaid, target immigrants, and erode labor protections threaten the workforce and access to care—and highlighted what policymakers can do to protect workers and the millions of individuals and families who rely on them.

Interested in partnering with PHI on research, policy analysis, or program evaluation?

Visit PHInational.org, where you can learn more and contact us directly.

OCCUPATIONAL TITLES & 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. Due to a 2017 methodological change, a proportion of independent providers hired through consumer-direction programs are now captured by the Bureau of Labor Statistics (BLS) Occupational Employment and Wage Statistics (OEWS) program.[108] However, the accuracy of these data varies by state and many independent providers are likely excluded. More broadly, these data do not include home care workers who are hired directly and paid out-of-pocket by consumers through the "gray market."[109]

Direct support professionals provide habilitation services, employment assistance, and other supports to people with intellectual and developmental disabilities.[110] 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 & METHODS

Hourly wage and employment data were sourced from the Bureau of Labor Statistics (BLS) Occupational Employment and Wage Statistics (OEWS) program. 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 only highlight time points that are at least three years 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 higher-paid workers. The Consumer Price Index for All Urban Consumers (Current Series) was used to adjust wages for inflation to 2025 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.

Wages for similar occupations were calculated as weighted averages of median hourly wages for occupations within the same "Job Zone" as direct care workers according to the U.S. Department of Labor's O*NET database. Job Zones reflect entry-level training, education, and experience requirements. Personal care aides and home health aides have entry-level requirements similar to occupations in Job Zone 1-2: Very Little to Some Preparation Needed, while nursing assistants are similar to occupations in Job Zone 3: Medium Preparation Needed.

Because personal care aides and home health aides comprise the majority of home care workers, residential care aides, and direct care workers overall, we compare wages for these three groups against occupations in Job Zone 1-2. For nursing assistants in nursing homes, we instead compare wages against Job Zone 3 occupations, matching the entry-level requirements that are specific to nursing assistants.

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).

NOTES

1 U.S. Bureau of Labor Statistics (BLS), Employment Projections Program (EPP). 2026a. *National Employment Matrix - Industry*. https://data.bls.gov/projections/nationalMatrixHome?ioType=i; analysis by PHI (August 2026).

2 U.S. Bureau of Labor Statistics (BLS), Employment Projections Program (EPP). 2026b. *EP Data Tables, Table 1.10 Occupational Separations and Openings, Projected 2025–2035.* https://www.bls.gov/emp/tables/occupational-separations-and-openings.htm; analysis by PHI (August 2026).

3 U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics (OEWS). 2026. *May 2015 to May 2025 All Data*. https://www.bls.gov/oes/tables.htm; analysis by PHI (June 2026).

4 BLS OEWS, 2026a.

5 BLS OEWS, 2026a.

6 BLS EPP, 2026a.

7 BLS EPP, 2026a.

8 BLS EPP, 20256.

9 Binette, Joanne. 2021. *Where We Live, Where We Age: Trends in Home and Community Preferences*. Washington, D.C.: AARP Research. https://www.aarp.org/research/topics/community/info-2021/2021-home-community-preferences.html; Schubel, Jessica, Alison Barkoff, H. Stephen Kaye, Marc A. Cohen, and Jane Tavares. 2025. "History Repeats? Faced With Medicaid Cuts, States Reduced Support for Older Adults and Disabled People." *Health Affairs Forefront,* April 16, 2025. https://www.healthaffairs.org/content/forefront/history-repeats-faced-medicaid-cuts-states-reduced-support-older-adults-and-disabled; PHI. 2026a. *PHI Midterm Policy Brief Series: Restore Medicaid.* New York, NY: PHI. https://www.phinational.org/resource/policy-brief-series-restore-medicaid/.

10 "Similar occupations" are defined as occupations that formally require the same level of skills, knowledge, and experience as direct care jobs—meaning jobs that individuals could consider as viable alternatives to direct care jobs. These occupations include housekeeper, janitor, customer service representative, retail salesperson, and food preparation worker, among others. BLS OEWS, 2026; U.S. Employment and Training Administration (ETA). 2026. *O*NET 30.3 Database, All Job Zones*. https://www.onetonline.org/find/zone?z=0; analysis by PHI (June 2026).

11 PHI, 2026a.

12 PHI. 2025. "Workforce Data Center." https://www.phinational.org/policy-research/workforce-data-center/.

13 U.S. Census Bureau. 2023. *2023 National Population Projections Datasets, Projected Population by Single Year of Age, Sex, Race, and Hispanic Origin for the United States: 2022 to 2065.* https://www.census.gov/data/tables/2023/demo/popproj/2023-summary-tables.html; analysis by PHI (July 2024).

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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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