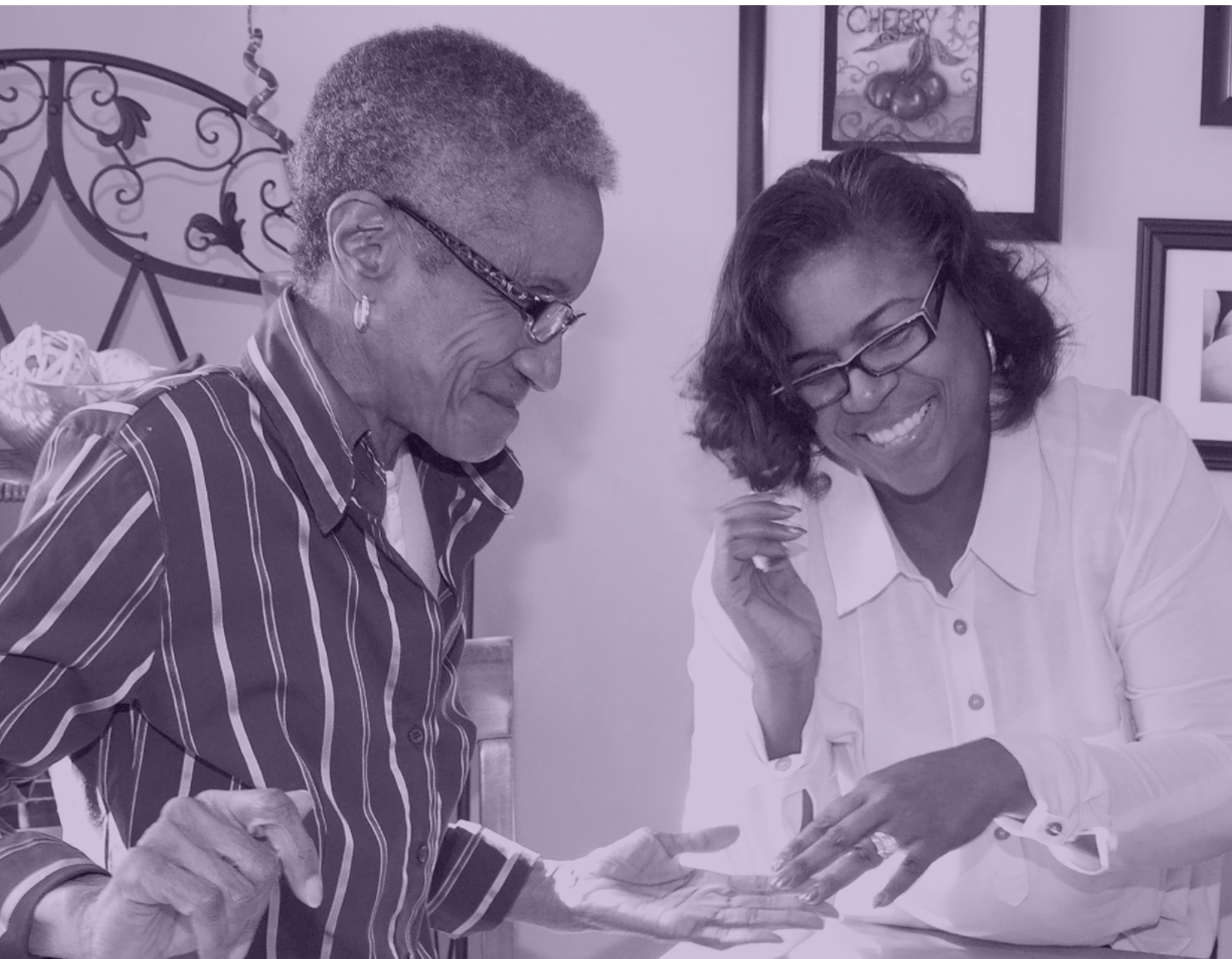


# Recruiting and Retaining Caregivers:

## Top 5 Solutions from Care Workers



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We Can Do It!



AUGUST 2023 | AUTHOR: BREANNA BETTS | DESIGN: DO BIG THINGS  
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## EXECUTIVE SUMMARY

The direct care industry struggles to recruit and retain workers due to low wages, few benefits, part-time hours, and little opportunity for advancement.<sup>1</sup> H-CAP's Center for Equity focuses on policy innovations that create “good jobs” for direct care workers and advance racial and gender equity in caregiving. A keystone of our operational and theoretical framework is worker voice and the conviction that workers are true experts in their own experience, and their insights should guide policy decisions that directly impact them. This is especially important in the home care and nursing facility industries, intensely [occupationally segregated fields](#) in which most essential long-term services and supports (LTSS) are provided by women, disproportionately by Black women, women of color, and immigrants.

This report features findings from the [historic qualitative caregiver research study](#) we commissioned in partnership with the Service Employees International Union (SEIU) in February 2023. Through a multi-day, moderated online discussion board, we collected insights from 40+ caregivers from around the country in an interactive discussion designed to capture caregivers' experiences in their own words about their jobs, work and home experiences, and community lives. 30 participants completed the discussion in full. In alignment with the [Black Women Best framework](#), we designed the study to center the insights of Black women, who face some of the most extreme challenges and occupational segregation as care workers. Of the many workforce development policies we tested, caregivers named increasing recruitment and retention the most impactful way to improve job quality by enhancing safety, support and satisfaction in the workplace. Each workforce solution presented in this report centers workers in their own words.

### **SOLUTION ONE:**

#### **Implement Quality Training Programs that Include Career Ladders within Direct Care**

- Intentionally center equity and confront exclusions and access issues in healthcare education opportunities for Black, indigenous, and people of color (BIPOC) learners and women.
- Offer accessible, diverse training that includes career ladders (not only options to advance “out” of direct care roles but also to advance within the direct care field into advanced roles).
- Employ an “earn-and-learn” training approach, ensuring program costs are covered and compensating workers for attendance and completion of training; workers should receive a wage increase consistent with their newly increased skillset upon training completion.
- Promote labor-management training partnership (LMTP) approaches. LMTP organizations convene employers and union members to design worker-centered, industry-responsive training, programming, and employee benefits. Featured LMTP interventions include peer mentorship, advanced roles, career ladder programs, complex care and other advanced skills certifications.

### **SOLUTION TWO:**

#### **Equip Direct Care Workers with Wraparound Supports and Services that Help Increase Job Satisfaction and Improve Quality of Life**

- Wraparound supports promote access, engagement, and success in employment and skills training programs, particularly among workers with multiple marginalized identities and BIPOC women.<sup>2</sup>
- Workers in both home care and nursing facilities had many insights about supports and services that would help them stay on the job in the direct care field and enjoy a better quality of life with their families, most often, access to affordable, reliable transportation and child/dependent care.
- Many ideas emerged about designing practical wraparound transportation assistance, including mileage reimbursement, parking passes, car allowances, affordable vehicle buying programs and grants, free or reduced-rate public transportation passes for buses and trains, and more.
- Key priorities include childcare subsidies and on-site childcare/aftercare at or near the worksite.

### **SOLUTION THREE:**

#### **Provide Traditional and Non-Traditional Benefits and Workplace Protections that Strengthen Recruitment and Retention**

- Family-sustaining wages and comprehensive employment-based benefits packages are overwhelmingly lacking in the direct care industry but have long been common in whiter, more male professions.<sup>3</sup>
- The women and BIPOC workers in our study stressed the severe, wide-reaching negative impacts of poor compensation and benefits and the importance of living wages and benefits.
- The report highlights recent federal and state investments in direct care worker wages and benefits since the onset of the COVID-19 pandemic, particularly using economic stimulus dollars.
- LMTP innovations include a healthcare trust in Oregon providing affordable, quality health insurance benefits to nursing facility employees and dependents, and a union-bargained benefit in Washington for caregivers to receive a free pair of slip-resistant safety work shoes annually.

### **SOLUTION FOUR:**

#### **Improve Recognition for Caregivers On and Off the Job**

- Workers in our study frequently spoke of the rewards of caring for people in need—many refer to their vocation as direct care workers as their “calling”—but hesitated to recommend caregiving as a job to others due to the lack of respect caregivers often experience.
- Study participants discussed the importance of interpersonal efforts to respect caregivers, such as employers rewarding and praising caregivers for a job well done, but the primary policy solution workers stated would help is recognizing direct care workers as part of the healthcare team alongside doctors, nurses, social workers, care coordinators, and provider organizations.
- This reform is particularly impactful for consumer-directed independent providers working in private homes. Growing evidence supports the

benefits of person-centered care and home care workers’ vital role in the healthcare team when consumers support their caregiver(s) joining.

- Highlights include a California LMTP project providing training on enhanced care skills and communication designed to set home care workers up for success interacting with their consumer(s)’ healthcare team.

### **SOLUTION FIVE:**

#### **Assist Caregivers with Finding Quality Jobs**

- Study participants shared many struggles, including the difficulty of finding quality jobs in caregiving when the norm is often a poor quality, “dead-end” job.
- Home care workers lamented the instability of caregiving work, irregular paid hours, and difficulty finding backup providers. Nursing facility workers reported feeling overworked and undervalued in the aftermath of the pandemic and the ongoing staffing crisis, experiencing violence and discrimination, and feeling like there was not enough time to provide high-quality care.
- The report highlights Carina, a technology nonprofit addressing home care workforce shortages through app-based matching services for consumer-directed caregivers and clients.
- Efforts to address nursing facility staffing shortages have included state regulation efforts to implement staff-to-resident ratios and standards for minimum hours of care per resident day. Establishing a federal staffing standard, increased transparency, and better staffing and care quality data would help workers and residents make informed decisions about facilities.

Addressing job quality and confronting structural racism, sexism, and other systemic disparities to create family-sustaining careers in the direct care industry is more critical than ever. Our research highlights the crucial link between worker power and quality care—fairly compensated, well-trained, supported caregivers are best equipped to provide the quality care that millions of consumers depend on daily to live with dignity. Workers’ right to raise their voices in a union is central to system reform efforts to improve services, benefitting both consumers and working families. This report uplifts solutions not always heard about in the mainstream workforce development system narrative—solutions driven by workers, for workers, and carried out by labor-management partnerships with the interests of the workforce, care consumers, and the industry at heart. By documenting workers’ experiences, sharing their insights and ideas, and uplifting examples of interventions, we hope this report will provide a blueprint for worker-centered workforce development solutions to address the direct care recruitment and retention crisis.



## INTRODUCTION: Worker Voice is the Blueprint for Effective Workforce Policy

H-CAP's Center for Equity focuses on policy innovations that create “good jobs” for direct care workers and advance racial and gender equity in caregiving. A keystone of our operational and theoretical framework is worker voice and the conviction that workers are true experts in their own experience. Workers' insights should guide policy decisions that directly impact them. This is especially important in the context of direct care workers in the home care and nursing facility industries, an [intensely occupationally segregated field](#) in which most essential long-term services and supports (LTSS) are provided by women, and disproportionately by Black women, women of color, and immigrants. This overrepresentation is rooted in the legacy of chattel slavery and intentional policy choices that excluded caregivers from basic labor protections and institutionalized underpay and overwork, and proliferated systemic presumptions that direct care work is unskilled, unvalued, and is therefore not worth the investment needed to create “good jobs.”

Despite persistent historical attitudes and exclusionary policies, direct care services are in increasingly high demand due to the growing population of older adults. Care quality for consumers is also in crisis, with hundreds of thousands of people in need waiting for services in their homes and communities, and many nursing facility residents facing harsh living conditions on understaffed floors. The direct care industry struggles to recruit and retain workers due to low wages, few benefits, part-time hours, and little opportunity for advancement.<sup>4</sup> Longstanding [limitations in the availability and quality of data about the direct care workforce](#) and caregivers' experiences stymie efforts to make equitable policy interventions—actions that are needed now more than ever to stabilize the caregiving workforce and create good jobs. To confront the structural systems of oppression ingrained in this country's caregiving system, it is time to listen to workers about what they need to succeed in the caregiving field and thrive in their communities.

### OUR METHODS

In support of our mission to advance worker perspectives on achieving job quality and racial equity, we commissioned a [historic qualitative caregiver research study](#) by Hart Research Associates in partnership with SEIU, the nation's largest union representing direct care workers in home care and nursing facilities. Through a multi-day, moderated online discussion board forum, we collected insights from 40+ caregivers from around the country in a rich, interactive discussion designed to capture caregivers' experiences, feelings, and opinions in their own words. 30 participants completed the discussion in full. The qualitative research primarily explored participants' experiences and ideas about three main areas: (1) the components of a “good job,” (2) what it's like to work as a caregiver today, and (3) how to make caregiving a better job in the future. Generous funding support from the W.K. Kellogg Foundation makes our research and publications possible.

In alignment with the [Black Women Best framework](#), we designed the study to center the insights of Black women, who face some of the most extreme challenges and occupational segregation as care workers. One research discussion group comprised exclusively Black women; the other of caregivers from various racial and gender backgrounds. Reflecting the breakdown of worker populations and work settings across the direct care sector, the majority of study participants were home care workers, with a roughly even split between private agency workers and independent providers respectively. The study intentionally included participants who are caregivers caring for a family member, working with multiple consumers, and working one or more non-caregiving jobs—three common employment scenarios unique to the direct care workforce.

This research garnered more than simple poll responses or pre-set answers: its open-ended discussion format generated rich insights from workers about their jobs, work and home experiences, and community lives. It documented their struggles and their triumphs. The result is a set of directives from the participants about creating good jobs in caregiving and making life more livable for workers providing essential

services to millions of older adults and people with disabilities. Among the myriad of insights, participants frequently emphasized the paradox between the fulfillment and satisfaction of being a caregiver, being overworked, receiving insufficient training, and struggling with unstable, low-paying employment.

It would be remiss not to acknowledge that the single most impactful intervention policymakers could enact to improve recruitment and retention of direct care workers is setting standards that ensure workers are paid a living, family-sustaining wage and receive comprehensive, traditional benefits.<sup>5</sup> Quality wages and benefits are essential to creating good jobs in direct care and recruiting and retaining a sufficient workforce. Yet due to the fragmentation of state-based Medicaid programs that operate with federal reimbursement, no state's long-term services and supports (LTSS) landscape is the same. Efforts to implement life-changing wage increases and benefits packages have to date been confined to state- and local-based policy interventions due to care delivery system structures, and as such, we sought to expand the policy interventions tested in this study to focus on getting workers' feedback on additional reforms.

### **UPLIFTING WORKER-DRIVEN INSIGHTS AND SOLUTIONS**

Of the many workforce development policies we tested for prospective impact and effectiveness at improving job quality and life quality, caregivers resoundingly named increasing retention one of the most powerful ways to make caregiving a better job. Participants suggested many tools and strategies for increasing worker retention, most frequently making available high-quality, accessible training, creating various career ladder options, and providing wraparound supports that help workers stay in their jobs. Workers advise policymakers and employers to focus on improving retention, which, in turn, improves workplace safety and creates a more supportive, satisfying work environment. Workers explained how improving job quality would also mitigate the care crisis experienced by consumers: caregivers who felt empowered, fairly compensated, well-trained, and supported felt best equipped to provide the quality care that millions of consumers depend on daily to live with dignity.

Through a data analysis process that included coding the data into themes and finding commonalities across

workers' responses, seven key worker-led solutions emerged to improve how caregivers are recruited and retained and systemically improve direct care jobs. Each workforce solution presented below centers on workers' own words about the topics that emerged from the study. In accordance with the dignity and respect that essential direct care workers deserve, we invite readers to lend the same weight to the words of workers cited in quotations in this article as the academic and case study evidence cited.







# **Recruiting and Retaining Caregivers:**

**Top 5 Solutions from Care Workers**

## SOLUTION ONE:

### Implement Quality Training Programs that Include Career Ladders Within Direct Care

One of the foremost priorities of workers in our study was ensuring that nursing facility and home care workers receive accessible, diverse training that includes career ladders. Participants indicated that career ladders should include not only options to advance “out” of direct care roles such as a personal care aide (PCA) and certified nursing assistant (CNA) training to be a registered nurse (RN) or licensed professional nurse (LPN) but also options to advance within direct care to roles such as specialized advanced home care worker roles and CNA roles, respectively. Participants linked accessing quality training and opportunities for career advancement to overcoming stigma and stereotypes about caregiving not being seen as a “real” profession. Workers recognized their worth and value to the healthcare delivery system. They spoke on the harsh realities of structural racism, sexism, and xenophobia that harm their career options and restrict access to education opportunities. One homecare worker from Georgia emphasized the need for workers to be able to pursue a career in direct care, not a “dead end” job, saying:

**Give direct care aides opportunities within the realm of caregiving and allow them to increase their wages as they gain years of experience. Don't pay an aide who has been on the job for 10 or 15 years the same or more than you pay someone who has just started out. This career is important, and being a direct care aide is something to be proud of. Educate them accordingly!**

**– Anonymous**  
Home care worker, Georgia

Educational interventions that specifically center equity and confront historical exclusions and access issues for BIPOC learners and women in healthcare are needed. Occupational segregation severely limits earning potential and education opportunities in front-line industries, particularly in the low-paid home care and nursing facility industries where Black, Indigenous, and People of Color (BIPOC) and women are still disproportionately represented, a phenomenon rooted

in the legacy of chattel slavery and New Deal-era labor policy exclusions.<sup>6</sup> Labor reform laws like the 1938 Fair Labor Standards Act included racist, sexist concessions that intentionally excluded domestic workers from workplace protections, which had widespread ripple effects across the care delivery system and reinforced a harmful narrative about care labor that prevents home care workers and CNAs from being considered (and compensated as) the valuable members of the healthcare system that they are to this day.

#### ADVANCING AN “EARN-AND-LEARN TRAINING MODEL”

Participants had insights on structuring training to be most accessible and useful to direct care workers. One of the essential elements is covering the cost for and compensating workers for attendance and completion of training. It is infeasible for most low-income workers to commit the necessary time without a paycheck. Upon completion of training, workers should receive a wage increase consistent with their newly increased skillset. Workers noted that incentivizing training for advanced skills with a pay differential is key to attracting training participants, boosting morale, and retaining caregivers who desire to learn and grow in direct care careers.

Academic research and practitioners in workforce development widely support these worker insights. The practices cited by our study participants largely align with gold-standard “earn-and-learn” models that blend work experience with education while simultaneously providing income, which evidence suggests are more effective in terms of outcomes and costs when compared to classroom-based education without hands-on work experience.<sup>7</sup> Registered apprenticeship programs are one well-known example of the earn-and-learn model. By intentionally focusing on providing equitable compensation and accessible education opportunities, Goger (2020) explains that the earn-and-learn models of workforce education offer a promising solution to overcome occupational segregation of work and learning. The U.S. Department of Labor and other key agencies affirm<sup>8</sup> that the best workforce program outcomes emerge from sectoral, work-based training that is part of a clear career pathway program and includes one-on-one

career navigation assistance and access to wraparound services, which can include any support that helps workers access opportunities by addressing barriers to entry and attrition (see Solution #2 for further detail).

### LABOR-MANAGEMENT TRAINING PARTNERSHIPS (LMTPs)

Labor-Management Training Partnerships (LMTPs) are highly effective in improving worker recruitment and retention due to their responsiveness to employees' and employers' needs alike.<sup>9</sup> LMTPs bring labor and management together to focus on the industry workforce development needs and collaborate on delivering innovative and worker-centered programming. The LMTP organizations are accountable directly to the unionized workers and employers who agreed to create and fund them, usually through the collective bargaining process. During contract negotiation, unionized healthcare workers—who could have otherwise chosen to bargain for increased wages or other economic improvements—propose dedicating employer funding to creating training and educational programs that enable workers to build their skills and knowledge and access opportunities for career advancement. Employers agree to fund LMTPs to ensure their workforce can access high-quality training and fill necessary jobs.<sup>10</sup>

H-CAP's network of LMTPs covers 997 employers in the home care, nursing facilities, hospitals and health systems industries across seventeen states plus the District of Columbia. Over 630,000 workers have access to training through these LMTPs as of 2023. A total of fifteen affiliated LMTPs and projects convene employers and Service Employees International Union (SEIU) members to design worker-centered, industry-responsive training, programming and employee benefits, which the LMTP organizations administer directly to healthcare workers—primarily women and BIPOC— who might otherwise lack access to equity-oriented benefits and adult-learner centric education options. In addition to their unique worker-centered and employer-driven orientation and focus on adult learners, LMTPs' training programming and delivery best practices include providing training in multiple modalities (such as virtual, hybrid, and in-person learning options) and supporting digital access by providing technological support and coaching, loaning workers equipment and devices with Internet access, and optimizing training platforms for mobile device use.<sup>11</sup> LMTPs also



**“I've never had on-the-job training. I am working in private home health right now, but even when I worked in a facility, I had to keep all certifications updated, and I had to find where the training was being held and miss work or try to go to a Saturday class and pay to get the training and pay my way to the training. At the time, I was totally dissatisfied because I felt like they could have offered them at the facility. The right change would be to offer the training on-site or provide transportation or maybe even gas cards to get you there if the classes are not on-site. It would help to incorporate an incentive in the benefits package for completing trainings and certifications.”**

**– Tanja Lee**

Home Care Worker, North Carolina

provide training in multiple languages, schedule training sessions at times of day, days of the week, and locations to enable workers to participate, and generally provide holistic workforce infrastructure for workers in many states and a place to turn for education and support.<sup>12</sup>

Due to their worker-driven, responsive design, programming and practices, LMTPs generally achieve impressive outcomes across sectors. One study of Ohio apprentices in the construction sector found that completion rates were 21 percent higher among apprentices trained through an LMTP program than those trained through nonunion programs, and a similar analysis of apprenticeship programs in Kentucky found that LMTP programs had 35 percent higher completion rates.<sup>13</sup> Recognizing the favorable outcomes of labor-management partnerships on workers' rights and education outcomes and creating paths to good union jobs, the 2022 report of the White House Task Force on Worker Organizing and Empowerment recommends broadly utilizing federal funds and executive actions to expand labor-management training partnerships. Specifically, the Task Force recommends that the Department of Education include demonstrated labor-management collaboration as a factor in competitive grant program selection processes.<sup>14</sup>

### LMTP INNOVATIONS: PEER MENTORSHIP

Peer mentorship programs in the home care field are one example of earn-and-learn training programs that include supportive services specific to direct care. Peer mentorship creates a career ladder for experienced providers while supporting an isolated workforce based in private homes and helping fellow home care providers access advice and support when addressing complex or challenging situations they may encounter while providing care.<sup>15</sup> Some labor-management training partnerships (LMTPs) offer these peer mentorship training pathways to support home care workers pursuing advanced training by pairing them with more experienced home care providers who receive certification and compensation to provide mentorship support.<sup>16</sup>

SEIU 775 Benefits Group Training Partnership in Washington offers a robust peer mentorship training pathway in which caregivers completing the state's required "Basic Training" course and preparing to become certified home care aides can get free guidance and support from peer mentors.<sup>17</sup> The peer mentors

are certified caregivers with years of experience in caregiving and coaching other caregivers through the certification process. They support confidence building, lending tips and tricks of the trade, assisting with exam preparation, and host weekly online skills demonstration sessions for caregivers. Mentors offer services in multiple languages to support equitable access across the diverse workforce.<sup>18</sup>

### LMTP INNOVATIONS: ADVANCED ROLES AND SKILLS CERTIFICATIONS

Workers are particularly interested in earn-and-learn programs that provide specific skills training certifications. Direct care roles require workers to utilize many skills and core competencies during a day's work for a consumer or resident(s) who may have multiple complex medical, behavioral, and memory care needs. A home care worker in Pennsylvania was excited to report:



**“[F]or the participant-directed homecare program in my state, we just won paid training! I would like to see a path to more certifications for those interested. Professionalizing the workforce is important. I would like to add certified first aid training to the training. Tuition reimbursement for schooling would be nice. [And a] pay differential for those with more training/education is essential.”**

**– Lynn Weidner**

Home Care Worker, Pennsylvania  
(Pictured with consumer, Brandon Kingsmore)

There has been some consensus among Home- and Community-Based Services (HCBS) advocates that developing advanced roles for home care workers should be pursued nationally to train home care workers and compensate them accordingly for taking on additional responsibilities in supporting consumers who are older adults and people with disabilities. A national roundtable of employers, consumer advocates, and other stakeholders found that creating advanced home care roles—with wage increases commensurate with advanced training and experience—would not only help attract and retain a quality workforce but also improve person-centered care outcomes for consumers, disease education and intervention outcomes, infection control, and the overall management of chronic illnesses in which home care workers are the consumer's main provider of daily healthcare.<sup>19</sup>

### HOME HEALTH AIDE APPRENTICESHIP STANDARDS

Various national and state-based efforts to create advanced home care roles have been implemented successfully. The National Center for Healthcare Apprenticeships (NCHA), which H-CAP staffs, developed apprenticeship standards for six unique home health aide specialty roles recognized by the U.S. Department of Labor: (1) advanced home health aide, (2) peer trainer specialty, (3) care transitions specialty, (4) dementia specialty, (5) geriatric specialty, and (6) hospice/palliative care specialty.<sup>20</sup> These registered apprenticeships have strict requirements for enrollees to be paid during program participation and to receive wage increases upon completion. LMTPs in New York and Washington State successfully implemented competency-based registered apprenticeships in advanced home care roles through the 1199SEIU Training and Employment Funds and 775 Benefits Group Training Partnership.

### WASHINGTON STATE HOME CARE TRAINING MODEL

In addition to national efforts to create advanced roles in the home care field through apprenticeships, states also have the authority to create career ladders in their Medicaid HCBS programs. In Washington state, home care workers benefit from an earn-and-learn, labor-management partnership training model from hire date to advanced proficiency. The state pays caregivers their hourly wage for attending orientation and safety

training. Then, providers must complete **7 to 70 hours of paid training**, depending on the provider type and client characteristics.<sup>21</sup> There are also 12 hours per year of free, paid continuing education required for incumbent providers to maintain their skills and learn new techniques.

Washington also offers an Advanced Home Care Aide Specialist program provided by SEIU 775 Benefits Group Training Partnership to caregivers working with consumers with complex care needs that requires 70 hours of additional training, resulting in a \$0.75 hourly wage increase upon completion. Consumers, workers, and employers report high satisfaction with the person-centered, adult-learner-oriented training offered through Washington state's labor-management training partnership model.<sup>22</sup> Other states have interesting certification models for home care workers: for example, in Alaska, providers can apply the HCBS worker training program hours toward a CNA or HHA certificate. In Maine, providers who receive the certificate for completing HCBS training can use it for employment across multiple long-term care settings.<sup>23</sup>

### CALIFORNIA HOME CARE CAREER PATHWAY INITIATIVE

State-based programs that provide career pathways and condition-specific caregiver training for personal care aides are critical, given that no two states' Medicaid HCBS delivery programs are identical. For example, The Center for Caregiver Advancement (CCA), long-term care LMTP in California, offers two career pathways, "General" home care training and "Specialized Skills." Home care workers can complete required courses in the respective pathway(s) that apply to their consumer(s) and receive incentive payments for completion. These learning pathways are part of CCA's course catalog for the [California IHSS Career Pathways program](#), a state initiative that offers training for California's personal care aides who are consumer-directed providers through the state's In-Home Supportive Services program. This temporary program is part of a historic investment of American Rescue Plan Act dollars allocated to states to strengthen their HCBS offerings.

The specialized skills caregiver training courses train providers to care for consumers with complex physical and mental health needs, including dementia, diabetes,

and autism spectrum disorder. These [condition-specific learning pathways](#) join CCA's other specialization training in emergency preparedness, first aid, and common caregiving scenarios. Recognizing this workforce's cultural and linguistic diversity, CCA offers its classes for the state initiative in eight languages. This relatively new initiative offers promise for other states looking to implement complex skills training programs that strengthen HCBS.

### **PROMOTING QUALITY CERTIFIED NURSE ASSISTANT (CNA) TRAINING AND CAREER LADDERS**

Training, continuing education, and opportunities for advancement are essential workforce development interventions to improve job satisfaction, recruitment, and retention for CNAs providing direct care to residents in nursing facilities. The recent landmark report by an expert committee of the National Academies of Sciences, Engineering, and Medicine (NASEM) on improving nursing facility quality recommends advancing the role of the CNA and empowering CNAs through training and career advancement opportunities that recognize their critical role in the healthcare team.<sup>24</sup> NASEM recommends that Federal and state governments, together with nursing facilities, should enable free entry-level training and continuing education (e.g., in community colleges). Nursing facilities should cover CNAs' time for completing education and training programs based on relevant hands-on skills, tasks, and core competencies.<sup>25</sup> NASEM specifically recommends competency-based instruction on conditions and scenarios common in nursing facility populations that go beyond basic care, such as dementia, infection prevention and control, behavioral health, chronic diseases, the use of assistive and medical devices, and cultural sensitivity.

Peer-reviewed studies of nursing facility interventions also support workers' insights on the need for quality training. A survey of over 2,800 CNAs across 580 nursing facilities found that CNAs who received more initial training were more likely to report that their training was high quality, which correlated with increased job satisfaction.<sup>26</sup> Higher job satisfaction was also associated with training programs focused on work-life skills.<sup>27</sup> The findings concluded that since job satisfaction is linked to nursing facility turnover, attention to training may improve satisfaction and ultimately reduce staff turnover.<sup>28</sup>

An emergent state intervention into the need for nursing facility career ladders is [Illinois' 2022 nursing facility reform law](#) creating a new subsidy program for nursing facilities that elect to implement a CNA pay scale. The state program, which began the implementation phase in 2022, subsidizes substantial new wage increases (between \$1.50 and \$6.50 per hour) for CNAs based on their years of experience and for additional duties or responsibilities.<sup>29</sup> Qualifying pay scales under the program reward "steps" that pay differentials based on years of CNA experience and "grades" that comprise promotable job roles. Qualifying job roles include CNA II (with Advanced Nursing Aide Training), CNA Trainer, Preceptor, or Mentor, CNA Scheduling Captain, CNA Dementia or Memory Care Specialist, CNA Behavioral Health Specialist, and more.<sup>30</sup>

Innovatively, the Illinois CNA tenure pay scale is intended to reward a CNA's full history working as a CNA, not just their tenure at their current employer, and does not limit the countable experience to a CNA's tenure under any specific employer, facility, type of healthcare employer, or state.<sup>31</sup> If facilities implement the "steps" longevity and "grades" job roles pay scales together, CNAs that qualify for each earn additive corresponding wage increases. Illinois also worked with CMS to ensure that Medicaid will reimburse facilities for financing any CNA certification courses.<sup>32</sup> As of May 2023, most Medicaid-eligible nursing facilities in Illinois participate in the steps or grades subsidy program, usually in both.<sup>33</sup> The reform law is a historic effort to enact transformative, structural change to CNA working conditions and legislatively address the recruitment and retention crises, a model that offers promise to other states.

## SOLUTION TWO:

### Equip Direct Care Workers with Wraparound Supports and Services that Help Increase Job Satisfaction and Improve Quality of Life

The caregiver participants in our study reported that they spend most of their time on paid work, housework, and taking care of family, with very little left over for sleep, exercise, and leisure activities. By and large, workers report how the financial stress of figuring out how to make ends meet takes a toll on their physical and emotional health and how they worry about their family members being affected by the stress. Workers from both the home care and nursing facility sectors have many fruitful ideas about the kinds of supports and services that would help them stay on the job in the direct care field and enjoy a better quality of life with their families. The most prolific solutions in the discussions were access to affordable, reliable transportation and child/dependent care. These interventions, along with other forms of assistance such as food/grocery, housing, legal and administrative, internet/technology, and more, are often collectively referred to as wraparound supports in the literature. Wraparound supports promote access, engagement, and success in employment and skills training programs, particularly among multiply marginalized and BIPOC women.<sup>34</sup>

#### **AFFORDABLE, RELIABLE TRANSPORTATION**

Workers reported that affordable, reliable transportation to and from work and to get around their communities, or assistance with paying their bills for transportation (which currently workers have to cover with minimum to low-wage earnings in most cases), would help reduce the stress of caregiving jobs and make it less likely that they would have trouble attending work, arriving on time, and being safe when going to and from work after daylight hours. Many ideas emerged about designing effective wraparound transportation assistance, including mileage reimbursement, parking passes, car allowances, affordable vehicle buying programs and grants, free or reduced-rate public transportation passes for buses and trains, and more.

Many providers in consumer-directed Medicaid HCBS programs represented by SEIU have won mileage reimbursement through bargaining. Under mileage reimbursement programs bargained through union contracts in Washington and Oregon, home care workers

are compensated for mileage (in addition to travel time pay) when they drive their personal vehicles between their consumers' homes or for services authorized under their care plans (such as essential shopping and travel to medical services). Similarly, certain employers' contracts with SEIU secure public transportation assistance via discounted or free bus/metro passes, including Illinois, Oregon, and Los Angeles and Santa Clara counties in California. Oregon's agreement with the state also allows for parking reimbursement for providers if free parking is not available around the consumer's home. Under the [Fair Labor Standards Act \(FLSA\) 2015 administrative rule change](#), independent providers are eligible to be paid for overtime and travel time related to their consumer(s)' care service plans; however, it is unclear to what extent workers are benefitting and receiving reimbursement for travel time due to implementation challenges, especially in non-unionized states.<sup>35</sup>

Further innovation is needed in designing wraparound transportation services that benefit workers' diverse needs and evaluating the outcomes of transportation interventions. One historic pilot by Healthcare Workers Rising and the ILR Worker Institute at Cornell in 2020 provided free transportation for home care workers in Western New York to and from client homes via fully subsidized Lyft rideshare trips. One hundred and ten workers enrolled in the program, and Cornell ILR found that the vast majority experienced favorable outcomes due to free transportation, including an enhanced sense of safety getting to and from work, reduced levels of work-related stress, and more time for family and educational pursuits. Sixty-nine percent of participants sought to add new clients, and eighty-three percent sought to work more hours. Interviews revealed that many participants felt that having reliable transportation supported their attentiveness and dependability with their clients. Incredibly, homecare workers who participated saved \$436/month on average, or roughly one-fifth of the average participant's monthly income.<sup>36</sup>





“

It would help to have parking pass stickers for our vehicles, so we don't have to pay for metered parking and won't get towed when we are with our clients, and transit passes to get to/from work for those who don't have a car. The employer should provide a car allowance for those that use their vehicle to transport clients, more than just mileage.

”

**- Cristal Dejarnac**

Home Care Worker, Oregon



“

If I were in charge of benefits for workers, I would have a daycare and after-school programs in my [nursing] facility so then [workers] would have access to their children without having to worry. I would also have transportation available for them to be able to have the convenience of getting to work and getting back home on time.

”

**- Barbara Coleman**

Nursing Facility Worker, Pennsylvania

## ACCESSIBLE, AFFORDABLE CHILD AND DEPENDENT CARE

The systemic lack of affordable, accessible child and dependent care for direct care workers is another key area that workers have insights on how to address. Workers experience difficulties with childcare taking a significant amount from already tight paychecks, finding daycares and facilities that will provide care outside of typical “9-5” work hours, and prohibitively long waiting lists. Participants frequently supported universal childcare as the most effective policy to address affordability, scheduling, and access challenges. Barring expeditious wide-scale federal policy change, workers shared additional ideas that could help caregivers sooner. Direct care workers in nursing facilities explained that on-site daycares or afterschool care would help with affordability, access, and peace of mind in knowing their children or dependents were safe and accounted for close to the workplace. Participants also mentioned that addressing the availability of childcare options through vouchers or other assistance programs for direct care workers through their employer and creating state benefits specifically available to caregivers would help immensely.

One example of an effective childcare program for workers is the [Future of America Learning Center \(FALC\)](#), administered by the 1199SEIU Child Care Fund, which provides full-day, affordable, high-quality, and educational child care services to the children of working 1199SEIU parents and to those from neighboring communities. Established in the Bronx, New York in 1993, FALC is licensed to provide care and educational services to children ages 0-12. Its main center and other contracted sites provide a full day of age-appropriate learning and play activities, including meals and snacks. In addition to the FALC center, the 1199SEIU Training and Employment Funds (TEF) union benefits for qualifying employees include quarterly full-time daycare and babysitting and afterschool reimbursement payments, depending on annual salary, number of dependents, and type of care. Children of union members living in New Jersey, Connecticut, Pennsylvania, Upstate New York, and Long Island may be eligible for [summer camp reimbursement](#) benefits based on income.



“I would have an affordable vehicle program and at helping first-time car buyers by using grants. There should be daycare programs and medical offices sharing the same property as [long-term care] facilities. This is a business that is about family, people—facilities should have those wrap-around services, at the minimum, on-site.”

– Erica Payne,  
Home Care Worker, Pennsylvania

## **SOLUTION THREE:**

### **Provide Traditional and Non-Traditional Benefits and Workplace Protections that Strengthen Recruitment and Retention**

Family-sustaining wages and comprehensive employment-based benefits packages, including family health, dental, and vision insurance, time off for sickness, vacation and personal time, bereavement leave, and retirement benefits, have long been afforded to whiter, more male professions.<sup>37</sup> Many women and BIPOC workers in our study stressed the importance of living wages and benefits and the severe, wide-reaching negative impacts on themselves and their families—the inability to save for retirement and life’s emergencies or afford health insurance, having to choose between buying food and other essentials like medicines. Workers reported living in unsafe, crowded, or non-ADA-compliant living conditions due to low pay and inconsistent work schedules.

#### **IMPROVING COMPENSATION: RECENT FEDERAL AND STATE EFFORTS**

Investing in direct care worker wages and benefits has received increasing attention among policymakers since the gravity of the situation was laid bare by the COVID-19 pandemic. The Biden administration and Democratic members of Congress attempted to invest \$400 billion under the “Build Back Better” plan to increase access to HCBS by raising wages, improving benefits, and providing career advancement opportunities for caregivers, a plan currently on pause politically. In the absence of successful federal policy intervention and funding to bolster wages and benefits, many states and advocates since the pandemic began have focused on implementing their own programs to improve recruitment and retention.

Forty-six states and D.C. used American Rescue Plan Act (ARPA) dollars to enhance home care worker compensation through wage pass-throughs, hazard pay, bonuses, wage increases, training, and benefits.<sup>38</sup> One-time special payments, such as hiring bonuses or “spot” bonuses, are the most common way states are using ARPA dollars to increase home care worker compensation; eleven states are using the funds to raise wages permanently.<sup>39</sup> Some states have also invested economic stimulus dollars in nursing facility workers after the pandemic decimated residential long-term care employment levels.<sup>40</sup> For example, states like California, Connecticut,

Pennsylvania, and Rhode Island offered CNAs one-time bonuses using CARES Act dollars driven by union campaigns. Unions also won wage increases for nursing facility workers through collective bargaining agreements in Illinois, Oregon, Michigan, and New Jersey.<sup>41</sup>

Traditionally, the availability, quality, and affordability of nursing facility workers’ benefits coverage depend on what the facility offers without input from workers. Although this is common in other industries and private sector employment, this practice creates inequities and disparities across the industry due to rampant occupational segregation in nursing facilities, compounded by biased hiring, pay, and promotion practices that concentrate BIPOC and immigrant workers in low-resourced nursing facilities.<sup>42</sup>

Some states are making innovative strides in changing that harmful tradition. In Oregon, the direct care workers’ union, SEIU Local 503, and RISE Partnership, a labor management-focused non-profit, worked with the state, responsible nursing facility employers, and CMS to create the Essential Worker Healthcare Trust to provide affordable, quality healthcare insurance coverage to staff employees of participating employers.<sup>43</sup> The trust sponsors new healthcare plan options that provide low monthly premium payments for employee and dependent coverage, free preventive care, free generic prescription drugs, and low deductibles and other out-of-pocket costs. Most eligible nursing facility workers can choose between a PPO and HMO plan option.<sup>44</sup>

#### **OFFERING “NON-TRADITIONAL” PERKS**

Beyond investments in wages and bonuses made possible by pandemic stimulus dollars, direct care worker unions and labor-management training partnerships (LMTPs) have led the way in establishing innovative perks and benefits programs for direct care workers. Perks like tuition assistance and free or subsidized supplies like personal protective equipment (PPE), uniforms, and medical supplies are among the many participants in our research study suggested to help them make ends meet.

LMTPs in California, Connecticut, Maryland, Massachusetts, New Jersey, New York, and Pennsylvania offer tuition assistance for nursing facility workers. Another LMTP, SEIU 775 Benefits Group Health Benefits Trust, based primarily in Washington state, provides medical, behavioral health, prescription drug, vision, hearing, and dental benefits to covered home care workers. Eighty-four percent of its members are women with an average age of 48. SEIU 775 Benefits Group Health Benefits Trust also administers an innovative program, “Caregiver Kicks,” a union-bargained benefit in which caregivers receive one free pair of slip-resistant safety shoes every 12 months. Evaluation data from the program indicate that caregivers who received and wore the safety shoes reduced the slipperiness they felt when walking on floors compared with other shoes, experienced less back and leg pain, and felt improved foot comfort on the job.<sup>45</sup>



“ I had to leave the workforce to care for my mother, and therefore, I do not have enough income like I once did when I worked. Based on the retirement that I receive, it is not affordable to live. I have to struggle every month. My rent just tripled this year, but my income is the same. And just last fall, I got sick and had to be in the hospital for 5 days with no health insurance. After my discharge, I had to get medication that I could not afford, but I needed it for my recovery. I've seen that in other states, caregivers get income for taking care of their loved one, and it sure would be helpful and a blessing to me.

– Deborah McAllister  
Home Care Worker, North Carolina



## SOLUTION FOUR: Improve Recognition for Caregivers On and Off the Job

Workers in our study frequently spoke of the rewards of caring for people in need—many refer to their vocation as direct care workers as their “calling.” However, participants hesitated to recommend caregiving as a job to others due to the lack of respect caregivers receive from others, including employers and people in positions of power in the healthcare system. As one worker put it, “Caregiving is the most stressful, least-paid, most wonderful, and most fulfilling job I have ever had. Those of us that do [it] are blessed and cursed by it. Blessed to be part of something greater than ourselves and cursed by a lack of respect and pay.” As The Center for Equity has focused on [in other publications](#), the lack of respect paid to caregivers—both structurally through compensation and interpersonally through prejudice and discrimination—can be attributed to racialized misogyny and a caregiving system designed and maintained to capitalize on racism, sexism, and xenophobia.<sup>46</sup>

Intentional workforce policy choices throughout U.S. history institutionalized misconceptions that women, particularly Black women, should labor as caregivers in terrible working conditions “out of the kindness of their hearts” or because Black, Indigenous, and women of color (BIWOC) are racialized, feminized and stereotyped as “suited” to care work. The participants in our study explained why these systemically ingrained stereotypes and underestimations about the skill required to be a successful caregiver are so harmful—to workers, care consumers, and the healthcare system overall.

### **INTEGRATING DIRECT CARE WORKERS INTO THE HEALTHCARE TEAM**

Interpersonal efforts to respect caregivers, such as employers rewarding and praising caregivers for a job well done, and public narrative change efforts to recognize caregiving as an important profession are important ways to improve caregivers’ lives and experiences that our study participants mentioned. But caregivers can’t take praise and acknowledgment to the bank or use words to shield them from personal injury and death, as we have seen with the [unintended consequences and abdication of responsibility](#) that resulted from pedestalizing healthcare workers as “heroes” during the pandemic as they were sent to the frontlines day after day.

One of the main policy solutions workers stated would help is recognizing direct care workers as part of the healthcare team alongside doctors, nurses, social workers, care coordinators, and private-sector service providers. This reform is significant for caregivers working as consumer-directed independent providers in the homes of friends and family members. States with consumer-directed personal care programs permit consumers to hire family members as independent home care providers and compensate them for their services under Medicaid waivers or state plans. Due to the workforce shortage and the COVID-19 pandemic, 17 states utilized flexibility authorized under the public health emergency to allow Medicaid payments for family caregivers, and 30 states plan to use ARPA funds to support family caregivers, seven of which specifically plan to increase pay to family caregivers.<sup>47</sup>

Growing evidence supports the benefits of person-centered care and home care workers’ vital role in the healthcare team when consumers support their caregiver(s) joining. However, care team integration with home care workers, particularly family caregivers, is not standard protocol, despite often being the most frequent interactors with their clients of all healthcare team members.<sup>48</sup> One novel study quantifying the scope of healthcare system interactions among 391 home health workers providing care to heart failure patients found it to be substantial—workers took patients to a median of 3 doctor appointments in the year, and nearly a quarter reported the appointments to be in three or more health systems. Sterling et al. (2023) argue that their results indicate vast untapped opportunities to leverage home care workers’ experiences to improve healthcare delivery and patient care in heart failure.<sup>49</sup>

### **CALIFORNIA HOME CARE WORKER CARE TEAM TRAINING PILOT**

Stakeholders with more direct contact with home care workers through program provision have also sought to demonstrate the impact of care team integration and training. The Center for Medicare and Medicaid Services Innovation Center awarded The Center for Caregiver Advancement (formerly known as CLTCEC) a three-year, \$11.8 million grant to pilot a home care

worker training project to help caregivers integrate into healthcare teams in California.<sup>50</sup> 6,375 seniors and people with disabilities in California's In-Home Supportive Services (IHSS) program and their IHSS providers participated in the project, which was a two-part intervention. CCA trained IHSS providers for the newly designed enhanced roles of Monitor, Communicator, Coach, Navigator, and Care Aide utilizing adult-learner-oriented modules based on competency-based, "hands-on" teaching methodologies.<sup>51</sup>

Each training module contained an integration activity where providers practice identifying a problem and communicating their observations to the care team. Six partner health plans in California facilitated training with program participants, and made health plan physicians and case managers aware of the competencies personal care aides gained. As a result of the pilot project, IHSS providers and consumers surveyed overwhelmingly reported that providers increased their knowledge and skills in care delivery and improved communication between consumers and their care teams. The program also reduced avoidable hospitalizations and emergency room visits among participating consumers, with corresponding cost savings for consumers of up to \$12,000.<sup>52</sup>



“A caregiver knows every detail of the client's daily living - from early morning to bedtime. This is highly important because when the person begins to show different/ abnormal signs, the caregiver will recognize them immediately and (either) take care of the issue or call the doctor or other care people to begin reviewing the signs. Having this knowledge can potentially save a life... If more than one person is caring for a patient, communication is the most important aspect for the health and safety of the patient. When I cared for a patient and shared duties/shifts, I insisted on keeping a journal of the daily events. This is the safest way to document medications, fluid intake, etc., and prevent accidental overdoses or other mishaps.

– Genale Rambler

Home Care Worker, Pennsylvania



“Being made or considered as part of the "Care Team" is one thing that would help make caregiving a "good job." As a caregiver, we are with our clients all the time, and we are usually the first to notice changes in them. So [it's important] to have our opinions and work respected as such. We do so much more than just cleaning house.”

**- Cristal Dejarnac**

Home Care Worker, Oregon



## SOLUTION FIVE: Assist Caregivers with Finding Quality Jobs

The workers in our study shared many struggles, including the difficulty of finding quality jobs in caregiving when the norm is often a poor quality, “dead-end” job. Home care workers lamented the instability of caregiving work—as one study participant, a Black woman, put it, “The stability of the job is different. At a given time, you may have clients in pretty good health or who are deteriorating. If you get clients who pass [away], then you have to wait for another client. Or, if you have clients that constantly go to the hospital, that’s a problem, too. The hours can change in a heartbeat.” For low-income workers supporting themselves and their families, ever-shifting paid hours and inconsistent schedules burden caregivers, pushing workers out of the direct care industry into less demanding, more predictable jobs.

Study participants working in nursing facilities reported feeling overworked and undervalued, particularly in the aftermath of the pandemic and the ongoing staffing crisis. The shortage of CNAs on nursing facility floors is a constant source of stress; CNAs in the study described the emotional, physical, and moral stress of providing care to residents without enough support. Participants drew a direct link between short staffing and being unable to find quality nursing facility work with high turnover rates, sometimes feeling forced to leave the field themselves. As one woman who formerly worked in a nursing facility and since transitioned to home care put it, “I didn’t last more than six months at my first county-run nursing home, around six months at an assisted living facility and only six months at a privately owned nursing home as well. At all of these jobs, I burnt out. It was too emotionally and physically exhausting. I called it ‘conveyer belt care.’ We had ten minutes tops with a resident. I hated that I was rushing these precious, amazing people around. That I was impatient and stressed out. It wasn’t fair to them or to me. I hated myself for it. I couldn’t stay in those settings.”

Nursing facility workers described bouncing from employer to employer, looking for quality work in which they felt respected as staff and supported enough by management to provide the level of quality care residents needed and deserved. Study participants described the dangers of working in a poor-quality

nursing facility: being vulnerable to assault and physical or sexual violence, residents being in harmful, unsanitary living conditions, and facing burnout and traumatic experiences impacting workers’ health and home lives.

Experiences with racism, discrimination, and violence at work were commonplace among study participants, particularly among Black women working in nursing facilities and home care with non-family clients, who rated the ease of finding quality caregiving work much lower on average than their white counterparts. Home care workers described the dangers of working in private homes without protection or supervision. Home care workers also discussed how they experience ramifications from the workforce shortage in their daily lives because the consumer(s) they provide services to cannot find other providers to help. As a result, workers reported working more hours for clients than they were paid for because if they did not, the client would go hungry, unbathed, or without necessary medical and toileting needs attended to. One participant, a multiracial woman, gave an example, “On my off nights, when I’m supposed to work another job that pays better than home care, sometimes I unexpectedly have to go care for my client because no one showed up. I lost money because another home care provider didn’t show up for their shift.” Even if a home care worker can find a home care job in the first place where she feels respected and well-compensated, the lack of available respite coverage in most cases remains a huge barrier to job quality.

### PROVIDING MATCHING SERVICES FOR CONSUMER-DIRECTED CAREGIVERS

Increasing attention is on addressing home care workforce shortages through matching services for consumer-directed caregivers and clients. As described in the section on Solution #4, consumer-directed home care programs are on the rise in states, particularly with the help of an influx of federal pandemic stimulus funds.<sup>53</sup> Organizations like [Carina](#), a technology nonprofit, have created an innovative care matching platform to help home care workers find full-time work, increased income, and new clients as needed.<sup>54</sup> Their platform, in turn, helps home care consumers meet their care needs by matching them with qualified providers.

“ I haven't found a backup caregiver for my partner yet. We've been together for 12 years. For 12 years, I have been personally responsible for helping with every single bowel movement... I know there are other people out there who need care but can't find caregivers. One woman I met in a meeting talked about how she hadn't had a shower in six months because she couldn't find caregivers to shower her. She bathes herself from the sink. It's really disgraceful that it happens in this country.”

**- Lynn Weidner**

Home Care Worker, Pennsylvania

The platform launched statewide in Washington state in 2018 and has since expanded to Oregon and New York for home care (and additional states for the childcare sector). As a result of Carina's platform, over 10,000 matches between home care consumers and providers have been made, with over 5 million hours of care delivered and \$80 million in earnings for home care workers to date.<sup>55</sup> A new connection is being made through Carina's online service every 5 minutes—an impressive statistic that its Chief Executive Officer, Nidhi Mirani, attributes to intentional platform design, focusing on equity, useability, accessibility, and trustworthiness for both the consumer and the provider marketplace.<sup>56</sup>

Among its innovative design features, Carina built extensive safety features into the back end of the application, including required verification of providers and consumers through state-data shares, adherence to health information privacy standards, and safety issue reporting features. In addition to addressing physical safety and privacy concerns, Carina also took a novel approach to address prejudice and discrimination that can sometimes plague intimate care situations in which a provider must enter a client's home.<sup>57</sup> Having polled its users and conducted research into diversity, equity, and inclusion (DEI)-informed user experience design, Carina designed its platform to allow providers and consumers to put demographic information about gender, language, sexuality, and more upfront so that providers and consumers alike have more information about jobs and potential applicants, respectively, which users on both sides of the marketplace said made them feel more at ease and less vulnerable to microaggressions and prejudicial interactions.<sup>58</sup> Overall, Carina's model combines cutting-edge technology and a person-centered service approach. It offers great promise for addressing the fragmentation that can plague the home care industry and keep consumers and providers from connecting.

### CONNECTING WORKERS WITH QUALITY JOBS IN NURSING FACILITIES

Research has shown that due to the generational impacts of structural racism and misogynoir,<sup>1</sup> Black nursing facility residents and workers alike are more likely to live and work in lower-rated nursing facilities with higher COVID infection rates.<sup>59</sup> A common indicator

used in measuring nursing facility quality is staffing, primarily the ratios between the number of residents and certified nursing assistants (CNAs), licensed practical/vocational nurses (LPN/LVNs), and registered nurses (RNs).<sup>60</sup> Studies have shown that higher CNA staffing levels are present in facilities with higher percentages of white residents compared to facilities where the majority of residents were people of color.<sup>61</sup>

The nursing facility workers who participated in our study stressed the importance of staffing standards to workers' personal experience of job quality and safety for residents and staff alike. Workers consistently made clear that they felt there was a direct link between staffing levels and recruitment and retention in their workplaces—which, in turn, affected the quality of their job and their levels of stress and burnout. Participants wished to know what they were getting into when working at a new nursing facility and lamented how there was no way to truly see the extent of the challenges they would face until their first shifts out on the floor.

### ADVANCING NURSING FACILITY STAFFING STANDARDS

In alignment with workers' vision for nursing facility staffing regulations, The Centers for Medicare & Medicaid Services (CMS) is expected to propose federal rules about nursing facility staffing for the first time ever this year. The Biden administration has undertaken landmark efforts to improve transparency, strengthening regulations on what information nursing facility operators are required to report and making that data available to the public. A federal staffing standard and increased availability of quality data would help workers and residents make informed decisions about where to work and seek care.

Beyond federal regulations and staffing standards, some states have proactively implemented staffing standards for nursing facilities. Some states utilize hours-per-resident day (h.p.r.d.) measurements in their requirements, like Massachusetts, which enacted a standard of 3.58 h.p.r.d. of required care in October 2021.<sup>62</sup> Other states, such as Oregon and New Jersey, require staff-to-resident ratios, which are often preferred by direct care staff because they specify the number of workers in clear

<sup>1</sup> "Misogynoir" is a term coined by Black feminist writer Moya Bailey to describe the intersection of misogyny and anti-Black racism experienced by Black women.

“There are nursing homes with jobs available all over the country, but the biggest problem for the caregiver is it's hard to find a nursing home that will value you as an employee.”

– **Barbara Coleman**

Nursing Home and Home Care Worker, Pennsylvania

terms who must be on the floor and ready to provide care. Oregon requires a CNA-to-resident ratio of 1:7 during the day shift, 1:9.5 during the evening shift, and 1:17 during the night shift,<sup>63</sup> while New Jersey's minimum staff-to-resident ratio for CNAs is 1:8 for the day shift, 1:10 for the evening shift, and 1:14 for the night shift. The New Jersey standard provides some flexibility allowing licensed staff members to count towards fulfilling the ratio requirement provided they are performing certified nurse aide duties during the shift.<sup>64</sup>

In addition to state legislative efforts to improve nursing facility staffing, there are some innovative projects emerging among nursing facility stakeholders to address staffing issues—one being a new “high-road” alternative staffing organization for CNAs in Pennsylvania nursing facilities called 1stLine Staffing.<sup>65</sup> This forthcoming project hopes to set nursing facility employers up with trained, well-paid CNAs whose rights to organize with a union are respected, as opposed to high-priced temporary staff placement agencies whose frequent turnover and lack of vetting lead to poor outcomes for facilities and direct care staff. We look forward to tracking this initiative as it prepares to launch.



“Staffing shortages are very bad in my area, and we sometimes have two staff to 52 residents in [the] LTC Facility on day shifts, and on night shifts, only one, sometimes two [staff members] because they are calling off and quitting due to the workloads and not getting a decent wage pay. Personally, I am worn out and get frustrated at times, but I have to keep pushing because I know someone has to care for those people. The lack of staffing in my area causes more bedsores. The food is cold before the residents get to eat. Residents do not receive showers on schedule. They have more contractions of their limbs. They miss appointments because there is no help to go with them. There are no activities to keep residents occupied or to make them feel at home.”

– Sophia Colley

Nursing Home Worker, Florida

## CONCLUSION

Addressing job quality and confronting structural racism, sexism, and other systemic disparities to create family-sustaining careers in the direct care industry is critical to realizing a more equitable workforce development system. Each day, direct care workers caring for consumers in private homes and nursing facilities risk it all on the frontlines of the healthcare industry for minimal pay, benefits, or opportunities for advancement. Policymakers can transform the caregiving system, create better jobs, and make better care possible. At H-CAP's Center for Equity, we think our best bet is to listen to what direct care workers want and prioritize their voices in the policy actions that directly impact their lives and families. Direct care workers, consumers, and residents are the experts by experience in the changes needed to solve the national recruitment and retention crisis in caregiving. Our research highlights the crucial link between worker empowerment and quality care—fairly compensated, well-trained, supported caregivers are best equipped to provide the quality care that millions of consumers depend on daily to live with dignity.

This report uplifts solutions not always heard about in the mainstream workforce development narrative—solutions driven by workers, for workers, and carried out by labor-management partnerships with the interests of the workforce, care consumers, and the industry at heart. Workers' right to raise their voices together in a union is central to system reform efforts. When workers unite to change the system, we avoid the pitfalls of the past and replications of the same disparities and structural inequities that got us here in the first place. The nursing facility and home care providers who participated in our historic qualitative caregiver research study heartfully bared their daily challenges (and successes) working in an industry that often leaves working people, people with disabilities, and older adults in America without the support and services they need. In documenting workers' voices, sharing their insights and ideas, and uplifting examples that work for working families and industry partners alike, we hope this report will provide a blueprint for innovative work addressing the direct care recruitment and retention crisis.

To create the future that direct care workers and care consumers collectively deserve and address the challenges posed by the caregiving crisis in the U.S., it is critical to scale up and expand worker-driven workforce development programs like the examples described in this report so that all workers and consumers can benefit. The programs highlighted here represent outstanding examples of what centering workers and making equity-informed, BIPOC- and women-centered interventions can accomplish through positive impacts on working families and the care quality consumers experience. Quality care and good union jobs change lives—transforming caregiving infrastructure and delivery at large would change millions more. Policymakers, funders, and leaders must focus on equitable, worker-centered programming and systems change. We need further study of the outcomes and equity impacts generated by worker-centered workforce development programs to make additional reforms a reality. H-CAP's Center for Equity hopes to contribute to chronicling workers' vision for an equitable caregiving system in our past, present, and future work—and make it a reality.

## ACKNOWLEDGMENTS

We would like to thank the labor-management training partnership organizations whose programs are featured in this report and who provide innovative programming and deliver quality training for thousands of essential healthcare workers nationally. Many thanks to Hart Research Associates for designing and conducting research driven by and for Black workers, people of color, women and immigrant direct care workers, and to SEIU for partnering with us and connecting us with potential study participants. The W.K. Kellogg foundation generously funded this research and report.

“A good job is diverse in people, culture, and gender. Everyone works well together. We have the support of our bosses. This means they hear us and support our ideas as we work together, not as separate entities. A good job is about more than a good living wage or better pay—it's also about a safe and enjoyable workspace, whether you are in private care at someone's home or in a facility. I am a firm believer that if you do what you love, then work is not working it becomes play. Work should flow into your life, giving you the ability to balance family, life, and fun and not stress you out!”

– **Tanja Lee**

Home Care Worker, North Carolina

## APPENDIX

Note: The chart below is a reference guide for the workforce intervention examples highlighted in this report; it is not a comprehensive catalog or resource on all direct care workforce interventions.

### SOLUTION ONE: Implement Quality Training Programs that Include Career Ladders Within Direct Care

INTERVENTION	STATE(S)	LEAD ORGANIZATION(S)	SUMMARY
Peer Mentorship (Home Care Workers)	WA	SEIU 775 Benefits Group Training Partnership	Robust peer mentorship training pathway in which caregivers completing the state’s required “Basic Training” course and preparing to become certified home care aides can get free guidance and support from peer mentors.
Home Health Aide (HHA) Apprenticeship Standards	NY; WA	1199 SEIU Training and Employment Funds; SEIU 775 Benefits Group Training Partnership	The National Center for Healthcare Apprenticeships (NCHA), which H-CAP staffs, developed apprenticeship standards for six unique home health aide specialty roles recognized by the U.S. Department of Labor. These registered apprenticeships have strict requirements for enrollees to be paid during program participation and to receive wage increases upon completion. LMTPs in New York and Washington State successfully implemented competency-based registered apprenticeships in advanced home care roles.
Advanced Home Care Career Pathway	WA	SEIU 775 Benefits Group Training Partnership	In Washington state, home care workers benefit from an earn-and-learn, labor-management partnership training model from hire date to advanced proficiency. Washington also offers an Advanced Home Care Aide Specialist program provided by SEIU 775 Benefits Group Training Partnership to caregivers working with consumers with complex care needs that requires 70 hours of additional training, resulting in a \$0.75 hourly wage increase upon completion.
California IHSS Career Pathways Program	CA	Center for Caregiver Advancement	The Center for Caregiver Advancement (CCA), a long-term care LMTP in California, offers two career pathways, “General” home care training and “Specialized Skills.” Home care workers can complete required courses in the respective pathway(s) that apply to their consumer(s) and receive incentive payments for completion.
Illinois Certified Nursing Assistant (CNA) Pay Scale Subsidy	IL	State of Illinois	<a href="#">Illinois’ 2022 nursing facility reform law</a> created a new subsidy program for nursing facilities that elect to implement a CNA pay scale. The state program, which began the implementation phase in 2022, subsidizes substantial new wage increases (between \$1.50 and \$6.50 per hour) for CNAs based on their years of experience and for additional duties or responsibilities. <sup>1</sup>

1 Overview of Illinois’ New Nursing Facility CNA Pay-Scale Subsidy [PowerPoint Slides]. (2022, June 27).

Illinois Department of Healthcare and Family Services. Retrieved from:

<https://hfs.illinois.gov/content/dam/soi/en/web/hfs/sitecollectiondocuments/overviewofillinoiscnapayscalesubsidyprogram06272022.pdf>



**SOLUTION TWO: Equip Direct Care Workers with Wraparound Supports and Services that Help Increase Job Satisfaction and Improve Quality of Life**

INTERVENTION	STATE(S)	LEAD ORGANIZATION(S)	SUMMARY
Mileage Reimbursement for Home Care Workers	WA; OR	SEIU 775; SEIU 503	Many providers in consumer-directed Medicaid HCBS programs represented by SEIU have won mileage reimbursement through bargaining. Under mileage reimbursement programs bargained through union contracts in Washington and Oregon, home care workers are compensated for mileage when they drive their personal vehicles between their consumers' homes or for services authorized under their care plans (such as essential shopping and travel to medical services).
Public Transportation Assistance for Home Care Workers	IL; OR; CA (Los Angeles and Santa Clara counties)	SEIU HCII; SEIU 503; SEIU 2015	Certain home care employers' contracts with SEIU secure public transportation assistance via discounted or free bus/metro passes, including Illinois, Oregon, and Los Angeles and Santa Clara counties in California. Oregon's agreement with the state also allows for parking reimbursement for providers if free parking is not available around the consumer's home.
Free Rideshare Transportation Pilot for Home Care Workers	NY (Western region)	Healthcare Rising and 1199SEIU Training and Employment Funds	A historic pilot by Healthcare Workers Rising and the ILR Worker Institute at Cornell in 2020 provided free transportation for home care workers in Western New York to and from client homes via fully subsidized Lyft rideshare trips.
Affordable, Accessible Childcare and Aftercare	CT; NJ; NY; PA	1199SEIU Child Care Fund and Training and Employment Funds	<a href="#">The Future of America Learning Center (FALC)</a> , administered by the 1199SEIU Child Care Fund, provides full-day, affordable, high-quality, and educational childcare services to the children of working 1199SEIU parents and to those from neighboring communities. In addition to the FALC center, the 1199SEIU Training and Employment Funds (TEF) union benefits for qualifying employees include quarterly full-time daycare and babysitting and afterschool reimbursement payments, depending on annual salary, number of dependents, and type of care.

**SOLUTION THREE: Provide Traditional and Non-Traditional Benefits and Workplace Protections that Strengthen Recruitment and Retention**

INTERVENTION	STATE(S)	LEAD ORGANIZATION(S)	SUMMARY
Enhanced Home Care Worker Compensation	46 states plus D.C. <sup>1</sup>	State governments; SEIU locals	Forty-six states and D.C. used American Rescue Plan Act (ARPA) dollars to enhance home care worker compensation through wage pass-throughs, hazard pay, bonuses, wage increases, training, and benefits. One-time special payments, such as hiring bonuses or “spot” bonuses, are the most common way states are using ARPA dollars to increase home care worker compensation; eleven states are using the funds to raise wages permanently.
Quality, Affordable Health Insurance Benefits for Nursing Facility Workers	OR	State of Oregon; SEIU 503; RISE Partnership	In Oregon, the direct care workers’ union, SEIU Local 503, and RISE Partnership, a labor management-focused non-profit, worked with the state, responsible nursing facility employers, and the Center for Medicare and Medicaid Services (CMS) to create the Essential Worker Healthcare Trust to provide affordable, quality healthcare insurance coverage to staff employees of participating employers.
Caregiver Kicks Safety Work Shoe Program	WA	SEIU 775 Benefits Group Health Benefits Trust	SEIU 775 Benefits Group Health Benefits Trust administers an innovative program, “Caregiver Kicks,” a union-bargained benefit in which caregivers receive one free pair of slip-resistant safety shoes every 12 months. The Caregiver Kicks program joins many other benefits and offerings to covered home care workers in the Trust’s portfolio, including medical, behavioral health, prescription drug, vision, hearing, and dental benefits.

<sup>1</sup> Robertson, C. and Santillo, J. (2022). Strengthening Home Care through the American Rescue Plan. New America. Retrieved from: <https://www.newamerica.org/new-practice-lab/reports/the-american-rescue-plan-and-the-need-to-strengthen-the-home-care-workforce/>

**SOLUTION FOUR: Improve Recognition for Caregivers On and Off the Job**

INTERVENTION	STATE(S)	LEAD ORGANIZATION(S)	SUMMARY
New and/or Increased Payments to Family Caregivers	17+ states <sup>1</sup>	State governments	States with consumer-directed personal care programs permit consumers to hire family members as independent home care providers and compensate them for their services under Medicaid waivers or state plans. Due to the workforce shortage and the COVID-19 pandemic, 17 states utilized flexibility authorized under the public health emergency to allow Medicaid payments for family caregivers, and 30 states plan to use ARPA funds to support family caregivers, seven of which specifically plan to increase pay to family caregivers. <sup>2</sup>
California Home Care Worker Care Team Integration Pilot	CA	Center for Caregiver Advancement	The Center for Medicare and Medicaid Services Innovation Center awarded The Center for Caregiver Advancement (formerly known as CLTCEC) a three-year, \$11.8 million grant to pilot a home care worker training and care integration program in California. <sup>3</sup> As a result of the pilot project, IHSS providers and consumers surveyed overwhelmingly reported that providers increased their knowledge and skills in care delivery and improved communication between consumers and their care teams. The program also reduced avoidable hospitalizations and emergency room visits among participating consumers, with corresponding cost savings for consumers of up to \$12,000.

1 Epstein, S. (2022, March). State Efforts to Address Medicaid Home- and Community-Based Services Workforce Shortages. MACPAC. Retrieved from: <https://www.macpac.gov/wp-content/uploads/2022/03/MACPAC-brief-on-HCBS-workforce.pdf>

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## SOLUTION FIVE: Assist Caregivers With Finding Quality Jobs

INTERVENTION	STATE(S)	LEAD ORGANIZATION(S)	SUMMARY
Matching Services Between Consumers and Consumer-Directed Caregivers	WA; NY; OR	Carina	<p><a href="#">Carina</a>, a technology nonprofit, created an innovative care matching platform to help home care workers find full-time work, increased income, and new clients as needed.<sup>1</sup> Their platform, in turn, helps home care consumers meet their care needs by matching them with qualified providers.</p>
Quality, Minimum Direct Care Staffing Standards in Nursing Facilities	MA; OR; NJ; <a href="#">many other states not featured here</a>	State governments	<p>Some states have proactively implemented direct care staffing standards for nursing facilities in the absence of federal staffing minimums. Some states utilize hours-per-resident day (h.p.r.d.) measurements in their requirements, like Massachusetts, which enacted a standard of 3.58 h.p.r.d. of required care in October 2021. Other states, such as Oregon and New Jersey, require staff-to-resident ratios, which are often preferred by direct care staff because they specify the number of workers in clear terms who must be on the floor and ready to provide care.</p>

<sup>1</sup> Mirani, N. (2023, May 18). Carina: Expanding Access to Work and Care [Conference presentation]. H-CAP Education Association National Convening, Online, United States.

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