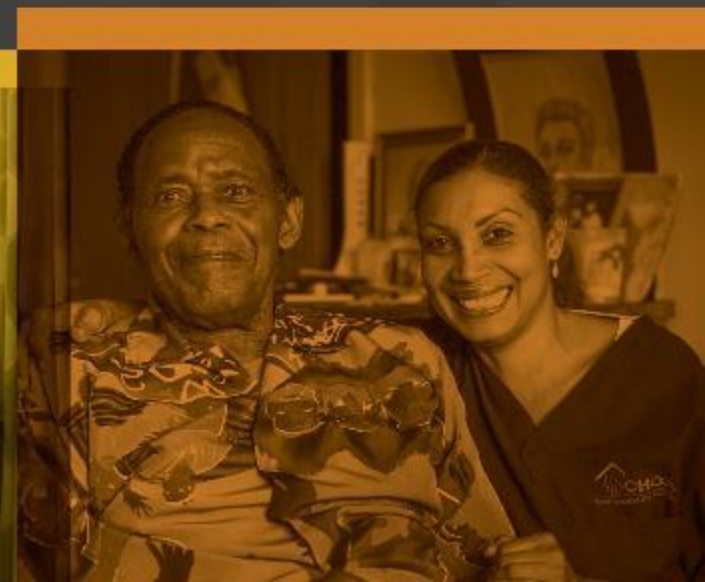


# UNDERSTANDING THE DIRECT CARE WORKFORCE: Job Quality Implications for Ohio

Angelina Del Rio Drake, Chief Strategy Officer



## ABOUT US

PHI is a national organization committed to strengthening the direct care workforce by producing robust research and analysis, leading federal and state advocacy initiatives, and designing groundbreaking workforce interventions and models.

**PHI promotes quality direct care jobs as the foundation for quality care.**





# 30<sup>th</sup> Anniversary



For 30 years, we have brought a 360-degree perspective on the long-term care sector to our evidence-informed strategies throughout the country.

# WHO ARE DIRECT CARE WORKERS?

**Direct care workers** assist older adults and people with disabilities with essential daily tasks and activities across a range of long-term care settings.



# DIRECT CARE WORKERS IN THE U.S.

- **Home Care Workers** are the 2.4 million personal care aides and home health aides (and in some cases, nursing assistants) who support individuals in private homes. Sometimes called: *home care aides, home attendants, personal care attendants*
- **Nursing Assistants in Nursing Homes** are the 527,000 workers who provide services to residents who require 24-hour nursing care as well as personal care assistance. Commonly known as: *Certified nursing assistants (CNAs)*
- **Residential Care Aides** are the 675,000 personal care aides, home health aides, and nursing assistants who assist individuals in group homes, assisted living communities, and other residential care settings.

# DIRECT CARE WORKERS IN OHIO

- **Home Care Workers**

**Home health aides** Certified, agency-employed aides who provide personal care as well as health maintenance supports and monitoring for consumers who live at home.

- **Federal minimum training standard** of 75 hours with 16 clinical hours, plus 12 hours of continuing education annually

# DIRECT CARE WORKERS IN OHIO

- **Home Care Workers**

**Personal care aides** Non-certified home care workers who provide personal care to people who live at home. Might be employed by agencies or by consumers.

- **Training can vary by setting and payer.** Medicaid-funded settings require the home health aide minimum training standard above.

Personal care aides providing private-pay services are not subject to minimum training standards.



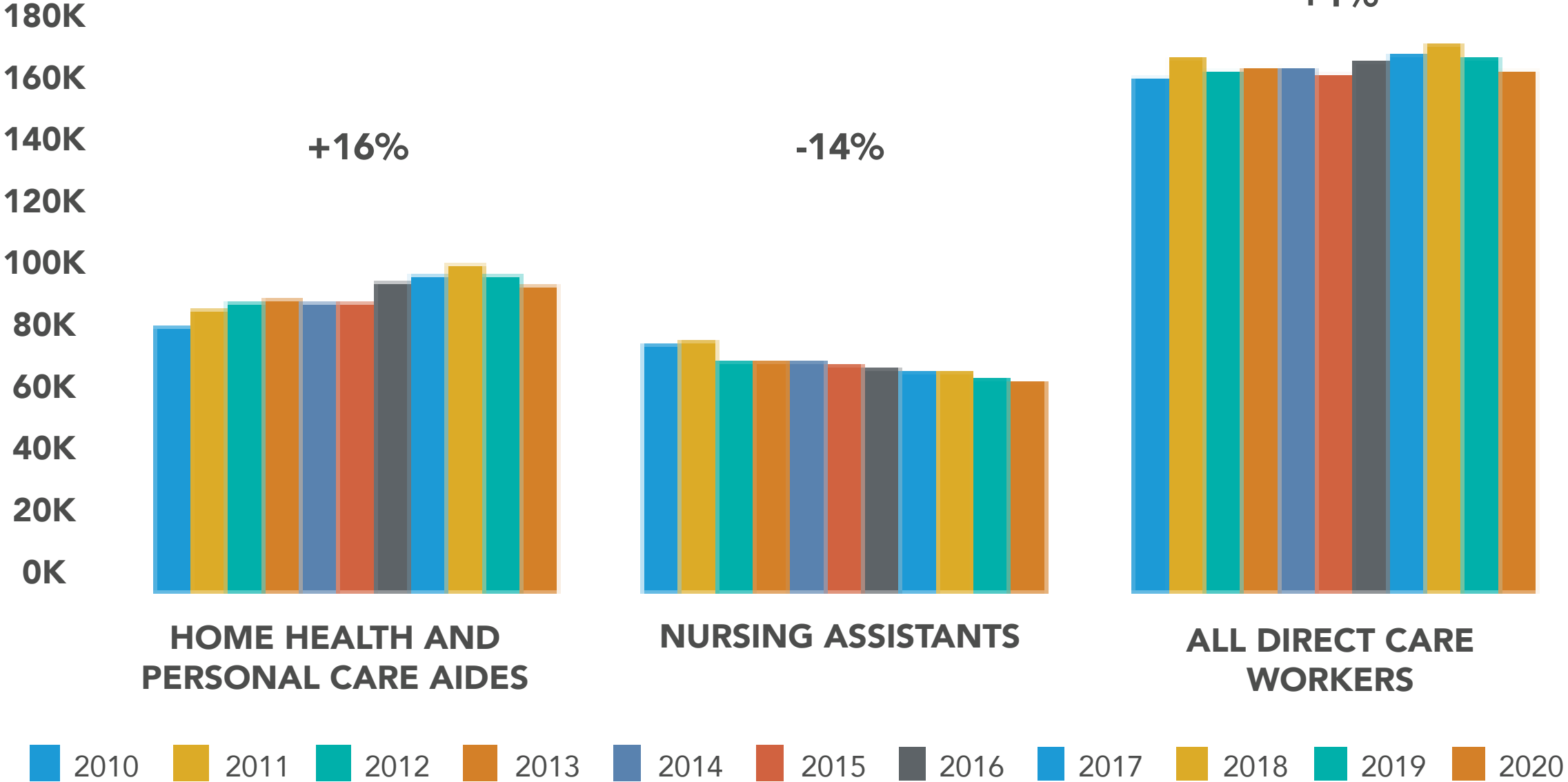
# DIRECT CARE WORKERS IN OHIO

- **Home Care Workers** are the **91,910** personal care aides and home health aides supporting individuals in private homes.
- Ohio's home care workforce saw **16% growth** between 2010 and 2020
- Median wage for the state's home care workforce was **\$11.41** in 2020

# DIRECT CARE WORKERS IN OHIO

- **Certified Nursing Assistants** are the **63,290** workers who provide services to nursing home residents including health maintenance supports, health monitoring, and personal care assistance.
  - Ohio's nursing assistant workforce saw **14% decline** between 2010 and 2020
  - Median wage for the state's nursing assistant workforce was **\$14.11** in 2020
  - **Federal minimum training standard** of 75 hours with 16 clinical hours, plus 12 hours of continuing education annually.

# DIRECT CARE WORKERS IN OHIO



# CHALLENGES IN DIRECT CARE

# Problems facing workers

## JOB QUALITY

- Low wages
- Inconsistent, often part-time hours
- Lack of benefits
- Outdated, insufficient, and poorly enforced training
- Risks and stress of COVID-19
- Disrespect and isolation



# Problems facing workers → problems facing consumers

## ACCESS TO AND QUALITY OF CARE

- Workforce shortages
- High turnover
- Underprepared workers
- Disconnected from health care and social service delivery systems



# Problems facing workers → problems facing sector

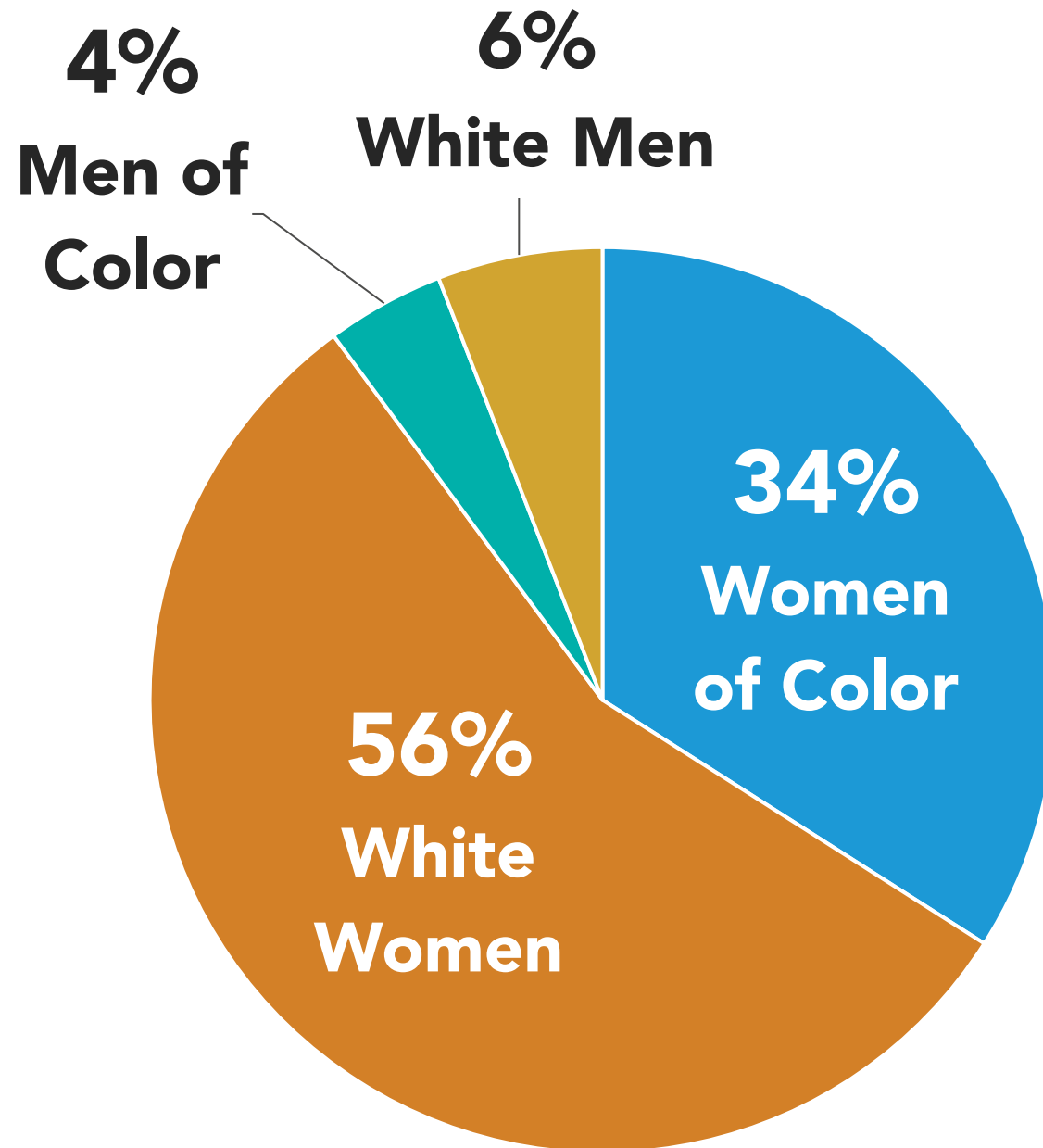
## LOW MARGINS, HIGH OPERATIONAL COMPLEXITY

- Recruitment crises
- Retention challenges
- Turnover costs
- Insufficient reimbursement rates
- Slow or uncoordinated responses to COVID-19 from payors and regulators



# DIRECT CARE WORKERS IN OHIO

- **90% Female**
- **10% Male**





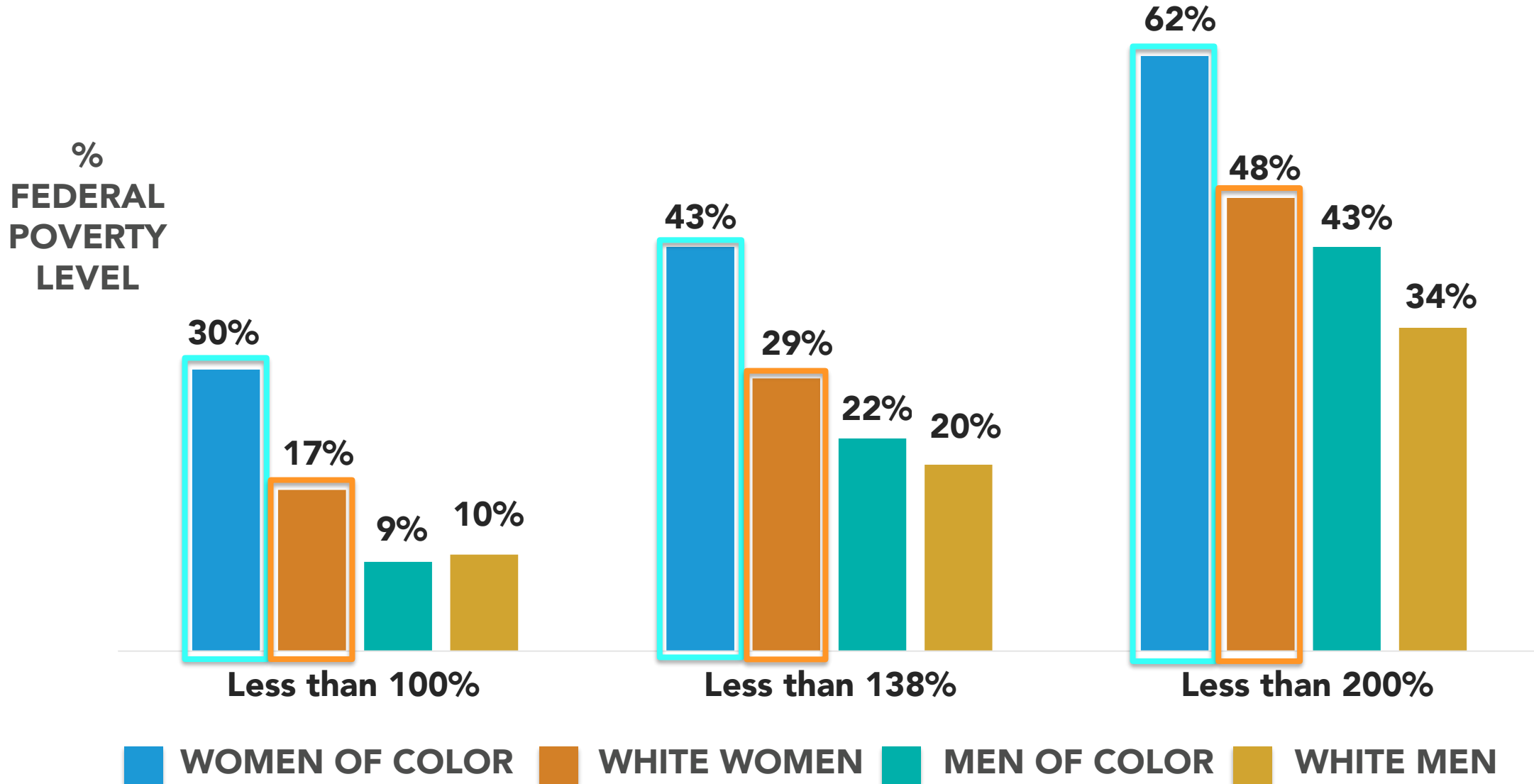
# DIRECT CARE WORKERS IN OHIO

## MEDIAN HOURLY WAGE

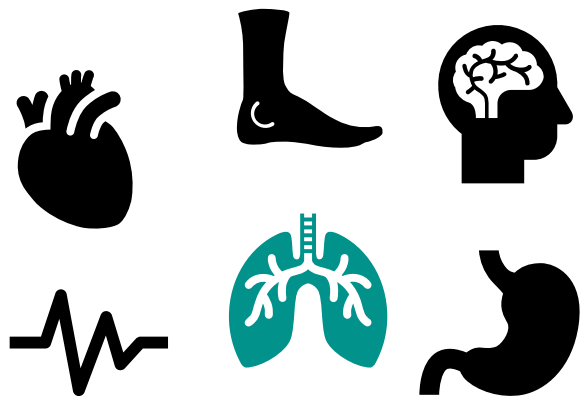
### \$12.51



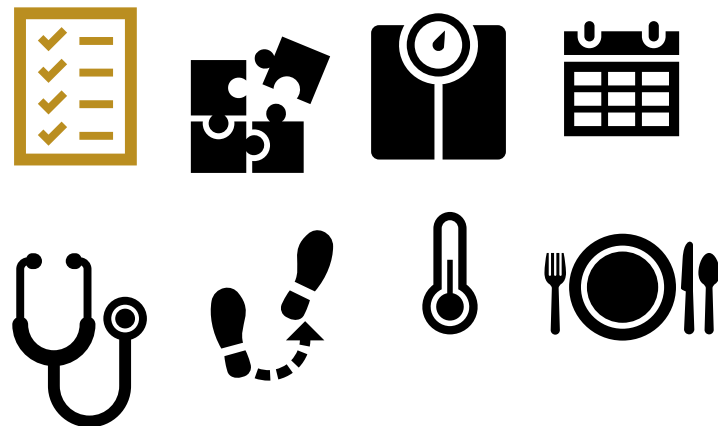
# DIRECT CARE WORKERS IN OHIO



## UNDERSTANDING OF CONDITIONS



## SYMPTOM PREVENTION AND MANAGEMENT



## SUPPORT WITH ACTIVITIES OF DAILY LIVING



## ENSURING SAFETY AND SECURITY



## PHYSICAL AND EMOTIONAL STRENGTH

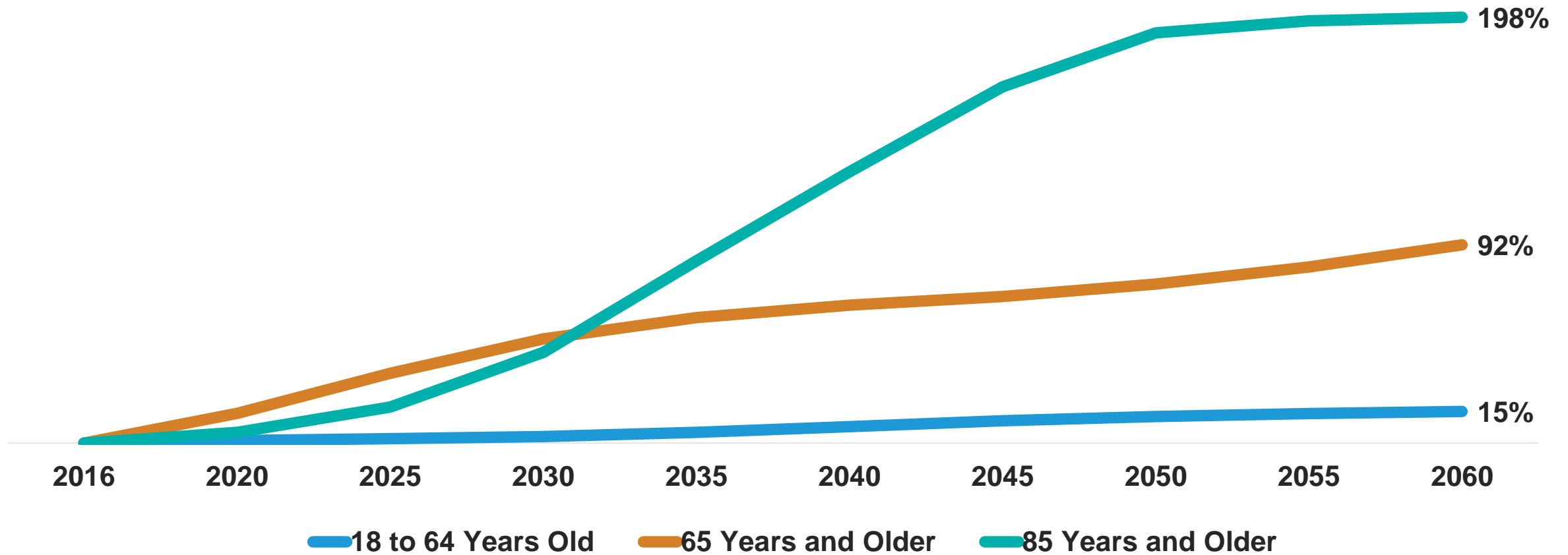


## COMMUNICATION AND PROBLEM-SOLVING

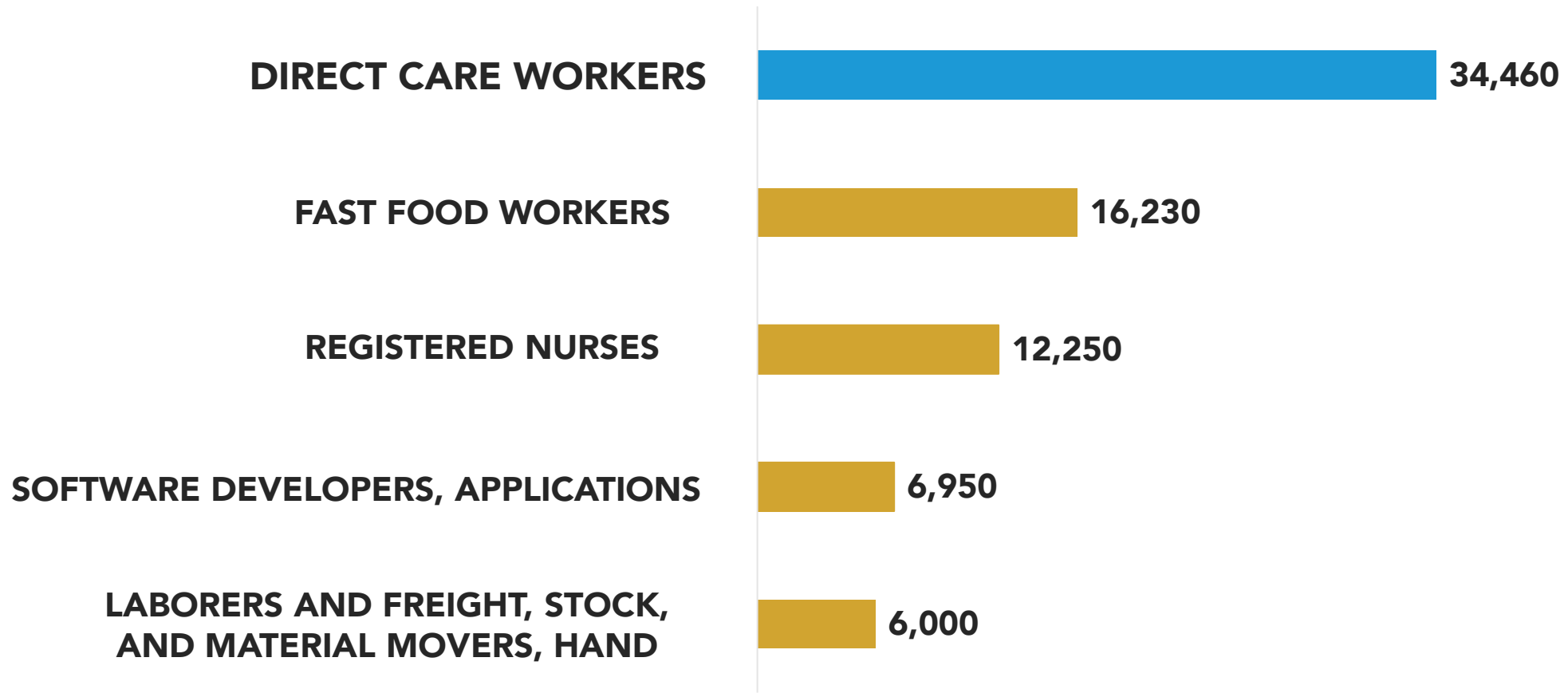


# WORKFORCE PROJECTIONS

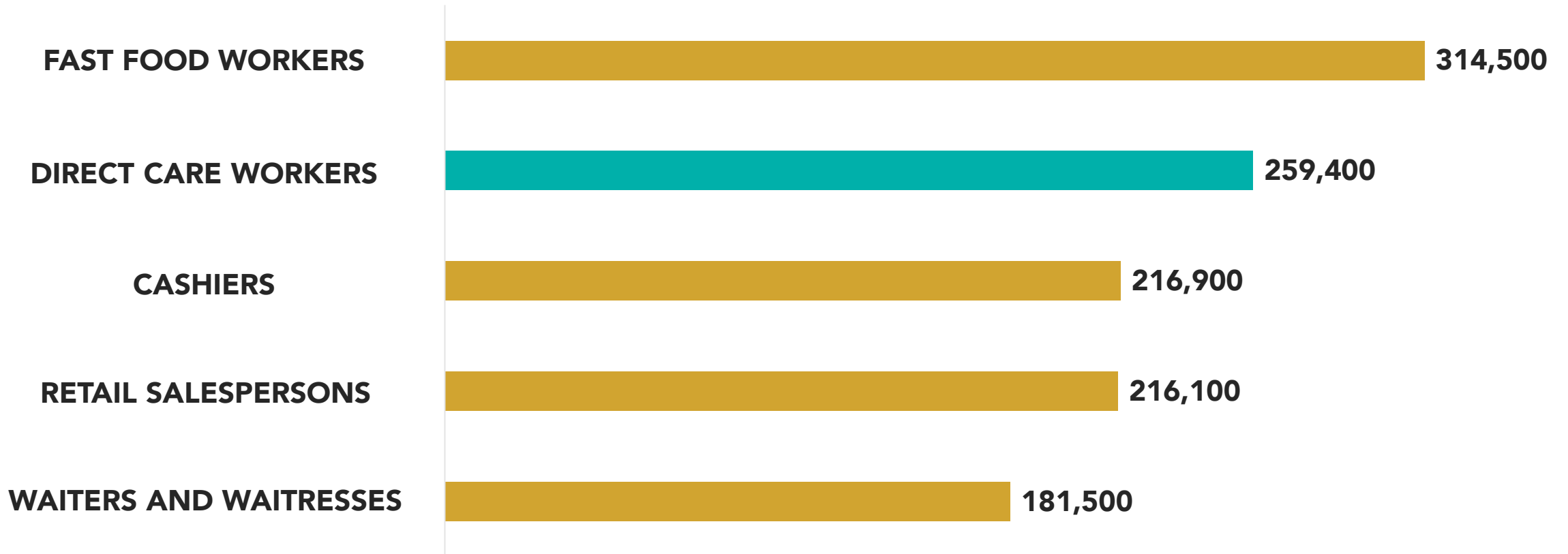
# The population of people age 65 and older in the U.S. will nearly double from 2016 to 2060



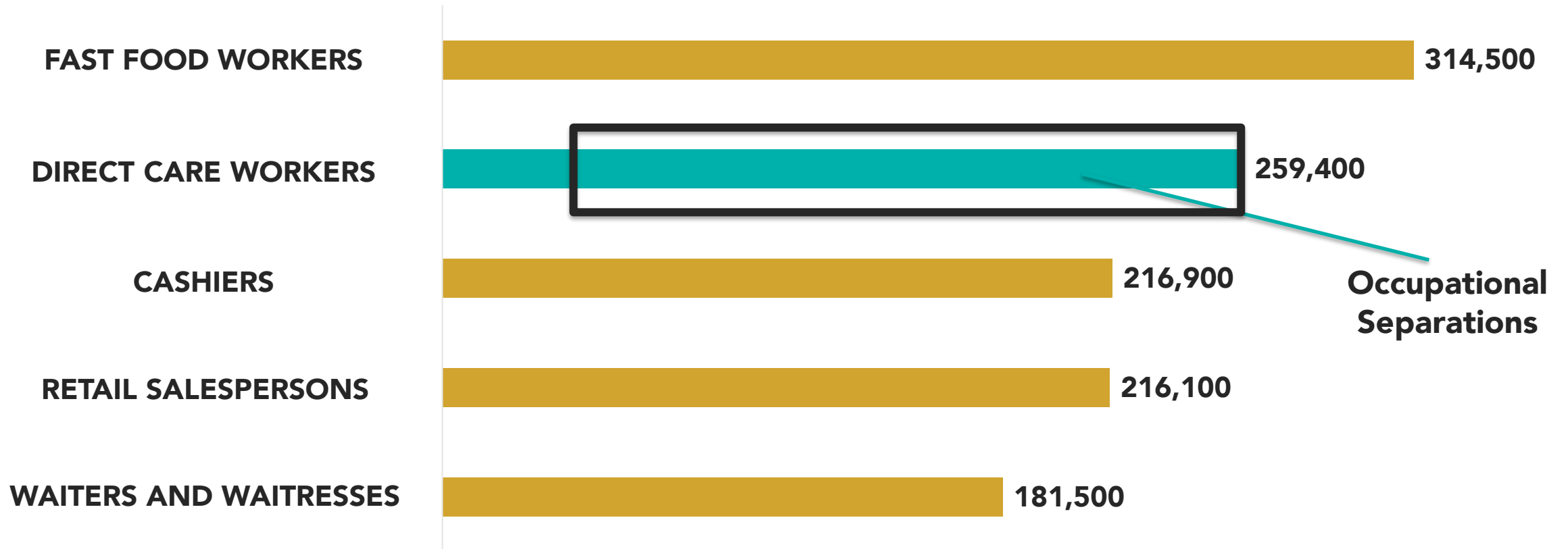
# Occupations with the most **job growth** in Ohio, from 2018 to 2028:



# Occupations with the **most total job openings** in Ohio, from 2018 to 2028:



# Occupations with the most total job openings in Ohio, from 2018 to 2028:







***“I love my job, but I need to get paid for it. I’ve got to take care of my family. If you’re working hard six to seven days a week and then you can’t cover your bills, why are you working?”***

**- FARAH, Home Health Aide**

# ADDRESSING JOB QUALITY IN DIRECT CARE

# THE 5 PILLARS OF DIRECT CARE JOB QUALITY



**QUALITY  
TRAINING**



**FAIR  
COMPENSATION**



**QUALITY  
SUPERVISION  
& SUPPORT**



**RESPECT &  
RECOGNITION**



**REAL  
OPPORTUNITY**



## QUALITY TRAINING

- Training is accessible, affordable, and relevant to the job
- Content covers a range of relational and technical skills associated with quality care
- Competency-based, adult learner-centered instruction with opportunities for hands-on learning
- Programs account for cultural, linguistic, and learning differences
- Documentation and verification of program completion and/or certification, with connections to employment



***“I think the training here is great. I think there needs to be just more of it...from baths to a little bit of wound care, to changing out catheter bags and stuff like that. I'm trained to use a Hoyer Lift to move somebody from a wheelchair to a bed if they're a paraplegic.***

***But, we don't have an actual piece of paper that says that we're trained to do that.”***

**- ERIKA, Home Care Worker**



## FAIR COMPENSATION

- Living wage as a base wage
- Access to full-time hours
- Consistent scheduling and notice of scheduling changes
- Employer- or union-sponsored benefit plans
- Grief support and bereavement leave
- Financial support and asset development programs
- Access to merit, longevity, and other base pay increases



***"In some of these places, I was assigned up to 20 residents, and there was no possible way to physically give each of them the care they needed. We are battling to do whatever needs to get done because we care. But if they were paying us more, that high turnover might stop and they'd be more likely to keep staff."***

**- MICHELLE, Certified Nursing Assistant**



## QUALITY SUPERVISION & SUPPORT

- Clear presentation of job requirements, responsibilities, workflows, and reporting structures
- Consistent, accessible, and supportive supervision
- Access to personal protective equipment and other supplies to ensure worker and client safety
- Connection to peer mentors and peer support networks
- Connection to community-based organizations to address employment-related barriers





***“Coaches are the people we go to if we need any assistance or help with certain elders. If we don't understand or know something, we go to them: our nurse coach, our social worker coach, and guidance from management. The thing is, even our head boss, he still respects us. Our opinions matter.”***

***I'd literally never before worked at a job where bosses were understanding or take how the aides feel into consideration.”***

**- VENECIA, Certified Nursing Assistant**



## RESPECT & RECOGNITION

- Direct care workers reflected in organizational mission, values, and business plans
- Diversity, equity, and inclusion formalized in organizational practices
- Consistent feedback is given on work performance and retention is celebrated
- Opportunities for direct care workers to influence organizational decisions
- Clear communication about changes affecting workers, with opportunities for feedback
- Direct care workers empowered to participate in care planning and coordination
- Other staff trained to value direct care workers' input and skills



***“When I became a caregiver, I learned that this job is often looked down on as the lowest class of workers. This job can be very much exploited, especially with regards to immigrants of color, particularly women. As a caregiver, we are in very close contact with our clients, and I develop much closer one-on-one relationships than when I was a nurse. We work so hard and sincerely from the heart.***

***But we are being discriminated against, isolated, underpaid, and abused.”***

**- TERESITA, Home Care Worker**



## REAL OPPORTUNITY

- Employer-sponsored continuous learning available to build core and specialized direct care skills
- Opportunities for promotion into advanced direct care roles with wage and title increases
- Organizational commitment to cross-training workers and promoting from within
- Connections to external training and job development programs for other health care and social service careers



***“Working in these advanced roles has given me a lot of confidence in what I do. I feel good about being able to help more clients, more workers, and more family members. I continue to learn, which is also good for me. And I am proud of the example I have set for my daughters.*”**

***When home health aides ask me how I got this role, I tell them my story and to look for openings. I tell them, ‘You’re qualified, so apply for it!’”***

**- MARISOL, Senior Home Care Aide**

# THE 5 PILLARS OF DIRECT CARE JOB QUALITY



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[adrake@phinational.org](mailto:adrake@phinational.org)

400 East Fordham Road, 11th Floor • Bronx, New York 10458 • [www.PHInational.org](http://www.PHInational.org)



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