

DIRECT CARE WORKERS IN THE UNITED STATES

KEY FACTS
2023

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INTRODUCTION

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

- **Home Care Workers** are the nearly 2.8 million personal care aides and home health aides (and in some cases, nursing assistants) who support individuals in private homes.
- **Residential Care Aides** are the 718,840 personal care aides, home health aides, and nursing assistants who support individuals in group homes, assisted living communities, and other residential care settings.
- **Nursing Assistants in Nursing Homes** are the 447,940 workers who provide services to individuals living in skilled nursing homes.¹

The growing population of older adults continues to drive up demand for direct care workers. Over the past decade, the direct care workforce added nearly 1.6 million new jobs, growing from 3.2 million workers in 2012 to 4.8 million in 2022.² This trend is projected to continue, with the direct care workforce expected to add just over 1 million new jobs from 2021 to 2031—more new jobs than any other single occupation in the country.³ When also accounting for jobs that must be filled when existing workers transfer to other occupations or exit the labor force, there will be an estimated 9.3 million total job openings in direct care from 2021 to 2031.⁴

This job growth is occurring primarily in the home and community-based services (HCBS) sector, with the home care workforce projected to increase by 35 percent in the next decade.⁵ The number of residential care aides is also projected to increase by 13 percent, although a recent drop in residential care employment makes these growth projections less certain.⁶ In contrast, the nursing assistant workforce is expected to continue decreasing in size, with a projected reduction of 3 percent over the next decade.⁷ These diverging trends across long-term care industries largely result from consumer preference for home care and public policies that have expanded HCBS funding and access.⁸

In the past 10 years, the direct care workforce has seen incremental wage growth (even after accounting for worsening inflation⁹), largely due to state and federal investments in Medicaid programs and the long-term care workforce. Much of this investment occurred in response to the COVID-19 pandemic.¹⁰ However, this wage growth has slowed dramatically with the reduction of federal pandemic supports. After increasing by \$0.68 per hour in 2020, the median hourly wage for direct care workers increased by just \$0.07 per hour in 2021 and by \$0.02 per hour in 2022, adjusting for inflation.¹¹ Median wages for home care workers actually declined by \$0.72 per hour from 2021 to 2022, as many sources of pandemic-related funding were phased out. These trends mean that direct care wages remain low—the median hourly wage for all direct care workers was just \$15.43 in 2022—with home

care workers earning the least. As a result, long-term care employers continue to experience acute recruitment and retention challenges in a persistently competitive labor market.¹²

Low wages combined with a high rate of part-time work make it challenging for direct care workers to financially support themselves and their families. Median annual earnings for direct care workers are just \$23,688.¹³ Thirty-nine percent of direct care workers live in low-income households (defined as subsisting at less than 200 percent of the federal poverty level), and 46 percent rely on public assistance, such as Medicaid, food and nutrition assistance, or cash assistance.¹⁴ These trends both reflect and perpetuate the racial and gender inequities faced by direct care workers, who are majority women and people of color.¹⁵

This annual research report begins by describing how the growing, changing population of older adults is impacting demand for direct care, then provides a comprehensive update on three key segments of the direct care workforce: home care workers, residential care aides, and nursing assistants in nursing homes. Each of the workforce sections focuses on demographics, occupational roles, job quality challenges, and projected job openings. Throughout, we highlight the ongoing impact and implications of the COVID-19 pandemic on the long-term care industry and this workforce. Taken together, these analyses underscore the pressing need for job quality interventions across long-term care settings—building on recent investments and progress—to improve the lives of direct care workers and the older adults and people with disabilities they support.

DIRECT CARE WORKER

EMPLOYMENT BY INDUSTRY, 2022



■ Home Care Workers	58%
■ Residential Care Aides	15%
■ Nursing Assistants in Nursing Homes	9%
■ Direct Care Workers in Other Industries	18%

WAGES BY INDUSTRY, 2012 TO 2022

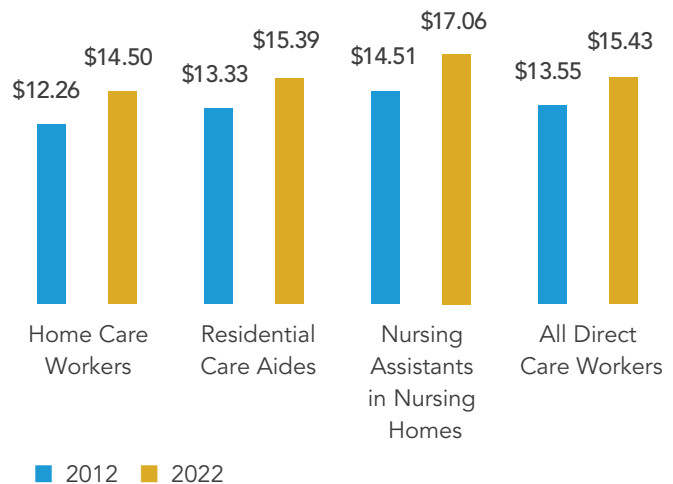


Chart Sources: Other industries employing direct care workers include hospitals and numerous others. U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics (OEWS). 2023. *May 2012 to May 2022 National Occupational Employment and Wage Estimates*. https://www.bls.gov/oes/current/oes_nat.htm; BLS OEWS. 2023. *May 2012 to May 2022 National Industry-Specific Occupational Employment and Wage Estimates*. <https://www.bls.gov/oes/current/oesosci.htm>; analysis by PHI (June 2023).

U.S. POPULATION PROJECTIONS

From 2020 to 2060, the population of adults age 65 and older in the U.S. is projected to increase dramatically from 56.1 million to 94.7 million.¹⁶ The number of adults age 85 and older is expected to nearly triple over the same period from 6.7 million to 19 million. This demographic shift is the primary driver of job growth in the direct care workforce.

In contrast to the rapid expansion of the older adult population, the population of adults age 18 to 64 is expected to remain relatively stable, which means that there will be fewer potential paid and unpaid caregivers available to support older adults. Currently, the ratio of adults age 18 to 64 to adults age 85 and older is 30 to 1, but that ratio is projected to drop to 12 to 1 by 2060.

PROJECTED POPULATION GROWTH BY AGE GROUP, 2020 TO 2060

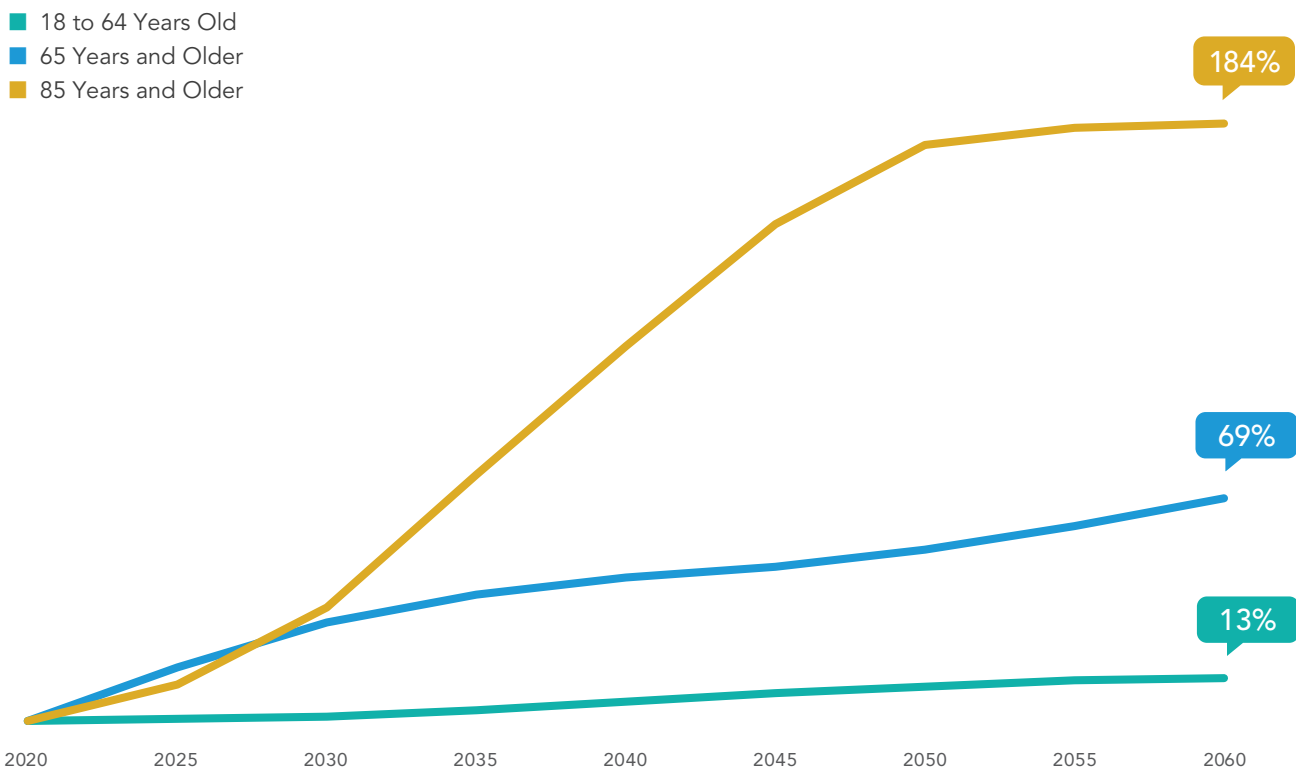


Chart Source: U.S. Census Bureau. 2017. *2017 National Population Projections Datasets, Projected Population by Single Year of Age, Sex, Race, and Hispanic Origin for the United States: 2016 to 2060*. <https://www.census.gov/data/tables/2017/demo/popproj/2017-summary-tables.html>; analysis by PHI (June 2023).

Growing diversity and acuity among older adults will also shape future demand for direct care workers.¹⁷

The population of adults age 65 and over will become more diverse by 2060. From 2020 to 2060, the proportion of older adults of color will increase from 24 percent to 45 percent, and the proportion of older adults who are immigrants will increase from 14 percent to 23 percent.

Demographic changes among older adults will likely influence overall long-term care needs and service utilization patterns. These changes also highlight the need to promote cultural and linguistic competency within the direct care workforce, while recognizing workers’ own diverse backgrounds, experiences, and barriers.¹⁸

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

About 1 in 9 people age 65 and over are currently living with Alzheimer’s disease, the most common form of dementia.¹⁹ As our population grows older, the number of older adults with Alzheimer’s disease is expected to more than double, from 6.7 million in 2023 to 13.8 million in 2060.²⁰ This trend will drive up demand for direct care workers since more than a third of individuals across all long-term care settings are living with Alzheimer’s disease or another form of dementia.²¹

OLDER ADULT POPULATION BY RACE / ETHNICITY AND NATIVITY, 2020 AND 2060

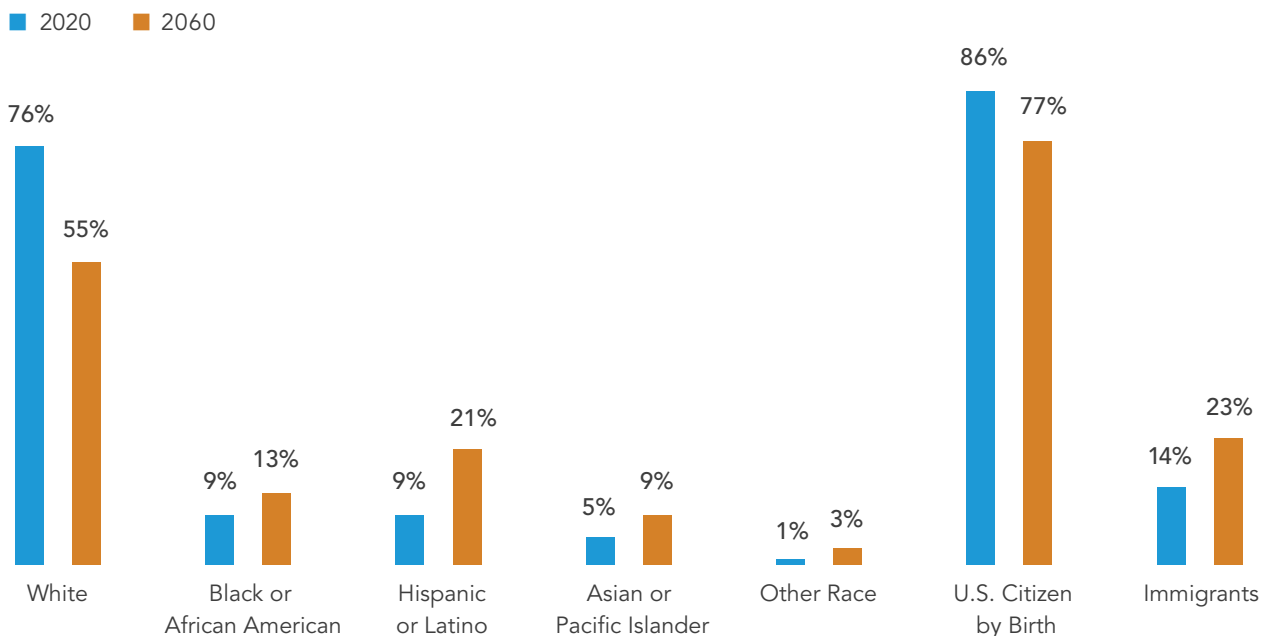


Chart Sources: The percentages shown in the chart do not total 100 percent because they are rounded to the nearest whole percentage. U.S. Census Bureau. 2017. 2017 National Population Projections Datasets, Projected Population by Single Year of Age, Sex, Race, and Hispanic Origin for the United States: 2016 to 2060. <https://census.gov/data/tables/2017/demo/popproj/2017-summary-tables.html>; U.S. Census Bureau. 2017. 2017 National Population Projections Datasets, Projected Population by Single Year of Age, Sex, Race, Hispanic Origin and Nativity for the United States: 2016 to 2060. <https://census.gov/data/tables/2017/demo/popproj/2017-summary-tables.html>; analysis by PHI (July 2023).

HOME CARE WORKERS

Home care workers (primarily personal care aides and home health aides, as well as some nursing assistants) assist more than 9.8 million older adults and people with disabilities living at home.²² The home care workforce is one of the largest and fastest growing occupations in the U.S. due to a combination of factors, including the rapidly expanding population of older adults, consumer preferences for aging and receiving care in place, and the increasing provision of home and community-based services (HCBS).²³ After incrementally increasing in recent years, home care worker wages dropped substantially from 2021 to 2022 when adjusted for inflation, and a large number of workers live in low-income households. In the context of persistently high turnover and a historically tight labor market, home care employers are struggling more than ever to recruit and retain enough workers to meet escalating demand.²⁴

WHO ARE HOME CARE WORKERS?

Home care workers are primarily women, people of color, and immigrants, and therefore face heightened risks of discrimination throughout their lives in areas including housing, education, employment, health care, and more.²⁵ Gender, racial, and other forms of equity are central concerns for this workforce.²⁶

- **Eighty-five percent of home care workers are women.**²⁷
- **Home care workers have a median age of 48.** Thirty-five percent of the home care workforce is age 55 and over, compared to 23 percent of the U.S. labor force overall.²⁸
- **While people of color make up 40 percent of the total U.S. labor force,²⁹ they constitute 66 percent of all home care workers.** Twenty-six percent of home care workers are Black or African American and 26 percent are Hispanic or Latino (any race).

HOME CARE WORKERS BY

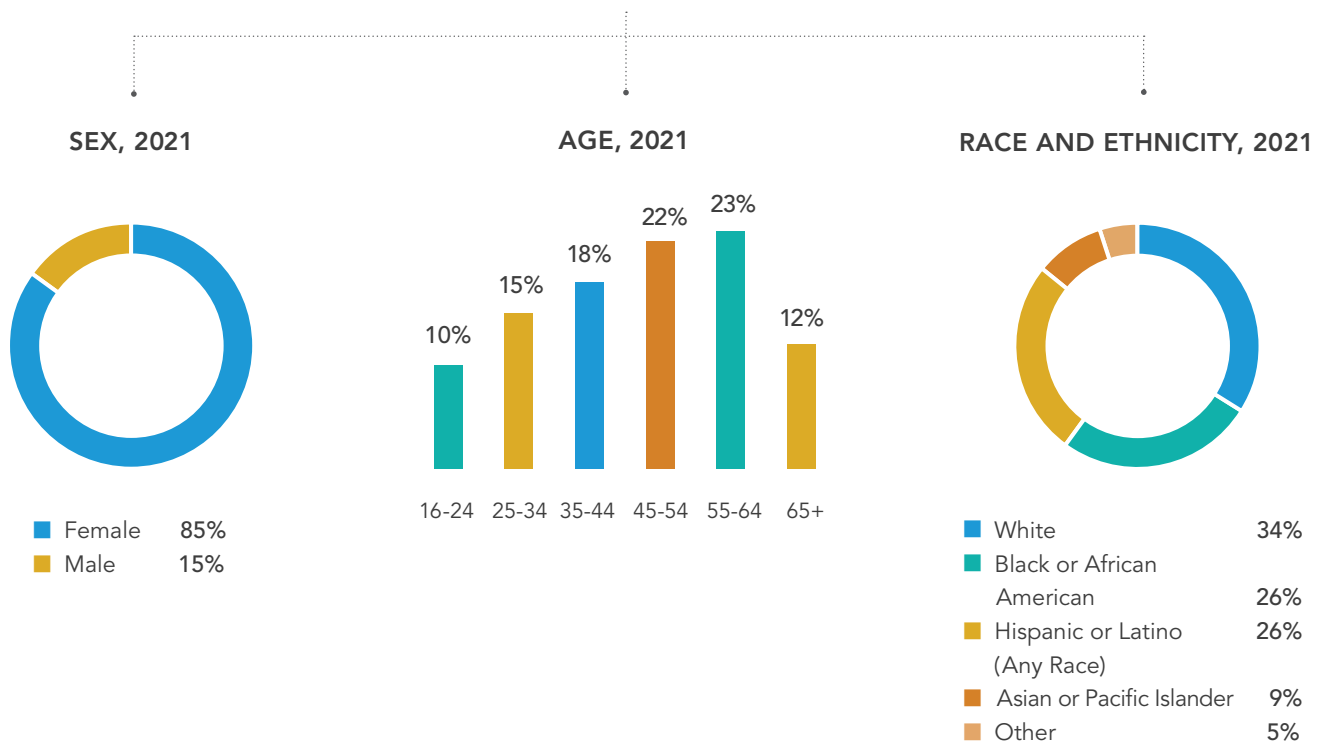


Chart Source: "Hispanic or Latino" refers to people of any race who identify as Hispanic or Latino; these individuals are excluded from all other race/ethnicity categories. Ruggles, Steven, Sarah Flood, Matthew Sobek, Danika Brockman, Grace Cooper, Stephanie Richards, and Megan Schouweiler. 2023. *IPUMS USA: Version 13.0. American Community Survey, 2021*. <https://doi.org/10.18128/D010.V13.0>; analysis by PHI (June 2023).

- Immigrants constitute 32 percent of the home care workforce, compared to 17 percent of the total U.S. labor force.³⁰
- Twenty-eight percent of home care workers have at least one child under age 18 living at home, and 8 percent have one or more children under the age of five living at home.
- Nearly 30 percent of home care workers provide unpaid family caregiving for one or more older adults as compared to 19 percent of workers in the U.S. labor force overall.³¹
- Forty-five percent of home care workers have pursued education beyond high school.

HOME CARE WORKERS BY

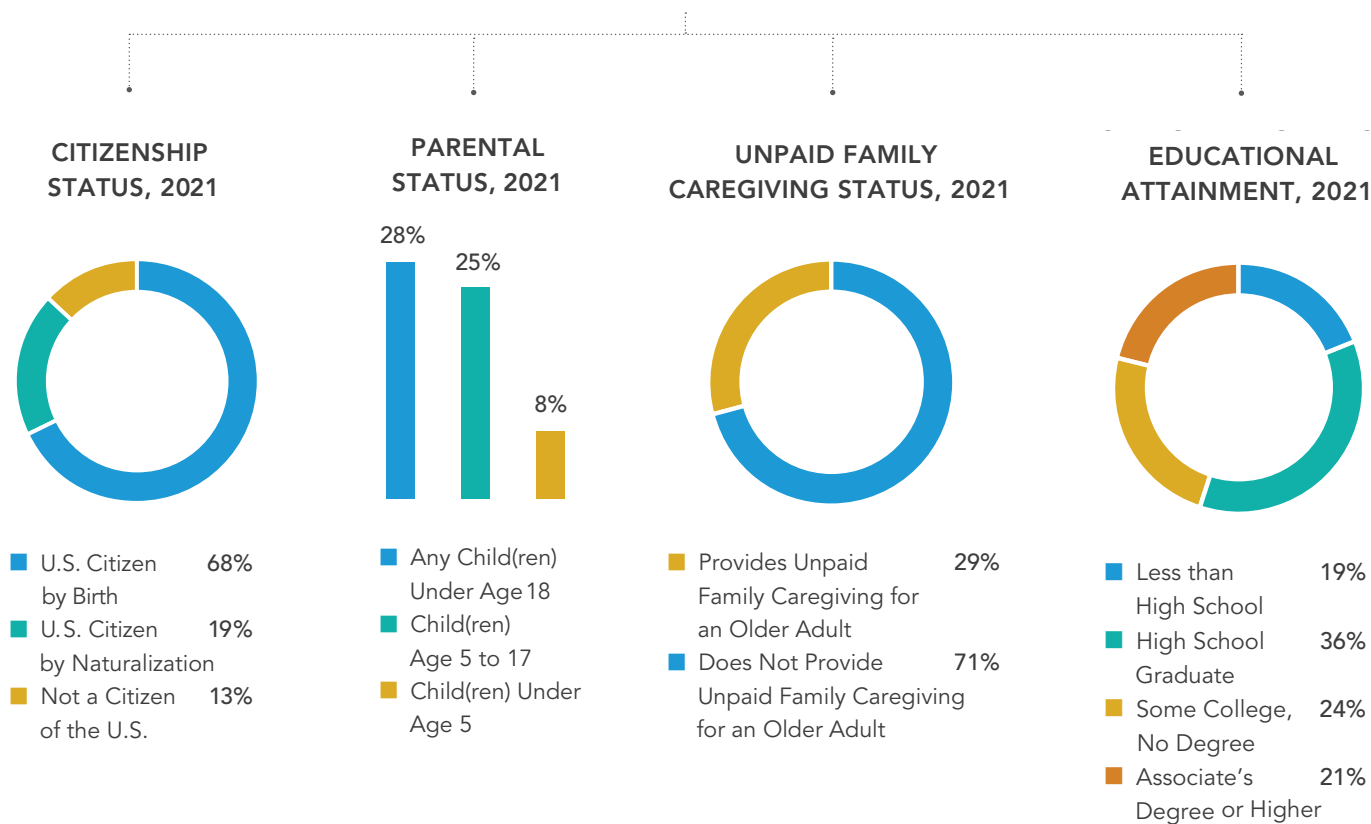


Chart Source: Ruggles, Steven, Sarah Flood, Matthew Sobek, Danika Brockman, Grace Cooper, Stephanie Richards, and Megan Schouweiler. 2023. *IPUMS USA: Version 13.0. American Community Survey, 2021*. <https://doi.org/10.18128/D010.V13.0>; analysis by PHI (June 2023). Flood, Sarah M., Liana C. Sayer, and Daniel Backman. *American Time Use Survey Data Extract Builder: Version 3.1. American Time Use Survey, 2011-2021*. <https://doi.org/10.18128/D060.V3.1>; analysis by PHI (June 2023). This estimate draws on ten years of pooled data from the American Time Use Survey.

THE ROLE OF HOME CARE WORKERS

Home care workers assist older adults and people with disabilities living at home with activities of daily living (ADLs), which include eating, dressing, toileting, mobility, and bathing.³² Other responsibilities differ across occupational groups within the home care sector. **Personal care aides** also provide other household assistance and/or social support to help individuals remain engaged in their communities. **Home health aides** (and in some cases, **nursing assistants**³³) also perform certain clinical tasks under the remote or intermittent onsite supervision of a licensed professional. Although formally classified as personal care aides in most cases, **direct support professionals** constitute a distinct occupational group within this workforce that provides habilitation services, employment assistance, and other supports to people with intellectual and developmental disabilities.³⁴ (See *Occupational Titles and Industry Classifications* on page 28 for more details.)

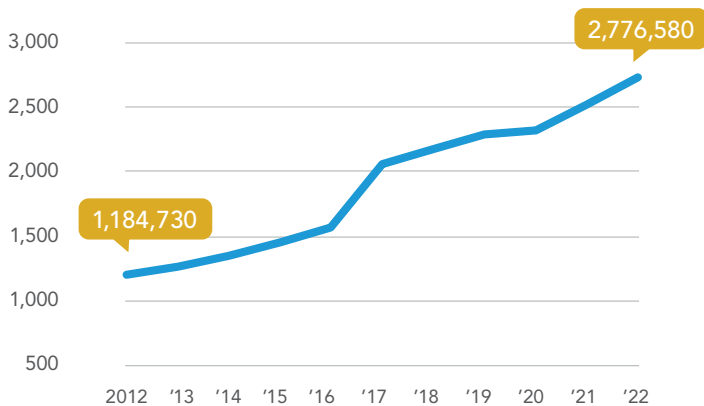
- **The home care workforce more than doubled in size over the past 10 years, from nearly 1.2 million in 2012 to nearly 2.8 million in 2022.**

- PHI estimates that **at least 1.2 million home care workers are employed as “independent providers” through Medicaid-funded consumer-direction programs**, based on 2019 survey data on consumer enrollment in these programs.³⁵

It is very difficult to accurately estimate the number of independent providers, however. Due to a 2017 methodological change, a proportion of these workers hired through consumer-direction programs are now captured by the Bureau of Labor Statistics (BLS) Occupational Employment and Wage Statistics (OEWS) program.³⁶ However, the accuracy of these data varies by state and many independent providers are likely excluded. More broadly, the OEWS data do not include self-employed home care workers who are hired directly and paid out-of-pocket by consumers through the “gray market.”³⁷

- **Home care workers constitute 58 percent of the total direct care workforce**, which also includes workers who are employed in residential care, nursing homes, and other settings.

HOME CARE WORKER EMPLOYMENT, 2012 TO 2022



DIRECT CARE WORKER EMPLOYMENT BY INDUSTRY, 2022

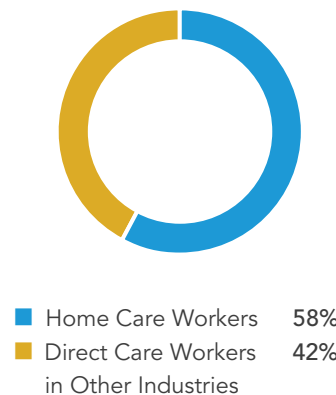
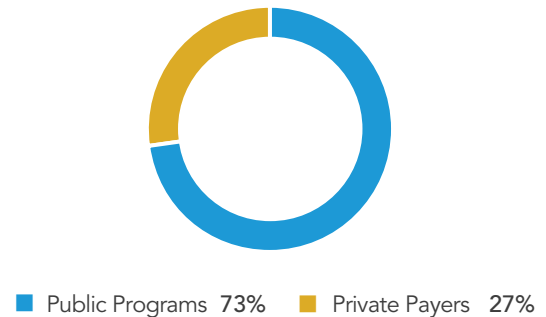


Chart Sources: U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics (OEWS). 2023. May 2012 to May 2022 *National Occupational Employment and Wage Estimates*. https://www.bls.gov/oes/current/oes_nat.htm; BLS OEWS. 2023. May 2012 to May 2022 *National Industry-Specific Occupational Employment and Wage Estimates*. <https://www.bls.gov/oes/current/oesrci.htm>; analysis by PHI (June 2023).

- Home care jobs are predominantly government funded. **Payments from public programs (primarily Medicaid and Medicare) constitute 73 percent of the home care industry’s \$123.4 billion in total annual revenue.**³⁸

Chart Source: U.S. Census Bureau. 2021. *Economic Census of the United States, Health Care and Social Assistance: Sales, Value of Shipments, or Revenue by Type of Payer for the U.S. and States: 2017.* <https://data.census.gov/cedsci/table?q=EC1762TYPEPAYER&n=6216%3A6231%3A6232%3A6233&tid=ECNTYPEPAYER2017.EC1762TYPEPAYER>; analysis by PHI (June 2022).

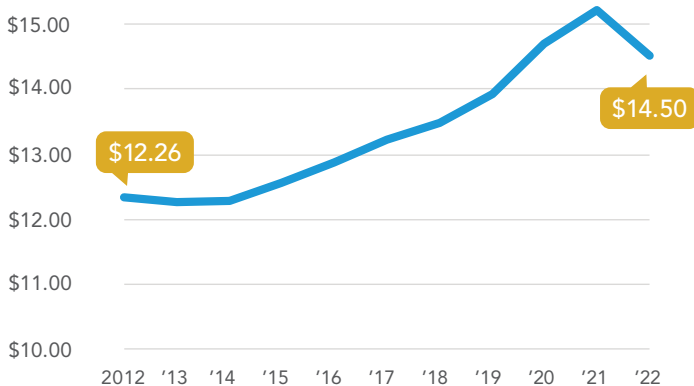
HOME CARE INDUSTRY REVENUE BY SOURCE, 2017



CHALLENGES FOR HOME CARE WORKERS

- Home care workers’ wages have risen somewhat over the past 10 years:** inflation-adjusted median hourly wages rose from \$12.26 in 2012 to \$14.50 in 2022. Recent wage growth was largely driven by COVID-19 pandemic-related funding measures, **but this growth trend is slowing and may even be reversing** as these funding measures wind down: inflation-adjusted median hourly wages for home care workers declined from \$15.22 in 2021 to \$14.50 in 2022.
- In addition to experiencing a decrease in median hourly wages, more home care workers are working part-time hours. Forty-three percent of home care workers work part time,** defined as fewer than 35 hours per week.³⁹ Thirty-six percent work part time for “non-economic reasons,” which include personal or family obligations and health issues, among other reasons. Seven percent work part time for “economic reasons,” which means they cannot find full-time work due to economic conditions at their workplaces or in the broader labor market.

HOME CARE WORKER MEDIAN HOURLY WAGES, ADJUSTED FOR INFLATION, 2012 TO 2022



HOME CARE WORKERS BY EMPLOYMENT STATUS, 2022

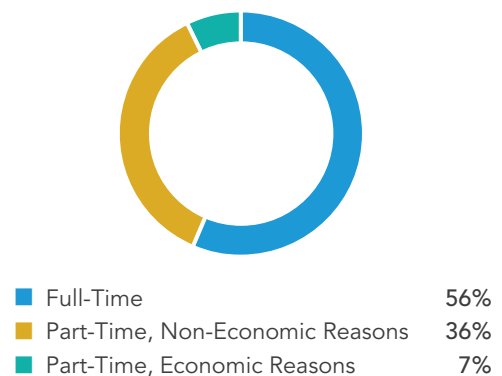


Chart Source: U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment Statistics (OEWS). 2023. *May 2012 to May 2022 National Industry-Specific Occupational Employment and Wage Estimates.* <https://www.bls.gov/oes/current/oesrci.htm>; analysis by PHI (June 2023). The percentages shown in the employment status chart do not total 100 percent because they are rounded to the nearest whole percentage. Flood, Sarah M., Miriam King, Renae Rodgers, Steven Ruggles, J. Robert Warren, and Michael Westberry. 2023. *IPUMS USA: Version 9.0. Current Population Survey, 2022.* <https://doi.org/10.18128/D030.V10.0>; analysis by PHI (June 2023).

- Sixteen percent of home care workers typically work more than 40 hours per week.⁴⁰
- Because of low wages and part-time hours, home care workers earn a median annual income of \$20,599.⁴¹
- Low incomes lead to high poverty rates among home care workers: 15 percent live in a household below the federal poverty level and 42 percent live in low-income households.⁴²
- Because of high poverty rates, more than half of home care workers receive some form of public assistance.
- Thirty-seven percent of home care workers are housing cost-burdened, meaning that their housing costs—including rent or mortgage payments—exceed 30 percent of their household income.
- Fifteen percent of home care workers lack health insurance, while 43 percent rely on public coverage, most commonly Medicaid.

HOME CARE WORKERS

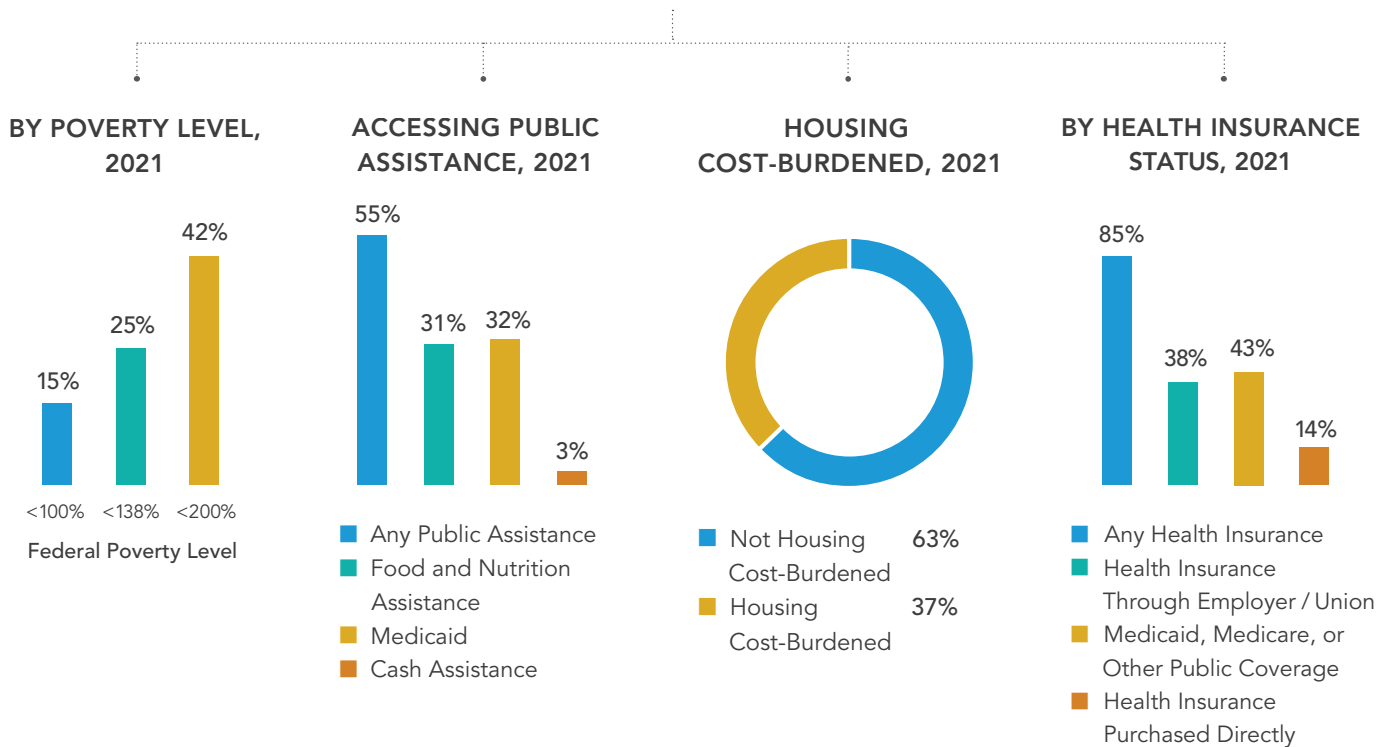
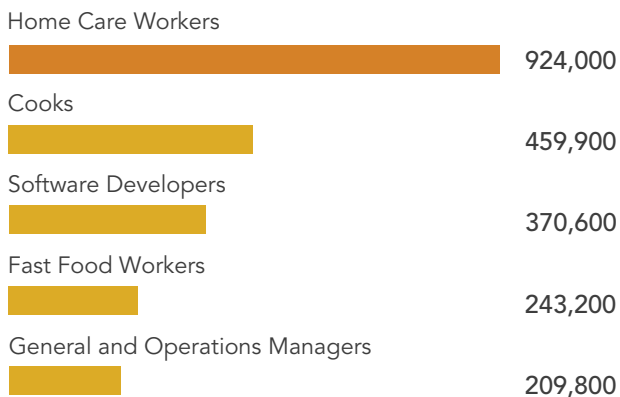


Chart Source: Ruggles, Steven, Sarah Flood, Matthew Sobek, Danika Brockman, Grace Cooper, Stephanie Richards, and Megan Schouweiler. 2023. *IPUMS USA: Version 13.0. American Community Survey, 2021*. <https://doi.org/10.18128/D010.V13.0>; analysis by PHI (June 2023). Ruggles, Steven, Sarah Flood, Matthew Sobek, Danika Brockman, Grace Cooper, Stephanie Richards, and Megan Schouweiler. 2023. *IPUMS USA: Version 13.0. American Community Survey, 2021*. <https://doi.org/10.18128/D010.V13.0>; analysis by PHI (June 2023). The percentages for specific forms of coverage in the health insurance chart do not total 85 percent because workers may have more than one source of coverage.

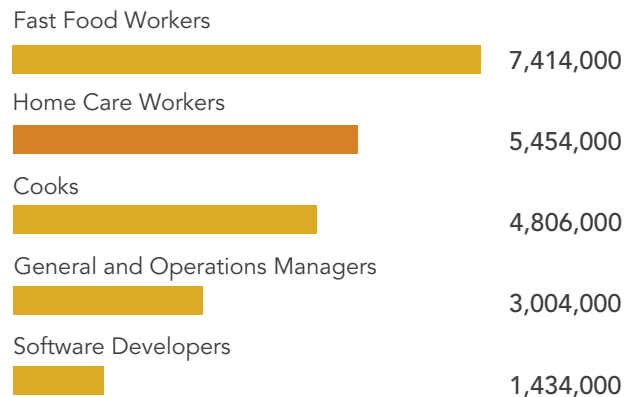
FUTURE DEMAND FOR HOME CARE WORKERS

- **The home care workforce is projected to add over 900,000 new jobs from 2021 to 2031—more new jobs than any other occupation in the U.S.** The occupation with the second-largest projected growth, which is cooks, will add nearly 500,000 fewer jobs than the home care workforce.
- **From 2021 to 2031, the home care workforce will have nearly 5.5 million total job openings.** This figure includes 924,000 new jobs created by growth in demand, 2.3 million job openings caused by workers moving into other occupations, and 2.3 million job openings due to workers leaving the labor force altogether.⁴³ The home care workforce ranks second among all U.S. occupations for total projected job openings.

OCCUPATIONS WITH MOST JOB GROWTH, 2021 TO 2031



OCCUPATIONS WITH THE MOST TOTAL JOB OPENINGS, 2021 TO 2031



CONCLUSION

While minimum wage increases, Medicaid policy changes, and COVID-19-related funding helped boost wages for home care workers in recent years, this wage growth reversed in 2022—and a growing number of home care workers work part-time hours. Low wages and part-time hours mean that a large proportion of home care workers are still living in low-income households and relying on public assistance to make ends meet. In turn, inadequate compensation and other job quality concerns continue to drive high turnover and cause widespread job vacancies.⁴⁴ The ongoing impacts of the COVID-19 pandemic have slowed some of the projected growth in new home care jobs as compared to previous years’ employment projections; however, this workforce is still expected to add more new jobs than any other occupation in the years ahead. At the same time, *total* projected job openings in home care have increased significantly compared to earlier estimates, reflecting the persistent job quality and retention challenges in the sector.

Chart Sources: U.S. Bureau of Labor Statistics (BLS), Employment Projections Program (EPP). 2022. *National Employment Matrix - Industry*. <https://data.bls.gov/projections/nationalMatrixHome?ioType=i>; BLS EPP. 2022. *EP Data Tables, Table 1.10 Occupational Separations and Openings, Projected 2021–2031*. <https://www.bls.gov/emp/tables.htm>; analysis by PHI (June 2023).

RESIDENTIAL CARE AIDES

Residential care aides support more than 1.2 million individuals living in residential care settings in the U.S., which range from small group homes to assisted living and life plan communities (i.e., senior living communities with tiered levels of care).⁴⁵ The number of residential care aides dropped somewhat in 2021, then recovered in 2022, but projected employment growth has slowed overall.⁴⁶ Despite these fluctuations, residential care aides play a prominent role in the nation's long-term care system but—like other direct care workers—continue to work in poor-quality jobs.

WHO ARE RESIDENTIAL CARE AIDES?

Residential care aides are majority women and people of color, and disproportionately immigrants, and therefore face heightened risks of discrimination throughout their lives in areas including housing, education, employment, health care, and more.⁴⁷ Gender, racial, and other forms of equity are central concerns for this workforce.⁴⁸

- **Eighty-five percent of residential care aides are women.**⁴⁹
- **Residential care aides have a median age of 40.** Twenty percent of residential care aides are age 16 to 24, compared to 13 percent of the total U.S. labor force.⁵⁰
- **While people of color make up 40 percent of the total U.S. labor force,⁵¹ they constitute 60 percent of residential care aides.** Thirty-three percent of residential care aides are Black or African American.

RESIDENTIAL CARE AIDES BY

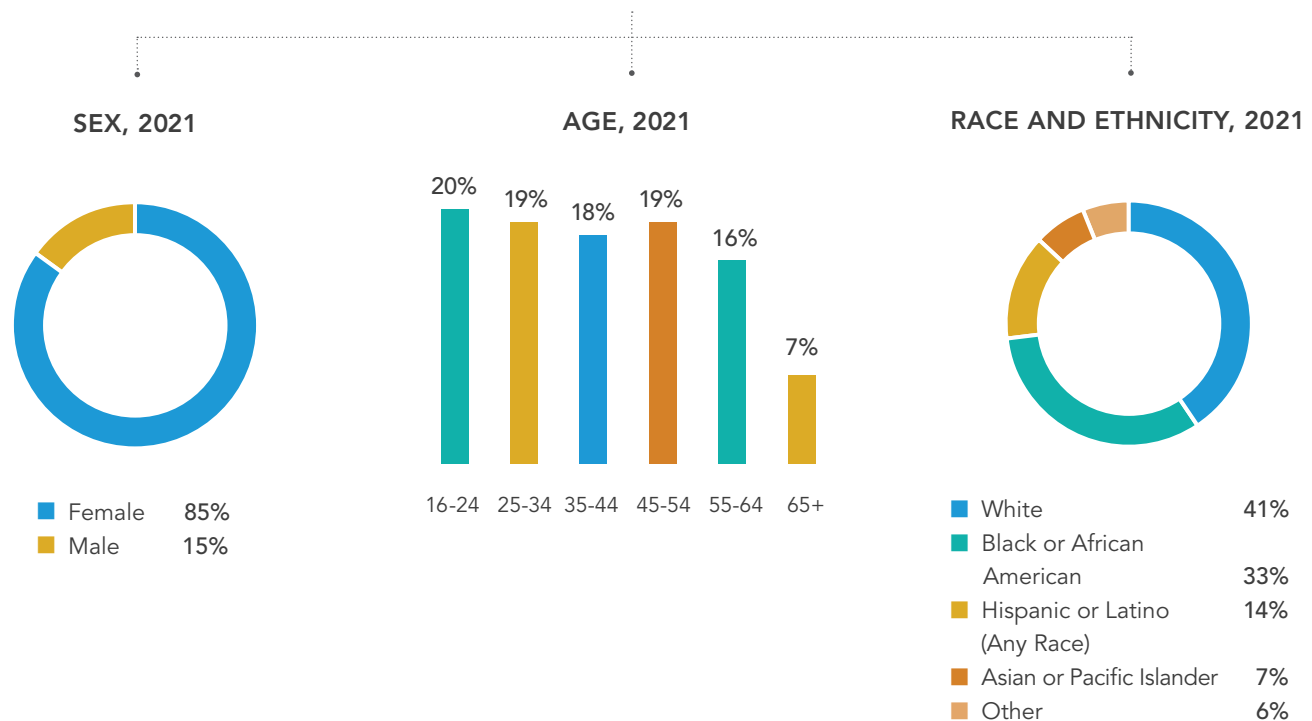


Chart Source: Ruggles, Steven, Sarah Flood, Matthew Sobek, Danika Brockman, Grace Cooper, Stephanie Richards, and Megan Schouweiler. 2023. *IPUMS USA: Version 13.0. American Community Survey, 2021*. <https://doi.org/10.18128/D010.V13.0>; analysis by PHI (June 2023). The percentages shown in the charts do not total 100 percent because they are rounded to the nearest whole percentage. "Hispanic or Latino" refers to people of any race who identify as Hispanic or Latino; these individuals are excluded from all other race/ethnicity categories.

- Immigrants constitute 26 percent of the residential care aide workforce, compared to 17 percent of the total U.S. labor force.⁵²
- Thirty percent of residential care aides have at least one child under age 18 living at home, and 11 percent have one or more children under the age of five living at home.
- Thirty-one percent of residential care aides provide unpaid family caregiving for one or more older adults as compared to 19 percent of workers in U.S. labor force overall.⁵³
- Over half of residential care aides have pursued education beyond high school.

RESIDENTIAL CARE AIDES BY

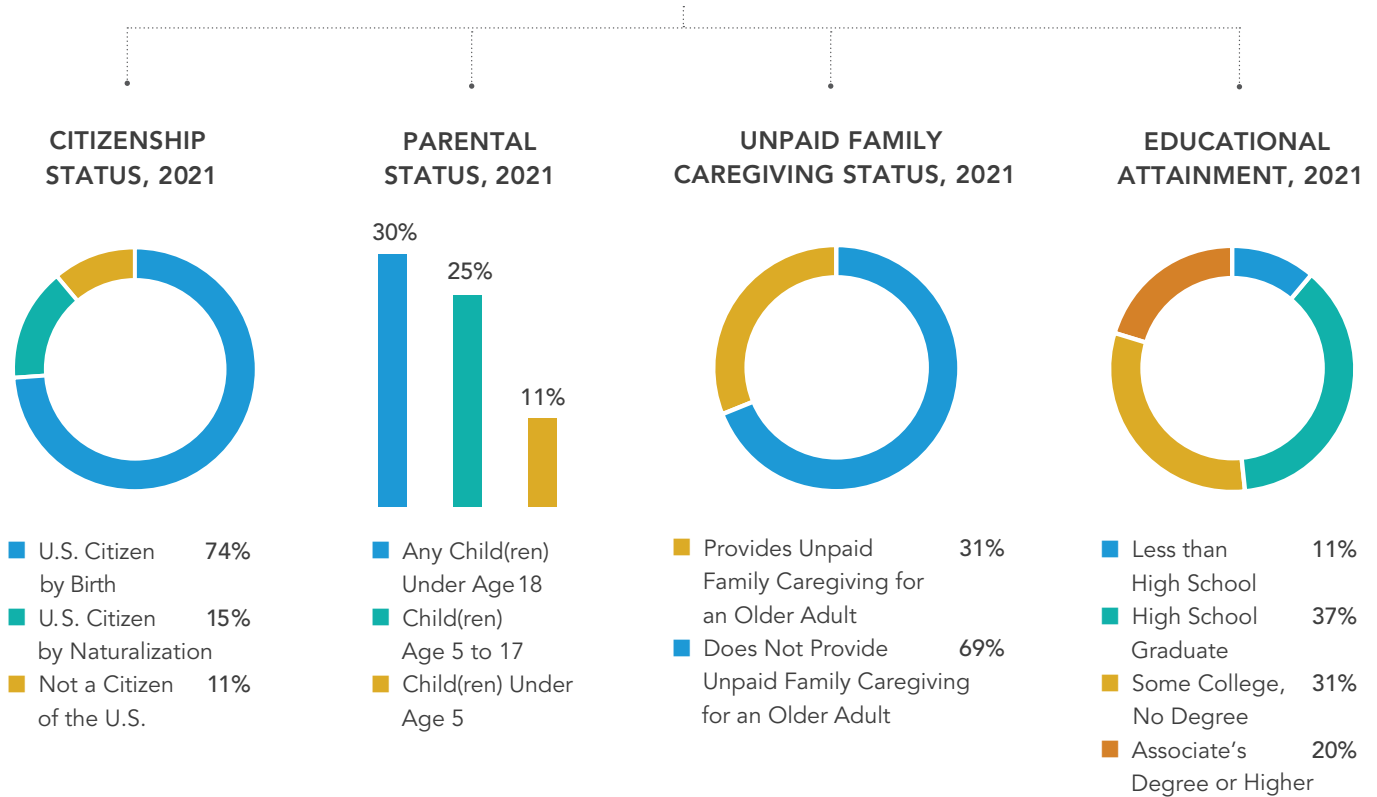


Chart Source: Ruggles, Steven, Sarah Flood, Matthew Sobek, Danika Brockman, Grace Cooper, Stephanie Richards, and Megan Schouweiler. 2023. *IPUMS USA: Version 13.0. American Community Survey, 2021*. <https://doi.org/10.18128/D010.V13.0>; analysis by PHI (June 2023). Flood, Sarah M., Liana C. Sayer, and Daniel Backman. *American Time Use Survey Data Extract Builder: Version 3.1. American Time Use Survey, 2011-2021*. <https://doi.org/10.18128/D060.V3.1>; analysis by PHI (June 2023). This estimate draws on a decade of pooled data from the American Time Use Survey. The percentages shown in the educational attainment chart do not total 100 percent because they are rounded to the nearest whole percentage.

THE ROLE OF RESIDENTIAL CARE AIDES

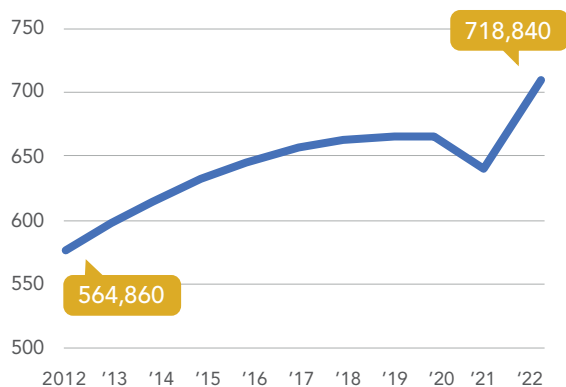
Residential care aides assist individuals with daily tasks and activities in community-based residential care settings. These roles are filled by **personal care aides, home health aides, and nursing assistants**, depending on state-level regulations and employers' hiring practices. Although formally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

- **The residential care aide workforce added 153,980 jobs in total over the past 10 years, increasing in size from 564,860 workers in 2012 to 718,840 in 2022.**⁵⁴ After losing over 27,000 jobs from 2020 to 2021, the residential care aide workforce gained back over 71,000 jobs in 2022.

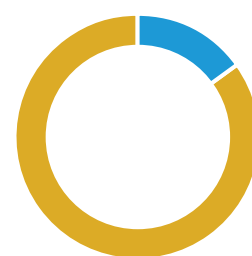
- **Residential care aides constitute 15 percent of the total direct care workforce**, which also includes workers who are employed in home care, nursing homes, and other settings.
- Of the residential care industry's \$136 billion in total annual revenue, **40 percent comes from public programs**, primarily Medicaid and Medicare, and **36 percent comes from private sources**, including long-term care insurance and out-of-pocket payments.⁵⁵

Revenue sources vary across residential care. Public sources constitute 66 percent of revenue in residential care homes for people with intellectual and developmental disabilities, versus 16 percent of revenue in assisted living and continuing care retirement communities.⁵⁶

RESIDENTIAL CARE AIDE EMPLOYMENT, 2012 TO 2022

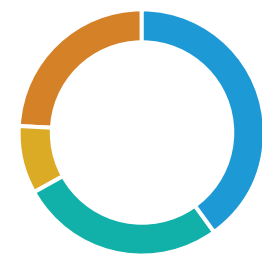


DIRECT CARE WORKER EMPLOYMENT BY INDUSTRY, 2022



■ Residential Care Aides 15%
 ■ Direct Care Workers 85%
 in Other Industries

RESIDENTIAL CARE REVENUE BY SOURCE, 2021



■ Public Programs 40%
 ■ Out-of-Pocket Payments 27%
 ■ Private Insurance 9%
 ■ Other 24%

Chart Sources: U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics (OEWS). 2023. *May 2012 to May 2022 National Occupational Employment and Wage Estimates*. https://www.bls.gov/oes/current/oes_nat.htm; BLS OEWS. 2023. *May 2012 to May 2022 National Industry-Specific Occupational Employment and Wage Estimates*. <https://www.bls.gov/oes/current/oesrci.htm>; analysis by PHI (June 2023). U.S. Census Bureau. 2022. *Service Annual Survey, Estimated Sources of Revenue for Employer Firms: 2013 through 2021*. <https://www.census.gov/data/tables/2021/econ/services/sas-naics.html> (July 2023). Other sources of revenue include other healthcare providers; contributions, gifts, and grants; investment and property income; property, auto, and casualty insurances; and all other non-classifiable sources of revenue.

CHALLENGES FOR RESIDENTIAL CARE AIDES

- **Residential care aides' wages have risen somewhat over the past 10 years:** inflation-adjusted median hourly wages were \$13.33 in 2012 and \$15.39 in 2022. This trend means that residential care aides' wages have increased slightly faster than the costs of goods and services over the past decade.
- **More than one in four residential care aides work part time,** defined as fewer than 35 hours per week. The proportion of residential care aides working part time has increased from about one in five in the previous year.

Twenty-four percent work part time for “non-economic reasons,” which include personal or family obligations and health issues, among other reasons. Four percent work part time for “economic reasons,” which means they cannot find full-time work due to economic conditions at their workplaces or in the broader labor market.

- **Fifteen percent of residential care aides typically work more than 40 hours per week.**

RESIDENTIAL CARE AIDE(S)

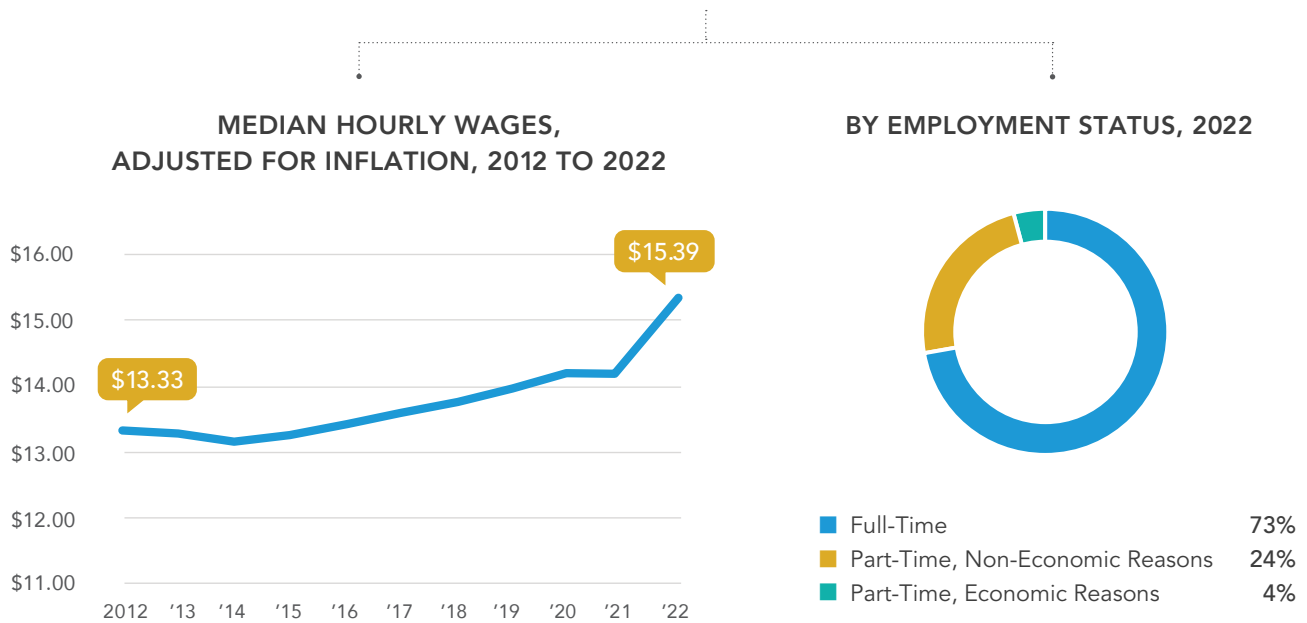
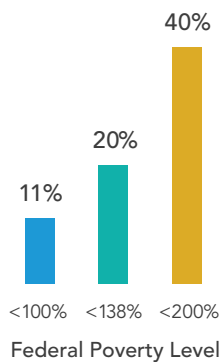
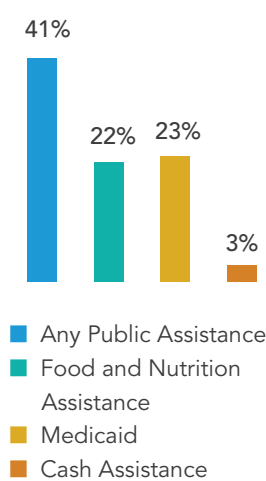
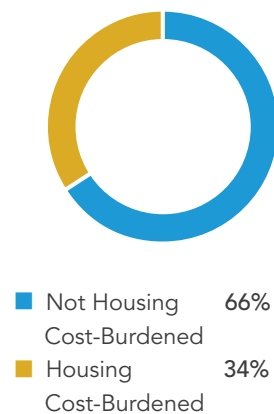
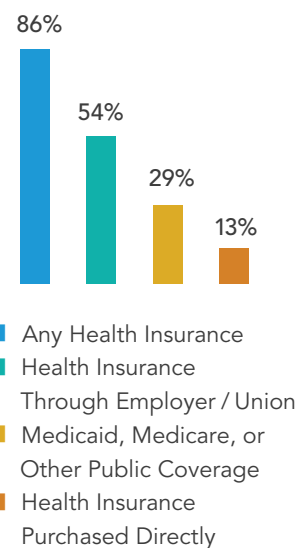


Chart Source: U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment Statistics (OEWS). 2023. May 2012 to May 2022 National Industry-Specific Occupational Employment and Wage Estimates. <https://www.bls.gov/oes/current/oesrci.htm>; analysis by PHI (June 2023). Flood, Sarah M., Miriam King, Renae Rodgers, Steven Ruggles, J. Robert Warren, and Michael Westberry. 2023. Integrated Public Use Microdata Series, Current Population Survey, 2022: Version 9.0. <https://doi.org/10.18128/D030.V10.0>; analysis by PHI (June 2023). The percentages shown in the employment status chart do not total 100 percent because they are rounded to the nearest whole percentage.

RESIDENTIAL CARE AIDES

BY POVERTY LEVEL,
2021ACCESSING PUBLIC
ASSISTANCE, 2021HOUSING
COST-BURDENED, 2021BY HEALTH INSURANCE
STATUS, 2021

- Because of low wages and a prevalence of part-time hours, **residential care aides earn a median annual income of \$24,718.**
- Low incomes lead to high poverty rates among residential care aides: **11 percent live in a household below the federal poverty level and 40 percent live in low-income households.**
- Because of high poverty rates among residential care aides, **41 percent receive some form of public assistance.**
- **Thirty-four percent of residential care aides are housing cost-burdened, meaning that their housing costs—including rent or mortgage payments—exceed 30 percent of their household income.**
- **Fourteen percent of residential care aides lack health insurance.** Fifty-four percent receive insurance through an employer or union (including insurance through their spouses), while 29 percent rely on public coverage, most commonly Medicaid.

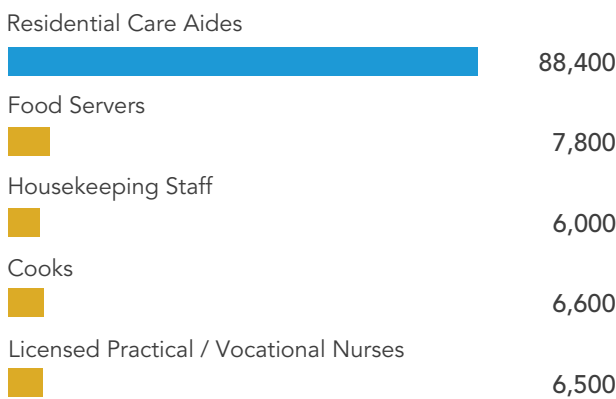
Chart Source: Ruggles, Steven, Sarah Flood, Matthew Sobek, Danika Brockman, Grace Cooper, Stephanie Richards, and Megan Schouweiler. 2023. *IPUMS USA: Version 13.0. American Community Survey, 2021.* <https://doi.org/10.18128/D010.V13.0>; analysis by PHI (June 2023). The percentages for specific forms of coverage in the health insurance chart do not total 86 percent because workers may have more than one source of coverage.

FUTURE DEMAND FOR RESIDENTIAL CARE AIDES

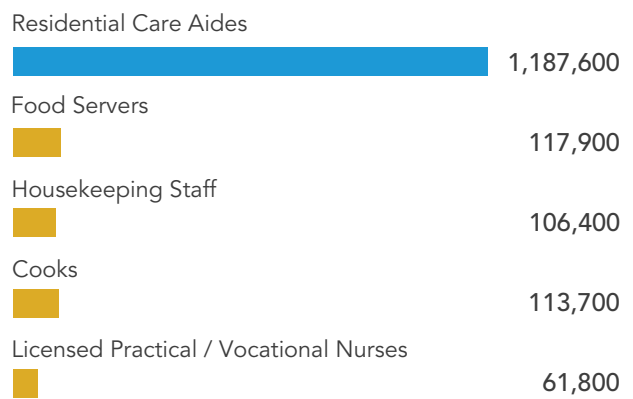
- The residential care aide workforce, which is the largest occupational group within residential care settings by far, is projected to add 88,400 new jobs from 2021 to 2031.
- From 2021 to 2031, the residential care aide workforce will have nearly 1.2 million total job openings. This figure includes 88,400 new

jobs created by growth in demand plus 538,100 job openings caused by workers moving into other occupations and 561,100 job openings due to workers leaving the labor force altogether.⁶² Projected job openings in residential care aide roles are nearly three times the sum of all projected job openings for the next top four occupations in residential care settings.

JOB GROWTH IN RESIDENTIAL CARE BY OCCUPATION, 2021 TO 2031



JOB OPENINGS IN RESIDENTIAL CARE BY OCCUPATION, 2021 TO 2031



CONCLUSION

As in home care, recruitment and retention in the residential care sector have been acutely challenging in recent years due to rising demand coupled with poor job quality for residential care aides. While the total number of residential care aide jobs recovered in 2022 after a temporary decline, job quality and retention issues persist; notably, residential care aide median hourly wages and median annual incomes have only increased slightly, while the number of residential care aides working part-time hours has increased. As a result of these challenges, total projected job openings for residential care aides have increased from previous estimates, due in part to a higher expected rate of transfers out of this occupation. Considering the prominent role of private payers and providers in determining compensation and other aspects of job quality for residential care aides, transforming these jobs continues to require significant investments through private as well as public channels.

Chart Source: U.S. Bureau of Labor Statistics (BLS), Employment Projections Program (EPP). 2022. *National Employment Matrix - Industry*. <https://data.bls.gov/projections/nationalMatrixHome?ioType=i>; analysis by PHI (June 2023). U.S. Bureau of Labor Statistics (BLS), Employment Projections Program (EPP). 2022. *National Employment Matrix - Industry*. <https://data.bls.gov/projections/nationalMatrixHome?ioType=i>; BLS EPP. 2021. *EP Data Tables, Table 1.10 Occupational Separations and Openings, Projected 2021–2031*. <https://www.bls.gov/emp/tables.htm>; analysis by PHI (June 2023).

NURSING ASSISTANTS IN NURSING HOMES

Nursing assistants provide 24-hour care and personal assistance to 1.2 million nursing home residents across the U.S.⁶³ While demand for nursing home care has declined in recent years, nursing homes continue to play a critical role in supporting individuals with complex needs. Low wages, heavy workloads, and long work hours—driven by chronic understaffing and greatly exacerbated by the ongoing COVID-19 pandemic—contribute to high rates of stress, injury, and burnout among nursing assistants in nursing homes.⁶⁴ For these reasons, the median turnover rate among nursing assistants in nursing homes is nearly 100 percent,⁶⁵ and employers struggle to fill vacant positions. To ensure quality care for nursing home residents, interventions aimed at improving job quality are needed to strengthen the nursing assistant workforce.

WHO ARE NURSING ASSISTANTS IN NURSING HOMES?

Nursing assistants are primarily women, people of color, and immigrants, and therefore face heightened risks of experiencing discrimination throughout their lives in areas including housing, education, employment, health care, and more.⁶⁶ Gender, racial, and other forms of equity are central concerns for this workforce.⁶⁷

- **More than 90 percent of nursing assistants are women.**⁶⁸
- **Nursing assistants have a median age of 38.** Twenty-one percent of nursing assistants are age 16 to 24, compared to 13 percent of the total U.S. labor force.
- **While people of color make up 40 percent of the total U.S. labor force,⁶⁹ they constitute 56 percent of all nursing assistants in nursing homes.** Thirty-five percent of nursing assistants are Black or African American.

NURSING ASSISTANTS BY

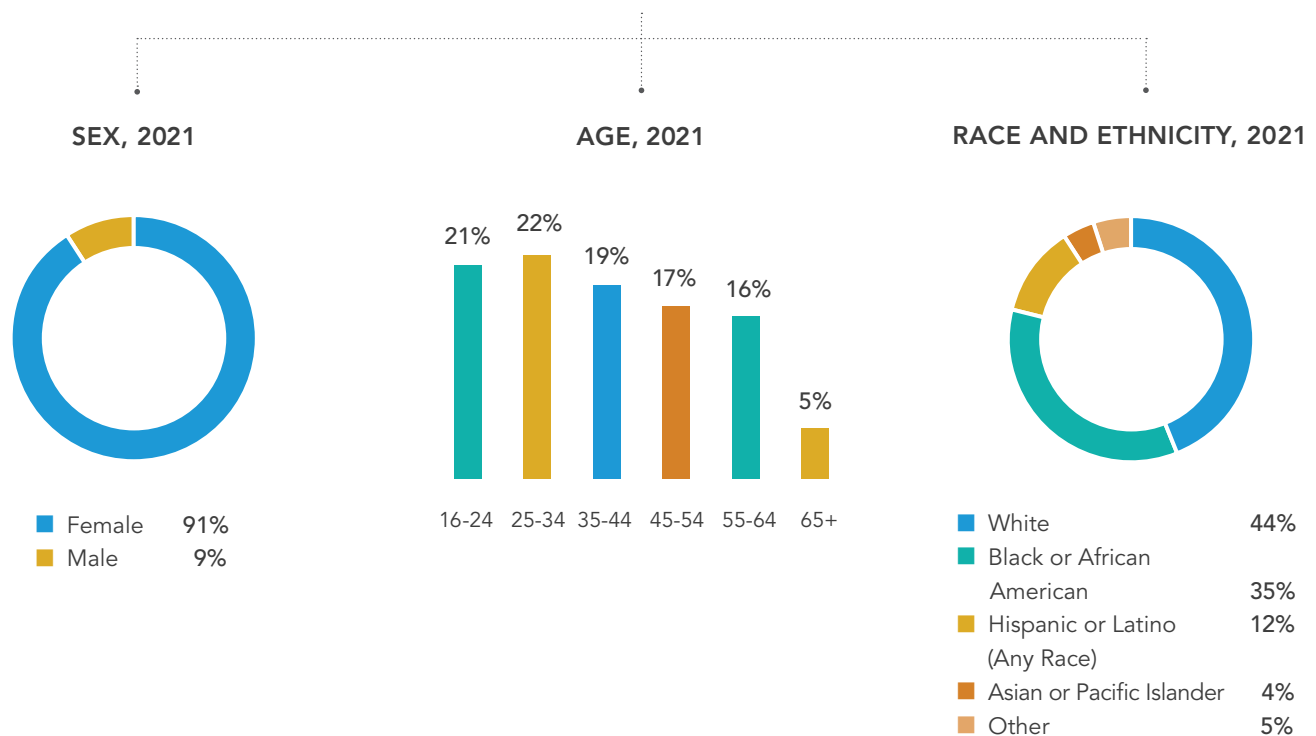


Chart Source: Ruggles, Steven, Sarah Flood, Matthew Sobek, Danika Brockman, Grace Cooper, Stephanie Richards, and Megan Schouweiler. 2023. *IPUMS USA: Version 13.0. American Community Survey, 2021*. <https://doi.org/10.18128/D010.V13.0>; analysis by PHI (June 2023). "Hispanic or Latino" refers to people of any race who identify as Hispanic or Latino; these individuals are excluded from all other race/ethnicity categories.

- Immigrants constitute 21 percent of the nursing assistant workforce, compared to 17 percent of the total U.S. labor force.⁷⁰
- Thirty-six percent of nursing assistants have at least one child under the age of 18 living at home, and 14 percent have one or more children under the age of five living at home.
- Eighteen percent of nursing assistants provide unpaid family caregiving for one or more older adults, which is similar to the 19 percent of workers who also fulfill this role in the U.S. labor force overall.⁷¹
- Nearly half of nursing assistants have pursued education beyond high school.

NURSING ASSISTANTS BY

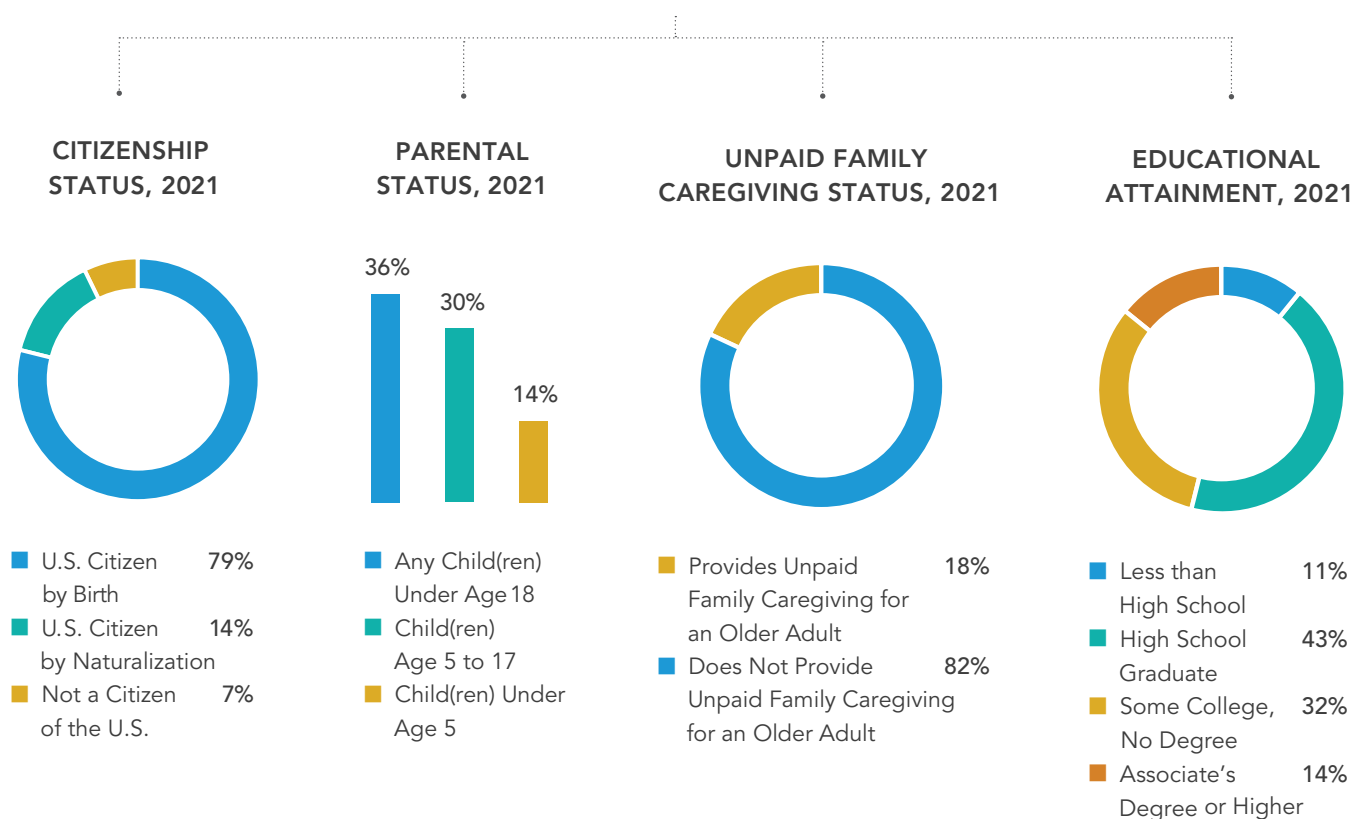


Chart Source: Ruggles, Steven, Sarah Flood, Matthew Sobek, Danika Brockman, Grace Cooper, Stephanie Richards, and Megan Schouweiler. 2023. *IPUMS USA: Version 13.0. American Community Survey, 2021.* <https://doi.org/10.18128/D010.V13.0>; analysis by PHI (June 2023). Flood, Sarah M., Liana C. Sayer, and Daniel Backman. *American Time Use Survey Data Extract Builder: Version 3.1. American Time Use Survey, 2011-2021.* <https://doi.org/10.18128/D060.V3.1>; analysis by PHI (June 2023). This estimate draws on a decade of pooled data from the American Time Use Survey.

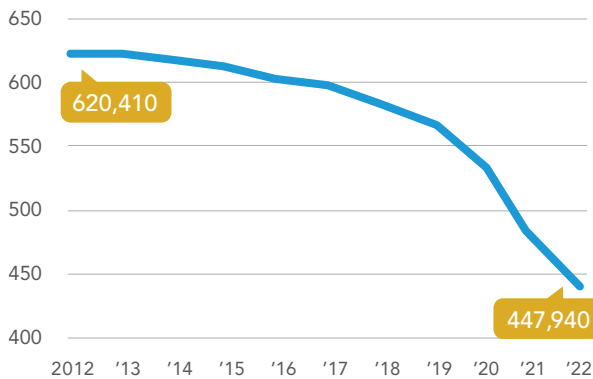
THE ROLE OF NURSING ASSISTANTS IN NURSING HOMES

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

- **The number of nursing assistants in nursing homes has steadily declined over the past decade, from 620,410 in 2012 to 447,940 in 2022.** From 2021 to 2022 alone, the nursing assistant workforce lost 23,220 jobs. Five-year data indicate that the number of nursing home residents has also decreased by 10 percent from 2017 to 2022.⁷²

- **Nursing assistants in nursing homes constitute nine percent of the total direct care workforce,** which also includes workers employed in home care, residential care, and other settings.
- **Among all nursing staff, nursing assistants spend the most time with residents, providing 62 percent of all nursing hours, at a median of two hours of direct care per resident per day.** Because of their frequent interactions with residents, nursing assistants are well-positioned to observe changes in resident condition and report these changes to licensed nursing staff.

NURSING ASSISTANT EMPLOYMENT IN NURSING HOMES, 2012 TO 2022



DIRECT CARE WORKER EMPLOYMENT BY INDUSTRY, 2022

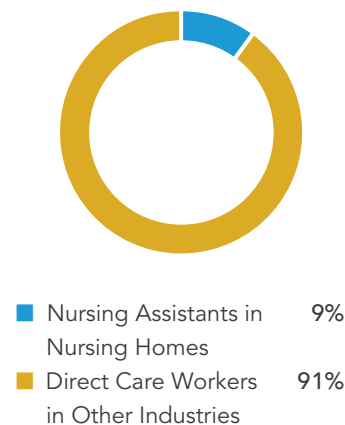
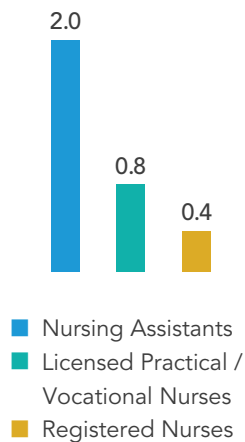


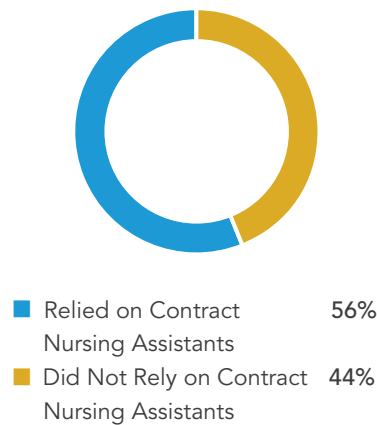
Chart Sources: U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics (OEWS). 2023. *May 2012 to May 2022 National Occupational Employment and Wage Estimates*. https://www.bls.gov/oes/current/oes_nat.htm; BLS OEWS. 2023. *May 2012 to May 2022 National Industry-Specific Occupational Employment and Wage Estimates*. <https://www.bls.gov/oes/current/oesrci.htm>; analysis by PHI (June 2023).

- **On average, nursing assistants support 12 residents during each shift**, while 10 percent of nursing assistants typically assist 18 or more residents.⁷³
- **More than half of all nursing homes (56 percent) relied on nursing assistants from staffing agencies to fill staffing vacancies in 2022.** This figure indicates a continued reliance on contract staffing, which increased from 41 percent of all nursing homes in 2020 and peaked in 2021 at 62 percent.
- **Over one-third (34 percent) of nursing homes employ medication aides** who are nursing assistants that are trained and authorized to administer medications under the supervision of a licensed professional.⁷⁴
- Nursing assistant jobs are predominantly government funded. Of the nursing home industry’s \$128 billion in total annual revenue, **payments from public programs (primarily Medicaid and Medicare) constitute 66 percent.**⁷⁵

MEDIAN STAFF HOURS PER RESIDENT PER DAY BY OCCUPATION, 2022



NURSING HOMES WITH CONTRACTED NURSING ASSISTANT STAFF, 2022



NURSING HOME REVENUE BY SOURCE, 2021

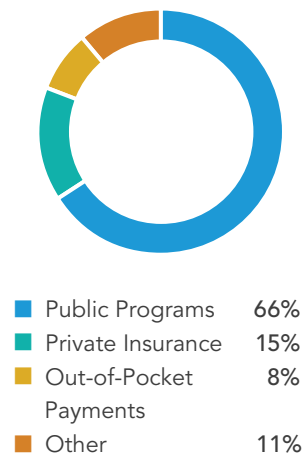


Chart Source: Centers for Medicare & Medicaid Services (CMS). 2023. *Payroll Based Journal Daily Nurse Staffing, Q1 through Q4 2022*. <https://data.cms.gov/quality-of-care/payroll-based-journal-daily-nurse-staffing>; analysis by PHI (June 2023). U.S. Census Bureau. 2022. *Service Annual Survey, Estimated Sources of Revenue for Employer Firms: 2013 through 2021*. <https://www.census.gov/data/tables/2020/econ/services/sas-naics.html>; analysis by PHI (June 2023). Other sources of revenue include other healthcare providers; contributions, gifts, and grants; investment and property income; property, auto, and casualty insurances; and all other non-classifiable sources of revenue.

CHALLENGES FOR NURSING ASSISTANTS IN NURSING HOMES

- **Nursing assistants' wages have risen slightly over the past 10 years, although with some variation:** inflation-adjusted median hourly wages increased from \$14.51 in 2012 to \$17.06 by 2022, but with notable wage decreases during that period as well. This overall trend means that nursing assistants' wages have only increased slightly faster than the costs of goods and services over the past decade.
- **More than one in four nursing assistants works part time,** defined as fewer than 35 hours per week.⁷⁶ That figure is up from 21 percent in the previous year.⁷⁷

Twenty-five percent work part time for “non-economic reasons,” which include personal or family obligations and health issues, among other reasons. Three percent work part time for “economic reasons,” which means they cannot find full-time work due to economic conditions at their workplaces or in the broader labor market.

- **Twelve percent of nursing assistants typically work more than 40 hours per week.**⁷⁸
- Due to low wages and a prevalence of part-time hours, **nursing assistants earn a median annual income of \$25,748.**⁷⁹

NURSING ASSISTANT(S)

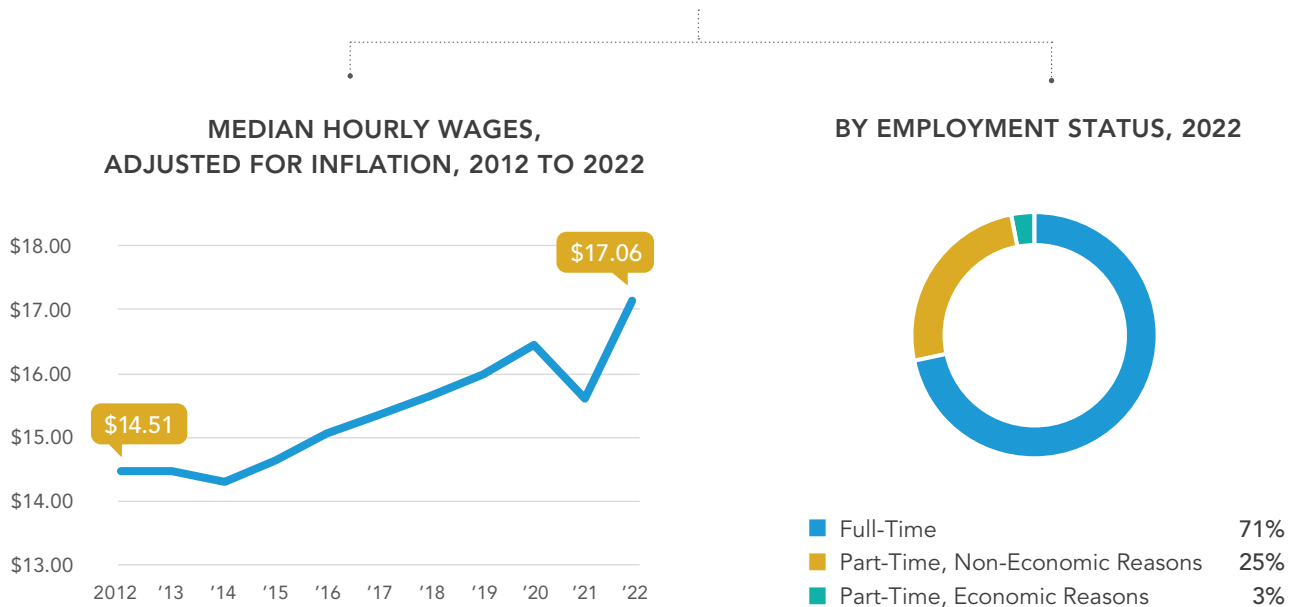


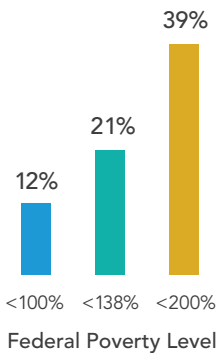
Chart Source: U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment Statistics (OEWS). 2023. *May 2012 to May 2022 National Industry-Specific Occupational Employment and Wage Estimates*. <https://www.bls.gov/oes/current/oesrci.htm>; analysis by PHI (June 2023). Flood, Sarah M., Miriam King, Renae Rodgers, Steven Ruggles, J. Robert Warren, and Michael Westberry. 2023. *Integrated Public Use Microdata Series, Current Population Survey, 2022: Version 9.0*. <https://doi.org/10.18128/D030.V10.0>; analysis by PHI (June 2023). The percentages shown in the employment status chart do not total 100 percent because they are rounded to the nearest whole percentage.

- Low incomes lead to high poverty rates among nursing assistants: **12 percent live in a household below the federal poverty level and 39 percent live in low-income households.**⁸⁰
- Because poverty rates are high among nursing assistants, **40 percent rely on some form of public assistance.**
- **Thirty-two percent of nursing assistants are housing cost-burdened,** meaning that their housing costs—including rent or mortgage payments—exceed 30 percent of their household income.

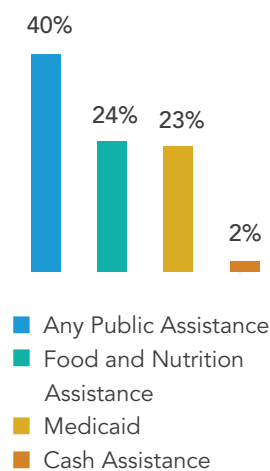
- **Thirteen percent of nursing assistants in nursing homes lack health insurance.** Fifty-eight percent of nursing assistants have insurance through an employer or union (including insurance through their spouses), while 28 percent rely on public coverage, most commonly Medicaid.

NURSING ASSISTANTS

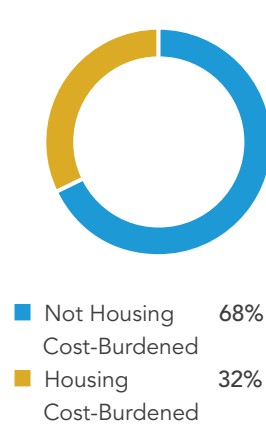
BY POVERTY LEVEL, 2021



ACCESSING PUBLIC ASSISTANCE, 2021



HOUSING COST-BURDENED, 2021



BY HEALTH INSURANCE STATUS, 2021

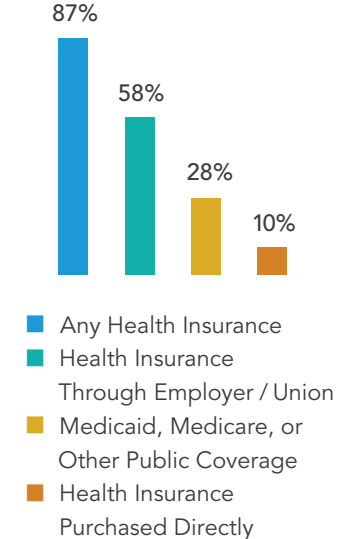


Chart Source: Ruggles, Steven, Sarah Flood, Matthew Sobek, Danika Brockman, Grace Cooper, Stephanie Richards, and Megan Schouweiler. 2023. *IPUMS USA: Version 13.0. American Community Survey, 2021*. <https://doi.org/10.18128/D010.V13.0>; analysis by PHI (June 2023). The percentages for specific forms of coverage in the health insurance chart do not total 87 percent because workers may have more than one source of coverage.

- Nursing assistants are nearly eight times more likely to experience workplace injuries than the typical U.S. worker.** Because work-related illness is considered a “workplace injury,” COVID-19 caused injury rates among nursing assistants to increase by more than 300 percent from 2019 (299 injuries per 10,000 workers) to 2020 (1,014 injuries per 10,000 workers), the most recent year of occupation-specific data available. Industry-level (but not occupation-specific) data do show a decrease in nursing home worker injuries and illnesses from 2020 to 2021, but overall injury and illness incidence rates in nursing homes remain some of the highest in any industry.

ANNUAL INJURY RATES PER 10,000 WORKERS BY CAUSE OF INJURY, 2020

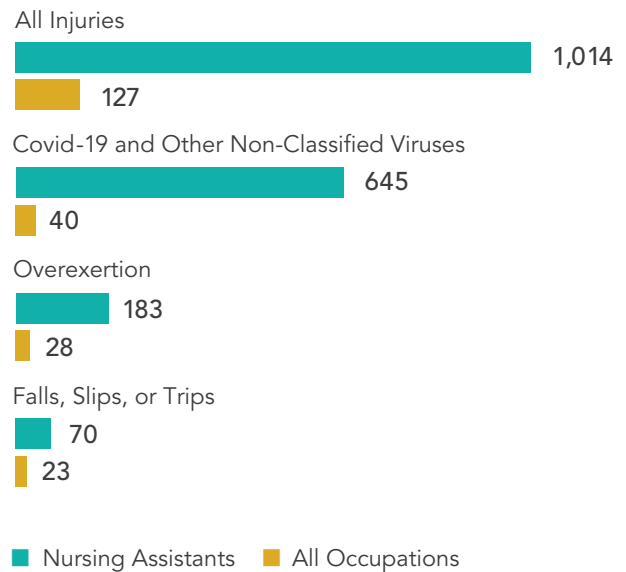


Chart Source: Work absences due to COVID-19 are included in a category of workplace injury called “Other diseases due to viruses, not elsewhere classified,” according to the Occupational Injury and Illness Classification System, Version 2.01. A corresponding analysis of workplace injuries among home care workers and residential care aides has not been conducted for this report due to data limitations. U.S. Bureau of Labor Statistics (BLS), Injuries, Illnesses, and Fatalities (IIF). 2021. Occupational Injuries and Illnesses and Fatal Injuries Profiles. <https://www.bls.gov/iif/>; BLS IIF. 2021. Nonfatal Illnesses Due to Novel Viruses by Occupation. <https://www.bls.gov/iif/how-covid-19-is-reflected-in-the-soii-data.htm>; analysis by PHI (June 2022).

THE IMPACT OF COVID-19 ON NURSING HOMES

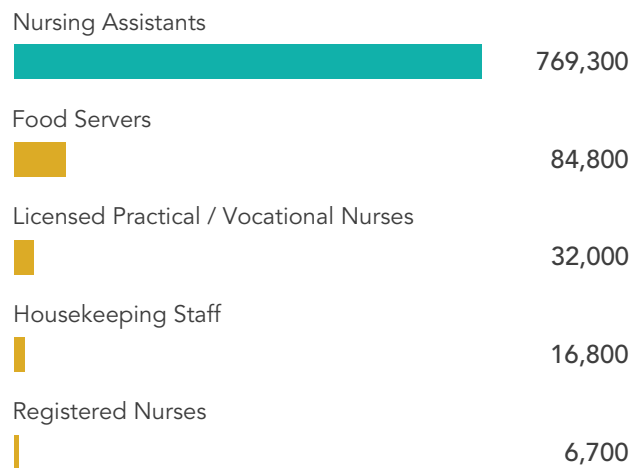
The COVID-19 pandemic devastated the nursing home sector, and the crisis is not over. While more nursing home staff (including nursing assistants) received vaccine booster doses in 2023 as compared to previous years, many staff and residents remain vulnerable to COVID-19, with deaths attributed to the disease continuing to climb.

From January 2020 to July 2023, 164,165 nursing home residents and 3,061 staff died from COVID-19. In the past year alone—from July 2022 through July 2023—over 11,000 resident deaths and nearly 700 staff deaths were attributed to COVID-19. Broad-based efforts are still needed to address the long-standing challenges in nursing homes that continue to amplify the negative consequences of the COVID-19 pandemic for this sector—and to help address the trauma experienced in recent years by those who live and work in nursing homes.

FUTURE DEMAND FOR NURSING ASSISTANTS IN NURSING HOMES

- From 2021 to 2031, the nursing assistant workforce is projected to lose 17,200 jobs due to decreasing demand for nursing home care overall.⁸⁵
- However, the projected number of total job openings for nursing assistants in nursing homes continues to increase. From 2021 to 2031, this workforce will have 769,300 total job openings. This figure includes 442,400 job openings caused by workers moving into other occupations and 344,100 job openings due to workers exiting the labor force altogether.⁸⁶ Job openings for nursing assistants in nursing homes during this time period are projected to be over five times higher than job openings in the next four nursing home occupations combined.

JOB OPENINGS IN NURSING HOMES BY OCCUPATION, 2021 TO 2031



CONCLUSION

Although overall demand for nursing homes is declining, there is still a pressing need to recruit and retain enough nursing assistants to support individuals with complex needs in this care setting. The pandemic has both revealed and greatly exacerbated workforce challenges in nursing homes, as indicated, for example, by the increasing reliance on contract nursing assistants.⁸⁷ In response to these ongoing challenges, several states have taken steps to improve job quality and care quality by increasing Medicaid reimbursement to nursing homes with stipulations about nursing assistants' compensation.⁸⁸ Other states have set requirements for the percentage of nursing home revenue that must be invested in resident care, including wages and other job quality measures.⁸⁹ Additional states have set minimum staffing requirements to overcome widespread understaffing in nursing homes, a strategy that is currently being pursued at the federal level.⁹⁰ In order to support nursing assistants and nursing home residents now and into the future, such efforts must be significantly expanded and sustained.

Chart Sources: U.S. Bureau of Labor Statistics (BLS), Employment Projections Program (EPP). 2022. *National Employment Matrix - Industry*. <https://data.bls.gov/projections/nationalMatrixHome?ioType=i>; BLS EPP. 2021. *EP Data Tables, Table 1.10 Occupational Separations and Openings, Projected 2021–2031*. <https://www.bls.gov/emp/tables.htm>; analysis by PHI (June 2023).

OCCUPATIONAL TITLES AND INDUSTRY CLASSIFICATIONS

OCCUPATIONAL TITLES

The direct care worker occupational categories used in this report are defined by the Standard Occupational Classification (SOC) system developed by the Bureau of Labor Statistics (BLS) at the U.S. Department of Labor (DOL). Under this classification system, workers are classified based on their on-the-job responsibilities, skills, education, and training. Occupation definitions can be found at: <http://www.bls.gov/SOC>. In practice, state regulations, employer norms, and other factors determine the roles and responsibilities associated with occupational titles in different settings.

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

A NOTE ON OTHER OCCUPATIONAL TITLES

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

Independent providers are home care workers who are employed directly by older adults, people with disabilities, or their families through publicly funded consumer-direction programs or using private funds. Their roles may include a mix of personal care and health monitoring and maintenance tasks, depending on the needs and preferences of the individuals who employ them. Due to a 2017 methodological change, a proportion of independent providers hired through consumer-direction programs are now captured by the Bureau of Labor Statistics (BLS)

Occupational Employment and Wage Statistics (OEWS) program.⁹¹ However, the accuracy of these data varies by state and many independent providers are likely excluded. More broadly, these data do not include home care workers who are hired directly and paid out-of-pocket by consumers through the “gray market.”⁹²

Direct support professionals provide habilitation services, employment assistance, and other supports to people with intellectual and developmental disabilities.⁹³ They are included in BLS data and other public datasets (unless they are employed directly by consumers or their families in the “gray market”), but because they do not have their own federal occupation code, they are combined with other direct care workers and are not separately quantifiable.

INDUSTRY CLASSIFICATIONS

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

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

DATA SOURCES AND METHODS

Hourly wage and employment data were sourced from the Bureau of Labor Statistics (BLS) Occupational Employment and Wage Statistics (OEWS) program and employment projections were sourced from the BLS Employment Projections Program (EPP). While nursing assistant wage data were drawn directly from the OEWS, home care worker and residential care aide wages were calculated as a weighted average of median hourly wages for each occupation in each industry. Median wages are preferable to mean wages in these calculations, since mean wages may be skewed by a small proportion of atypically high-paid workers. The Consumer Price Index for All Urban Consumers (Current Series) was used to adjust wages for inflation to 2022 dollars.

The U.S. Census Bureau's American Community Survey (ACS) and Current Population Survey (CPS) were used to calculate workforce demographics, parental status, full-time/part-time status, median annual earnings, poverty rate, use of public assistance, health insurance coverage, and access to affordable housing. The U.S. Census Bureau's American Time Use Survey

(ATUS) pooled years of data from 2011-2021 were used to estimate the percentages of direct care workers and all U.S. workers that provide unpaid family caregiving for one or more older adults.

For nursing assistants in nursing homes specifically, Payroll-Based Journal data from the Centers for Medicare & Medicaid Services (CMS) were used to analyze staffing, including use of contract CNA staff, hours per resident day, medication aide employment, and residents per nursing assistant. To estimate the ratio of residents to nursing assistants, we divided the number of residents in each nursing home by the estimated number of full-time equivalent (FTE) nursing assistants. We estimated the number of FTE positions by dividing total daily nursing assistant hours by three (the typical number of shifts in a day) and eight (the number of hours in a full-time shift).

NOTES

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ABOUT PHI

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

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

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

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