DIRECT CARE WORKERS IN THE UNITED STATES

KEY FACTS
# TABLE OF CONTENTS

1 Executive Summary  
3 U.S. Population Projections  
5 HOME CARE WORKERS  
   6 Who Are Home Care Workers?  
   8 The Role of Home Care Workers  
   9 Challenges for Home Care Workers  
 11 Future Demand for Home Care Workers  
12 RESIDENTIAL CARE AIDES  
   13 Who Are Residential Care Aides?  
   15 The Role of Residential Care Aides  
   16 Challenges for Residential Care Aides  
 18 Future Demand for Residential Care Aides  
19 NURSING ASSISTANTS IN NURSING HOMES  
   20 Who Are Nursing Assistants?  
   22 The Role of Nursing Assistants in Nursing Homes  
   24 Challenges for Nursing Assistants in Nursing Homes  
 27 Future Demand for Nursing Assistants  
28 Notes on Industry Classifications and Occupational Titles  
30 Data Sources and Methods  
31 Notes
EXECUTIVE SUMMARY

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 2.4 million personal care aides and home health aides (and in some cases, nursing assistants) who support individuals in private homes.¹

- **Residential Care Aides** are the 735,000 personal care aides, home health aides, and nursing assistants who assist individuals in small group homes, assisted living communities, and other residential care settings.²

- **Nursing Assistants In Nursing Homes** (totaling 566,000 workers) provide services to residents who require 24-hour nursing care as well as personal care assistance.³

A growing population of older adults has driven up demand for direct care workers. Over the past decade, this workforce added 1.6 million new jobs, growing from 3 million workers in 2009 to 4.6 million in 2019.⁴ The direct care workforce is now larger than any single occupation in the U.S. This job growth occurred entirely in the home care and residential care sectors and was offset slightly by declining employment among nursing assistants in nursing homes.⁵

This reshaping of the direct care workforce reflects changes in government policies and consumer preferences that have increased demand for home and community-based services and decreased utilization of nursing home care.

Despite the growing need for direct care workers, they remain poorly compensated. In the past 10 years, inflation-adjusted median hourly wages increased only marginally for this workforce—from $12.61 in 2009 to $12.80 in 2019.⁶ Home care workers earned the least in 2019, with a median hourly wage of $12.12, while median wages were $12.69 for residential care aides and $13.90 for nursing assistants in nursing homes.⁷

These low wages, combined with a high rate of part-time hours in this workforce, make it challenging for direct care workers to financially support themselves and their families. Home care workers have the lowest median annual earnings, at $17,200, followed by residential care aides at $21,100 and nursing assistants in nursing homes at $23,300.⁸ Because home care workers’ earnings are particularly low, nearly half (47 percent) live in low-income households and over half (54 percent) rely on some form of public assistance. Two in five residential care aides and nursing assistants in nursing homes also live in low-income households, and over a third rely on public assistance.

Inadequate compensation and other job quality concerns both reflect and perpetuate the racial and gender disparities faced by direct care workers. Nearly 90 percent of these workers are women, three in five are people of color, and one in four are immigrants to the U.S.
Poor job quality also drives high turnover and widespread vacancies across long-term care, undermining care quality and continuity—and without intervention, the current direct care workforce shortages will continue to worsen. From 2018 to 2028, this workforce will add an estimated 1.3 million new jobs to meet rising demand, specifically in home care and residential care. When also accounting for separations (i.e., jobs that must be filled when existing workers transfer to other occupations or exit the labor force altogether), there will be a total of 8.2 million job openings in direct care by 2028.

This report begins by describing how the growing, changing population of older adults is driving demand for direct care—then examines home care workers, residential care aides, and nursing assistants in nursing homes in three sections. Each of these sections focuses on demographics, occupational roles, job quality challenges, and projected job openings. Taken together, these analyses underline the need for job quality interventions across long-term care settings—to improve the lives of direct care workers and the older adults and people with disabilities they support.
COVID-19 AND THE DIRECT CARE WORKFORCE

The COVID-19 pandemic has brought unprecedented attention to the essential contributions of direct care workers. During the pandemic, these workers have risked their own health and lives providing care for those most vulnerable to the virus, in most cases without access to hazard pay, paid time off, pandemic-specific training, affordable and accessible childcare, or adequate personal protective equipment. This crisis has underscored the need to strengthen the nation’s long-term care system and improve job quality and employment supports for the direct care workforce.

U.S. POPULATION PROJECTIONS

From 2016 to 2060, the population of adults aged 65 and older in the U.S. will nearly double, from 49.2 million to 94.7 million. The number of adults aged 85 and older is expected to nearly triple over the same period, from 6.4 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 aged 18 to 64 is expected to remain relatively static—meaning that there will be fewer potential caregivers available to support older adults. Currently, there are 31 adults aged 18 to 64 for every adult aged 85 and older, but by 2060, that ratio will drop to 12 to 1.

The population of older adults aged 65 and over will also become more diverse by 2060. From 2016 to 2060, the proportion of older adults of color will increase from 23 percent to 45 percent, and the proportion of older adults who are immigrants will increase from 14 percent to 23 percent.

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

There are 5.8 million people aged 65 and older currently living with Alzheimer’s disease, the most common form of dementia, and this population is projected to more than double to 13.8 million by 2050. This trend is expected to drive up demand for direct care workers since, across all long-term care settings, more than a third of consumers have Alzheimer’s disease or another form of dementia.

**OLDER ADULT POPULATION BY RACE/ETHNICITY AND NATIVITY, 2016 AND 2060**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2016</th>
<th>2060</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>77%</td>
<td>86%</td>
</tr>
<tr>
<td>Black or African Americans</td>
<td>9%</td>
<td>13%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>8%</td>
<td>21%</td>
</tr>
<tr>
<td>Asian or Pacific Islander</td>
<td>4%</td>
<td>9%</td>
</tr>
<tr>
<td>Other</td>
<td>1%</td>
<td>3%</td>
</tr>
<tr>
<td>Native-Born U.S. Citizens</td>
<td>14%</td>
<td>23%</td>
</tr>
<tr>
<td>Immigrants</td>
<td>9%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Home care workers are direct care workers (primarily personal care aides and home health aides, as well as some nursing assistants) who assist more than seven million older adults and people with disabilities who live at home.\textsuperscript{14} 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 growing population of older adults, the shift of service provision toward home and community-based settings, and consumer preference for receiving care at home rather than in nursing homes. However, aside from modest wage increases, home care job quality remains poor—as indicated by the large number of workers who live in low-income households and rely on public assistance. Although turnover rates vary somewhat from year to year,\textsuperscript{15} turnover remains high across the industry and home care employers consistently struggle to recruit and retain enough workers to meet escalating demand.
WHO ARE HOME CARE WORKERS?

Home care workers are primarily women, people of color, and immigrants. Therefore, they are at heightened risk of experiencing discrimination on the job and in their daily lives, and gender and racial equity are central concerns for this workforce.16

- Nearly 9 in 10 home care workers are women.
- Home care workers have a median age of 47. Thirty-two percent of the home care workforce is aged 55 and over, compared to 22 percent of the U.S. labor force overall.17
- While people of color make up 38 percent of the total U.S. labor force,18 they comprise 62 percent of all home care workers. Twenty-eight percent of home care workers are Black or African American.

**HOME CARE WORKERS BY**

**RACE AND ETHNICITY, 2018**

- White: 38%
- Black or African American: 28%
- Hispanic or Latino (Any Race): 22%
- Asian or Pacific Islander: 8%
- Other: 3%

**GENDER, 2018**

- Female: 87%
- Male: 13%

**AGE, 2018**

- 16-24 Years Old: 10%
- 25-54 Years Old: 58%
- 55 Years and Older: 32%

**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. The percentages shown in the race and ethnicity figure do not total 100 percent because they are rounded to the nearest whole percentage. Ruggles, Steven, Sarah Flood, Ronald Goeken, Josiah Grover, Erin Meyer, Jose Pacas, and Matthew Sobek. 2020. IPUMS USA: Version 10.0. https://doi.org/10.18128/D010.V10.0; analysis by PHI (June 2020).
- Immigrants constitute 31 percent of the home care workforce, compared to 17 percent of the total labor force.¹⁹
- One in four home care workers has a child under the age of 18 at home, and 11 percent have a child under the age of five.
- Over half of home care workers have completed no formal education beyond high school.

**HOME CARE WORKERS BY**

**CITIZENSHIP STATUS, 2018**
- U.S. Citizen by Birth: 69%
- U.S. Citizen by Naturalization: 17%
- Not a Citizen of the U.S.: 14%

**PARENTAL STATUS, 2018**
- Any Children Under Age 18: 25%
- Child Aged 5 to 17: 21%
- Child Under Age 5: 11%

**EDUCATIONAL ATTAINMENT, 2018**
- Less than High School: 18%
- High School Graduate: 36%
- Some College, No Degree: 26%
- Associate’s Degree or Higher: 19%

**Chart Source:** The percentages shown in the educational attainment figure do not total 100 percent because they are rounded to the nearest whole percentage. Ruggles, Steven, Sarah Flood, Ronald Goeken, Josiah Grover, Erin Meyer, Jose Pacas, and Matthew Sobek. 2020. IPUMS USA: Version 10.0. https://doi.org/10.18128/D010.V10.0; analysis by PHI (June 2020).
THE ROLE OF HOME CARE WORKERS

All home care workers assist older adults and people with disabilities with daily tasks such as eating, dressing, and bathing, while other responsibilities differ across occupational groups. **Personal care aides** also provide other household assistance and/or social support to help individuals remain active in their communities. **Home health aides** (and in some cases, **nursing assistants**) also perform certain clinical tasks under the remote supervision or intermittent onsite supervision of a licensed professional.⁴ (See Notes on Industry Classifications and Occupational Titles on page 28 for more details.)

- **The home care workforce more than doubled in size over the past 10 years, from over 973,000 in 2009 to nearly 2.4 million in 2019.**

- It is very difficult to accurately estimate the number of home care workers who are directly hired by consumers as “independent providers.” PHI estimates that **at least one million independent providers are employed through Medicaid-funded consumer-directed programs**, given the most recent survey data on consumer enrollment in these programs.²¹

A proportion of independent providers are now captured by the Bureau of Labor Statistics Occupational Employment Survey, due to a 2017 methodological change. However, the accuracy of this data varies by state, and likely excludes many independent providers. In all cases, these data exclude home care workers who are hired directly by consumers through the “gray market.”

• Home care workers constitute 52 percent of the total direct care workforce, which also includes workers who are employed in residential care, nursing homes, and other settings.\textsuperscript{22}

• Home care jobs are predominantly government-funded. Payments from public programs (primarily Medicaid and Medicare) constitute two-thirds to three-quarters of total home care industry annual revenue.\textsuperscript{23}

**CHALLENGES FOR HOME CARE WORKERS**

• Home care workers’ wages have risen slightly over the past 10 years: inflation-adjusted median hourly wages were $11.21 in 2009 and $12.12 in 2019. This means that the purchasing power of home care workers’ wages has improved somewhat over time.

• Nearly two in five home care workers work part time, defined as fewer than 35 hours per week. Thirty-two percent work part time for “non-economic reasons,” which include personal or family obligations and health issues.\textsuperscript{24} Six percent work part time for “economic reasons,” which means they are not able to find full-time work due to business conditions at their workplaces or economic pressures in the broader labor market.

---

**HOME CARE WORKER MEDIAN HOURLY WAGES, ADJUSTED FOR INFLATION, 2009 TO 2019**

<table>
<thead>
<tr>
<th>Year</th>
<th>Median Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>$10.50</td>
</tr>
<tr>
<td>2011</td>
<td>$10.00</td>
</tr>
<tr>
<td>2013</td>
<td>$11.00</td>
</tr>
<tr>
<td>2015</td>
<td>$11.21</td>
</tr>
<tr>
<td>2017</td>
<td>$11.50</td>
</tr>
<tr>
<td>2019</td>
<td>$12.12</td>
</tr>
</tbody>
</table>

**HOME CARE WORKERS BY EMPLOYMENT STATUS, 2019**

- Full-Time: 62%
- Part-Time: 38%

• Fifteen percent of home care workers typically work overtime, defined as more than 40 hours per week.\textsuperscript{25}

• Because of low wages and part-time schedules, \textbf{the median annual income for home care workers is $17,200.}\textsuperscript{26}

• Low incomes lead to high poverty rates among home care workers: \textbf{one in six lives in a household below the federal poverty line and nearly half live in low-income households.}\textsuperscript{27}

• Because of high poverty rates among home care workers, \textbf{more than half receive some form of public assistance.}

• \textbf{Thirty-nine percent of home care workers do not live in affordable housing.}

Affordable housing is defined as housing costs—including rent, mortgage payments, and/or utility bills—that fall below 30 percent of a household’s total income.\textsuperscript{28}

• \textbf{Sixteen percent of home care workers lack health insurance.} Forty-three percent rely on public health care coverage, most commonly Medicaid.

FUTURE DEMAND FOR HOME CARE WORKERS

• The home care workforce is projected to add nearly 1.1 million new jobs from 2018 to 2028—more new jobs than any other U.S. occupation. This workforce will add more new jobs than fast food workers and registered nurses combined, which are the second and third occupations with the most projected growth over the coming decade.

• From 2018 to 2028, the home care workforce will have 4.7 million total job openings. This figure includes 1.1 million new jobs due to growth in demand, 1.8 million openings created by workers moving into other occupations, and 1.9 million openings due to workers leaving the labor force altogether. The home care workforce ranks fifth among all U.S. occupations for total projected job openings.

CONCLUSION

Although wages have increased incrementally for home care workers, these raises have not translated into widespread improvements to their financial wellbeing. A large proportion of home care workers still live in low-income households and relies on public assistance. Low compensation and other job quality concerns drive high turnover and widespread vacancies in the field, which in turn threaten care quality and continuity now and into the future.

Residential care aides support at least 1.1 million residents in residential care settings in the U.S., ranging from small group homes to large assisted living and continuing care retirement communities. As with home care workers, demand for residential care aides has increased considerably in recent years—reflecting a shift in consumer preference away from nursing homes toward other community-based residential settings and policy changes that support this preference. However, despite their growing prominence in the nation’s long-term care system, residential care aides—like other direct care workers—continue to experience poor-quality jobs.
WHO ARE RESIDENTIAL CARE AIDES?

Residential care aides are primarily women, people of color, and immigrants. Therefore, they are at heightened risk of experiencing discrimination on the job and in their daily lives, and gender and racial equity are central concerns for this workforce.32

- Eighty-five percent of residential care aides are women.

- Residential care aides have a median age of 36. Nearly a quarter of residential care aides are aged 16 to 24, compared to 14 percent of the total U.S. labor force.33

- While people of color make up 38 percent of the total U.S. labor force, they comprise 53 percent of residential care aides. Thirty-one percent of residential care aides are Black or African American.

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. The percentages shown in the race and ethnicity figure do not total 100 percent because they are rounded to the nearest whole percentage. Ruggles, Steven, Sarah Flood, Ronald Goeken, Josiah Grover, Erin Meyer, Jose Pacas, and Matthew Sobek. 2020. IPUMS USA: Version 10.0. https://doi.org/10.18128/D010.V10.0; analysis by PHI (June 2020).
• Immigrants constitute 21 percent of the residential care aide workforce, compared to 17 percent of the total labor force in the U.S.\textsuperscript{35}

• Twenty-eight percent of residential care aides have a child under the age of 18 at home, and 14 percent have a child under the age of five.

• Nearly half of residential care aides have completed no formal education beyond high school.

---

**RESIDENTIAL CARE AIDES BY CITIZENSHIP STATUS, 2018**

- U.S. Citizen by Birth: 79%
- U.S. Citizen by Naturalization: 12%
- Not a Citizen of the U.S.: 9%

**RESIDENTIAL CARE AIDES BY PARENTAL STATUS, 2018**

- Any Children Under Age 18: 28%
- Child Aged 5 to 17: 21%
- Child Under Age 5: 14%

**RESIDENTIAL CARE AIDES BY EDUCATIONAL ATTAINMENT, 2018**

- Less than High School: 10%
- High School Graduate: 36%
- Some College, No Degree: 34%
- Associate’s Degree or Higher: 20%

---

Residential care aides are direct care workers who assist individuals with daily tasks and activities in small group homes, assisted living and continuing care retirement communities, and other community-based residential care settings. These roles are filled by personal care aides, home health aides, or nursing assistants, depending on state-level regulations and employers’ hiring practices. (See Notes on Industry Classifications and Occupational Titles on page 28 for more details.)

- The residential care aide workforce has added 164,000 jobs over the past 10 years, increasing in size from 570,600 workers in 2009 to almost 734,600 in 2019.

- Residential care aides constitute 16 percent of the total direct care workforce, which also includes workers who are employed in home care, nursing homes, and other settings.36

- Of the residential care industry’s $112.2 billion in annual revenue, 41 percent comes from private sources, including long-term care insurance and out-of-pocket payments, and 37 percent comes from public programs, primarily Medicaid and Medicare.

Revenue sources vary within residential care. Public sources constitute 67 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.37

CHALLENGES FOR RESIDENTIAL CARE AIDES

- Residential care aides’ wages have risen slightly over the past 10 years: inflation-adjusted median hourly wages were $12.27 in 2009 and $12.69 in 2019. This means that the purchasing power of residential care aides’ wages has improved slightly over time.

- One in four residential care aides work part time, defined as fewer than 35 hours per week. Twenty percent work part time for “non-economic reasons,” which include personal or family obligations and health issues. Four percent work part time for “economic reasons,” which means they are not able to find full-time work due to business conditions at their workplaces or economic pressures in the broader labor market.

- Thirteen percent of residential care aides typically work overtime, defined as more than 40 hours per week.

- Because of low wages and part-time schedules, the median annual income for residential care aides is $21,100.

• Low incomes lead to high poverty rates among residential care aides: one in seven lives in a household below the federal poverty line and two in five live in low-income households.  

• Because of high poverty rates among residential care aides, 38 percent receive some form of public assistance.

• Thirty-four percent of residential care aides do not live in affordable housing. Affordable housing is defined as housing costs—including rent, mortgage payments, and/or utility bills—that fall below 30 percent of a household’s total income.

• Thirteen percent of residential care aides lack health insurance. Fifty-six percent receive insurance through an employer or union (including insurance through a spouse or another job), while over a quarter rely on public health insurance coverage, most commonly Medicaid.

---

The residential care aide workforce is projected to add 168,400 new jobs from 2018 to 2028—more new jobs than any other occupational group in residential care.

From 2018 to 2028, the residential care aide workforce will have 1.2 million total job openings. This figure includes 168,400 new jobs due to growth in demand plus 506,200 openings created by workers moving into other occupations and 529,300 openings due to workers leaving the labor force altogether. Fifty-nine percent of all job openings across residential care settings will be residential care aide jobs.

CONCLUSION

Because of low wages and other job quality limitations, employers are already struggling to recruit and retain residential care aides—and without intervention, the challenges they face will likely intensify as demand continues to rise for community-based residential care services. Particularly given the prominent role of private payers and providers in determining compensation and other aspects of job quality for residential care aides, transforming these jobs will require a significant investment through public and private channels alike.

Nursing assistants provide 24-hour care and personal assistance to 1.3 million nursing home residents across the U.S. Because of poor job quality and pervasive job vacancies in nursing homes, nursing assistants commonly support many residents at once, often without enough time to properly meet residents’ needs and preferences. Because of heavy workloads and long work hours, nursing assistants often experience stress, injury, and burnout—which all contribute to workforce turnover. While demand for nursing home care has declined in recent years, nursing homes continue to play a critical role in supporting individuals with severe disabilities and complex medical needs. To ensure quality care for nursing home residents, job quality interventions are needed to strengthen the nursing assistant workforce.
WHO ARE NURSING ASSISTANTS?

Nursing assistants are primarily women, people of color, and immigrants. Therefore, they are at heightened risk of experiencing discrimination on the job and in their daily lives, and gender and racial equity are central concerns for this workforce.47

- More than 9 in 10 nursing assistants are women.

- Nursing assistants have a median age of 37. One in five nursing assistants are aged 16 to 24, compared to 14 percent of the total U.S. labor force.48

- While people of color make up 38 percent of the total U.S. labor force,49 they comprise 54 percent of all nursing assistants in nursing homes. Thirty-six percent of nursing assistants are Black or African American.

NURSING ASSISTANTS BY

**GENDER, 2018**

- Female: 90%
- Male: 10%

**AGE, 2018**

- 16-24 Years Old: 20%
- 25-54 Years Old: 62%
- 55 Years and Older: 18%

**RACE AND ETHNICITY, 2018**

- White: 46%
- Black or African American: 36%
- Hispanic or Latino: 11%
- Asian or Pacific Islander: 5%
- Other: 3%

**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. The percentages shown in the race and ethnicity figure do not total 100 percent because they are rounded to the nearest whole percentage. Ruggles, Steven, Sarah Flood, Ronald Goeken, Josiah Grover, Erin Meyer, Jose Pacas, and Matthew Sobek. 2020. IPUMS USA: Version 10.0. https://doi.org/10.18128/D010.V10.0; analysis by PHI (June 2020).
Twenty percent of nursing assistants were born outside the United States, compared to 17 percent of all U.S. workers.²⁰

Nearly one in three nursing assistants has a child under the age of 18 at home, and 15 percent have a child under the age of five.

Less than half of nursing assistants have completed any formal education beyond high school.

Chart Source: The percentages shown in the citizenship and educational attainment figures do not total 100 percent because they are rounded to the nearest whole percentage. Ruggles, Steven, Sarah Flood, Ronald Goeken, Josiah Grover, Erin Meyer, Jose Pacas, and Matthew Sobek. 2020. IPUMS USA: Version 10.0. https://doi.org/10.18128/D010.V10.0; analysis by PHI (June 2020).
Nursing assistants support nursing home residents with daily tasks such as dressing, bathing, eating, and mobility. They also help residents participate in a range of social activities such as classes, guest performances, and religious services. Further, nursing assistants perform certain clinical tasks under the supervision of onsite licensed professionals. (See Notes on Industry Classifications and Occupational Titles on page 28 for more details.)

- The number of nursing assistants in nursing homes declined from 609,400 in 2009 to 566,200 in 2019.

- Nursing assistants in nursing homes constitute 12 percent of the total direct care workforce, which also includes workers who are employed in home care, residential care, and other settings.\(^{34}\)

Among all nursing staff, nursing assistants spend the most time assisting residents, providing a median of 2.1 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.

On average, nursing assistants support 13 residents during a typical shift, while one in 10 nursing assistants typically assists 16 or more residents.

One in six nursing homes (17 percent) report a shortage of nursing assistants.

Two in five nursing homes (39 percent) hired temporary nursing assistants from staffing agencies in 2019 to fill staffing vacancies. Nursing homes that brought in contracted nursing assistants relied on these temporary workers for a median of 143 days during the year.

One-third (33 percent) of nursing homes employ medication aides, who are nursing assistants that have been trained to administer medications under the supervision of a licensed professional.

Nursing assistant jobs are predominantly government funded. Payments from public programs (primarily Medicaid and Medicare) constituted 68 percent of the industry’s more than $123.9 billion annual revenue in 2018.

---

**MEDIAN STAFF HOURS PER RESIDENT PER DAY BY OCCUPATION, 2019**

- Nursing Assistants: 2.1 hours
- Licensed Practical / Vocational Nurses: 0.8 hours
- Registered Nurses: 0.4 hours

**NURSING HOMES WITH CONTRACTED NURSING ASSISTANT STAFF, 2019**

- Hired Contracted Staff: 39%
- No Contracted Staff: 61%

**NURSING HOME REVENUE BY SOURCE, 2018**

- Public Programs: 68%
- Out-of-Pocket Payments: 10%
- Private Insurance: 14%
- Other: 8%

---

CHALLENGES FOR NURSING ASSISTANTS IN NURSING HOMES

• Nursing assistants’ wages have risen slightly over the past 10 years: inflation-adjusted median hourly wages were $13.39 in 2009 and $13.90 in 2019. This means that the purchasing power of nursing assistant wages improved slightly over the past decade.

• One in five nursing assistants work part time, defined as fewer than 35 hours per week. Nineteen percent work part time for “non-economic reasons,” which include personal or family obligations and health issues.56 Two percent work part time for “economic reasons,” which means they are not able to find full-time work due to business conditions at their workplaces or economic pressures in the broader labor market.57

• Eleven percent of nursing assistants typically work overtime, defined as more than 40 hours per week.58

• Because of low wages and part-time schedules, nursing assistants working in nursing homes earn a median income of $23,300 per year.59

• Low incomes lead to high poverty rates among nursing assistants: 13 percent live in a household below the federal poverty line and two in five live in low-income households.60

• Because poverty rates are high among nursing assistants, 36 percent rely on some form of public assistance.

• Thirty-one percent of nursing assistants do not live in affordable housing. Affordable housing is defined as housing costs—including rent, mortgage payments, and/or utility bills—that fall below 30 percent of a household’s total income.61

• Twelve percent of nursing assistants in nursing homes lack health insurance. Sixty-two percent of nursing assistants have insurance through an employer or union (including insurance through a spouse or another job), while a quarter rely on public health insurance coverage, most commonly Medicaid.
The COVID-19 pandemic has devastated nursing homes. Persistent underinvestment in— and inadequate support for— nursing homes and the nursing assistant workforce have been key contributors to the magnitude of the crisis in this sector. The following analyses use data from the Centers for Medicaid and Medicare Services, which are current as of June 21, 2020.

- Four months into the COVID-19 pandemic, 192,700 nursing home residents have contracted COVID-19 and 33,500 have died from the disease. One recent analysis found that 42 percent of all deaths from the virus in the U.S. have occurred in nursing homes and other residential care settings.
- According to the most recent data available, 153,300 nursing home staff have had suspected or diagnosed COVID-19 and over 600 have died.
- Fourteen percent of nursing homes do not have a week’s supply of at least one form of personal protective equipment (like masks, gloves, and gowns). Reports from the field show similar shortages in home care and residential care settings.

**ANNUAL INJURY RATES PER 10,000 WORKERS BY CAUSE OF INJURY, 2018**

<table>
<thead>
<tr>
<th>Cause of Injury</th>
<th>All Occupations</th>
<th>Nursing Assistants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>272.4</td>
<td>98.4</td>
</tr>
<tr>
<td>Overexertion</td>
<td>143.4</td>
<td>30.3</td>
</tr>
<tr>
<td>Falls, Slips, or Trips</td>
<td>54.1</td>
<td>26.6</td>
</tr>
<tr>
<td>Injury by a Person</td>
<td>40.8</td>
<td>6</td>
</tr>
</tbody>
</table>

FUTURE DEMAND FOR NURSING ASSISTANTS

• From 2018 to 2028, the nursing assistant workforce will have 620,600 total job openings in nursing homes. This figure includes 332,900 job openings created by workers moving into other occupations and 306,900 openings due to workers exiting the labor force altogether. Thirty-five percent of all nursing home job openings will be nursing assistant positions.

• Total job openings will be offset by the loss of 19,300 nursing assistant positions caused by falling demand for nursing home care overall.

CONCLUSION

Consumer preferences and policy changes have reduced demand for nursing home care in recent years. However, even as the number of nursing assistant positions falls, nursing homes still experience widespread recruitment and retention challenges. In some cases, employers make up for shortfalls by contracting with temporary staff, which can undermine care quality and consistency. As the nursing home industry adapts and evolves in the decades to come, strategies to stabilize the nursing assistant workforce are needed to ensure quality care for all individuals across the long-term services and supports system.

NOTES ON INDUSTRY CLASSIFICATIONS AND OCCUPATIONAL TITLES

NOTES ON 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/.

<table>
<thead>
<tr>
<th>TITLE</th>
<th>EXAMPLES</th>
<th>INDUSTRY DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Home Health Care Services</strong> (NAICS 621610)</td>
<td>Home Health Care Agencies, Visiting Nurse Associations, In-Home Hospice Care Services</td>
<td>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.</td>
</tr>
<tr>
<td><strong>Services for the Elderly and Persons with Disabilities</strong> (NAICS 624120)</td>
<td>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</td>
<td>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 disabilities who live in their homes and communities. Services include non-medical personal care and homemaker services.</td>
</tr>
<tr>
<td><strong>Residential Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Continuing Care Retirement Communities and Assisted Living Facilities for the Elderly</strong> (NAICS 623310)</td>
<td>Assisted Living Communities, Continuing Care Retirement Communities, Residential Care Homes, Personal Care Homes</td>
<td>This industry comprises establishments primarily engaged in providing residential and personal care services for older adults and people with disabilities. This care typically includes room, board, supervision, and assistance with daily tasks and activities.</td>
</tr>
<tr>
<td><strong>Residential Intellectual and Developmental Disability Facilities</strong> (NAICS 623210)</td>
<td>Group Homes, Intermediate Care Facilities, Residential Care Homes, Homes for Individuals with Intellectual and Developmental Disabilities</td>
<td>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.</td>
</tr>
</tbody>
</table>
### NOTES ON 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](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.

<table>
<thead>
<tr>
<th>TITLE</th>
<th>EXAMPLES</th>
<th>INDUSTRY DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Care Facilities (Skilled Nursing Homes)  (NAICS 623110)</td>
<td>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, and Inpatient Hospice</td>
<td>This industry comprises establishments that are primarily engaged in providing inpatient, 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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TITLE</th>
<th>OTHER TITLES</th>
<th>JOB DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Care Aides  (SOC 31-1122)</td>
<td>Personal Care Attendant, Personal Assistant, Direct Support Professional (for people with intellectual and developmental disabilities); also includes Independent Providers (who are employed directly by consumers)</td>
<td>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 work and/or community life, and provide advice on nutrition, household maintenance, and other activities.</td>
</tr>
<tr>
<td>Home Health Aides  (SOC 31-1121)</td>
<td>Home Hospice Aide, Home Health Attendant</td>
<td>In addition to assisting with ADLs, home health aides also perform clinical tasks such as wound care, blood pressure readings, and range-of-motion exercises. Their work is supervised by offsite or intermittently onsite licensed nurses or therapists.</td>
</tr>
<tr>
<td>Nursing Assistants  (SOC 31-1131)</td>
<td>Certified Nursing Assistant, Certified Nursing Aide, Nursing Attendant, Nursing Aide, Nursing Care Attendant, Medication Aide</td>
<td>Nursing assistants assist individuals with ADLs and may also perform certain clinical tasks under the supervision of an onsite licensed professional.</td>
</tr>
</tbody>
</table>
Direct Care Workers in the United States: Key Facts

DATA SOURCES AND METHODS

Hourly wage and employment trends were sourced from the Bureau of Labor Statistics (BLS) Occupational Employment Statistics (OES) program and employment projections were sourced from the BLS Employment Projections Program. While nursing assistant wage data were drawn directly from the OES, home care worker and residential care aide wages were calculated as a weighted average of median hourly wages for each occupation in each industry. In this context, median wages are preferable to mean wages, which are 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 2019 dollars.

The U.S. Census Bureau’s American Community Survey (ACS) and Current Population Survey (CPS) were used to calculate workforce demographics, parental status, work hours, median annual earnings, poverty rate, use of public assistance, health insurance coverage, and access to affordable housing.

For nursing assistants in nursing homes specifically, Payroll-Based Journal data from the Centers for Medicare and Medicaid Services were used to analyze staffing, including hours per resident day, residents per nursing assistant, and medication aide employment. To estimate the ratio of residents to nursing assistants, we divided the number of residents in each nursing home by the 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


2. BLS OES, 2020a.


5. BLS OES, 2020a.

6. BLS OES, 2020b.

7. BLS OES, 2020a.


14. This number of home care consumers includes an estimated number of home health recipients, Medicaid state-plan personal care recipients, and enrollees in Medicaid 1915(c) waiver programs. It does not include the unquantifiable number of consumers who pay out-of-pocket for home care through home care agencies and on the gray market. Harris-Kojetin et al., 2019; Kaiser Family Foundation (KFF). 2018. “Medicaid Personal Care Services Participants.” https://www.kff.org/health-reform/state-indicator/personal-care-participants/?currentTimeframe=0&sortModel=%7B%22colId%22%3A%22location%22%2C%22sort%22%3A%22asc%22%7D; KFF. 2018. “Medicaid Section 1915(c) Home and Community-Based Services Waivers Participants.” https://www.kff.org/medicaid/state-indicator/medicaid-section-1915c-home-and-community-based-services-waivers-participants/?currentTimeframe=0&sortModel=%7B%22colId%22%3A%22Location%22%2C%22sort%22%3A%22asc%22%7D; analysis by PHI (July 2020).


17. Ruggles et al., 2020.


22. Other industries employing direct care workers include hospitals, employment and vocational rehabilitation services, and others. BLS OES, 2020a; BLS OES, 2020b.


27. Federal poverty thresholds, which are updated each year, can be accessed here: https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html.


29. BLS EPP, 2019a; BLS EPP, 2019b.


34. Ruggles et al., 2020.

35. Ruggles et al., 2020.

36. Other industries employing direct care workers include hospitals, employment and vocational rehabilitation services, and others. BLS OES, 2020a; BLS OES, 2020b.

37. Due to less precise coding, these data include residential mental health and substance abuse facilities. U.S. Census Bureau, 2019.

38. Flood et al., 2020.


40. Ruggles et al., 2020.

41. Federal poverty thresholds, which are updated each year, can be accessed here: https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html.

42. HUD, 2020.

43. BLS EPP, 2019a; BLS EPP, 2019b.


45. Harris-Kojetin et al., 2019.


49. Ruggles et al., 2020.

50. Ruggles et al., 2020.

51. Other industries employing direct care workers include hospitals, employment and vocational rehabilitation services, and others. BLS OES, 2020a; BLS OES, 2020b.


54. CMS, 2020a.

55. CMS, 2020a.

56. Flood et al., 2020.

57. Ruggles et al., 2020.

58. Ruggles et al., 2020.

59. Ruggles et al., 2020.

60. Federal poverty thresholds, which are updated each year, can be accessed here: https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html.


63. CMS, 2020b.


65. These figures include all nursing home staff, including nursing assistants. CMS, 2020b.

66. CMS, 2020b.

67. BLS EPP, 2019a; BLS EPP, 2019b.

68. CMS 2020a; CMS 2020b.
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 25 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.

For more information, visit PHI at PHInational.org.