CREATING A STRONG DIRECT SUPPORT WORKFORCE

POLICY BARRIERS & OPPORTUNITIES

ROBERT ESPINOZA
VICE PRESIDENT OF POLICY

SEPTEMBER 13, 2018

© 2018 PHI
About PHI
25 years of experience and knowledge on the direct care workforce.

CONSULTING
Training, coaching & curricula design

POLICY RESEARCH
Research & policy analysis

ADVOCACY
Federal, state & local public education
About PHI
25 years of experience and knowledge on the direct care workforce.

360° Perspective

- **CONSULTING**: Training, coaching & curricula design
- **ADVOCACY**: Federal, state & local public education
- **POLICY RESEARCH**: Research & policy analysis
- **ORIGINAL RESEARCH**: Facts & trends, objective information
- **NEW YORK CITY SYSTEM**: Learn from thousands of workers & consumers
- **PROVIDER ‘LEARNING LAB’**: In-the-field interventions, rural & urban
Our National Reach

376,000 long-term care staff, direct care workers, and clients served annually by PHI’s services

90,000 annual web users accessing PHI’s publications and online data

24 states reached directly by PHI’s services, policy research, and advocacy between 2012 and 2017

SOURCE: For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
We believe that caring, committed relationships between direct care workers and their clients are at the heart of quality care. Those relationships work best when direct care workers receive high-quality training, living wages, and respect for the central role they play.
Policy Expertise on Direct Support Professionals

The Arc
American Association on Intellectual and Developmental Disabilities

American Network of Community Options and Resources

Association for University Centers on Disabilities (AUCD)

National Alliance for Direct Support Professionals

National Association of Councils on Developmental Disabilities

United Cerebral Palsy

SOURCE: President’s Committee (2017). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
What is a Direct Support Professional?

Assist individuals with ID/DD through a wide range of supportive services on a day-to-day basis.

Habilitation, health needs, personal care & hygiene, employment, transportation, recreation, housekeeping.

People can live and work in their communities, as well as lead self-directed, community and social lives.

SOURCE: President’s Committee (2017). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
What is a Direct Support Professional?

- Wide array of job titles
- Work in the private sector
- In some states, work for state agencies that deliver services directly to people with an ID/DD

SOURCE: President’s Committee (2017). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
What is a Direct Support Professional?

Wide array of job titles

Work in the private sector

Work with children, youth, young adults, adults in midlife and older people

Work in individual family homes, small group homes, the community & employment settings

In some states, work for state agencies that deliver services directly to people with an ID/DD

SOURCE: President’s Committee (2017). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
What is a Direct Support Professional? Scope of Practice

Take people to medical appointments with health care and specialty providers

Overall health & well-being

Daily living support

Finding and keeping jobs, and working toward their career goals

Increasingly complex & multi-disciplinary

SOURCE: President’s Committee (2017). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
What is a Direct Support Professional? Scope of Practice

SOURCE: President’s Committee (2017). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
The Direct Care Workforce: 4.3 million (2017)*

Direct care workers assist older adults and people with disabilities with daily tasks, such as dressing, bathing, and eating.

PERSONAL CARE AIDES

Daily support + help with housekeeping, errands, appointments, & social engagements

1.4 million (2017)

* 1.6 million direct care workers work in other industries such as continuing care retirement communities, assisted living facilities, residential facilities, employment services, and vocational rehabilitation services.

SOURCE: PHI (2018). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
The Direct Care Workforce: 4.3 million (2017)*

Direct care workers assist older adults and people with disabilities with daily tasks, such as dressing, bathing, and eating.

PERSONAL CARE AIDES

Daily support + help with housekeeping, errands, appointments, & social engagements

1.4 million (2017)

HOME HEALTH AIDES

Daily support + clinical tasks like blood pressure readings, range-of-motion exercises

704,000* (2017)

*Includes NA’s providing home health care

* 1.6 million direct care workers work in other industries such as continuing care retirement communities, assisted living facilities, residential facilities, employment services, and vocational rehabilitation services.

SOURCE: PHI (2018). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
The Direct Care Workforce: 4.3 million (2017)*
Direct care workers assist older adults and people with disabilities with daily tasks, such as dressing, bathing, and eating.

PERSONAL CARE AIDES
Daily support + help with housekeeping, errands, appointments, & social engagements
1.4 million (2017)

HOME HEALTH AIDES
Daily support + clinical tasks like blood pressure readings, range-of-motion exercises
704,000* (2017)

NURSING ASSISTANTS IN NURSING HOMES
Daily support + clinical tasks like blood pressure readings, range-of-motion exercises
594,000 (2017)

*Includes NA’s providing home health care

* 1.6 million direct care workers work in other industries such as continuing care retirement communities, assisted living facilities, residential facilities, employment services, and vocational rehabilitation services.

SOURCE: PHI (2018). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
The Direct Care Workforce: 4.3 million (2017)*

Direct care workers assist older adults and people with disabilities with daily tasks, such as dressing, bathing, and eating.

**PERSONAL CARE AIDES**
Daily support + help with housekeeping, errands, appointments, & social engagements
1.4 million (2017)

**HOME HEALTH AIDES**
Daily support + clinical tasks like blood pressure readings, range-of-motion exercises
704,000* (2017)

*Includes NA’s providing home health care

**NURSING ASSISTANTS IN NURSING HOMES**
Daily support + clinical tasks like blood pressure readings, range-of-motion exercises
594,000 (2017)

**INDEPENDENT PROVIDERS**
Employed directly by consumers through publicly-funded programs
325,000 (2017)*

*These workers are likely captured in 4.3 million figure

* 1.6 million direct care workers work in other industries such as continuing care retirement communities, assisted living facilities, residential facilities, employment services, and vocational rehabilitation services.

SOURCE: PHI (2018). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Direct Support Professionals: 1.3 million (2013)

Direct support professionals support people with physical, intellectual, and developmental disabilities to “lead self-directed social and community lives.”

- **PERSONAL CARE AIDES**
  - Daily support + help with housekeeping, errands, appointments, & social engagements
  - 1.4 million (2017)

- **HOME HEALTH AIDES**
  - Daily support + clinical tasks like blood pressure readings, range-of-motion exercises
  - 704,000* (2017)

- **NURSING ASSISTANTS IN NURSING HOMES**
  - Daily support + clinical tasks like blood pressure readings, range-of-motion exercises
  - 594,000 (2017)

- **INDEPENDENT PROVIDERS**
  - Employed directly by consumers through publicly-funded programs
  - 325,000 (2017)*

- **DIRECT SUPPORT PROFESSIONALS**
  - Daily support for people with intellectual and developmental disabilities
  - 1.3 million (2013)

*1.6 million direct care workers work in other industries such as continuing care retirement communities, assisted living facilities, residential facilities, employment services, and vocational rehabilitation services.
Demand for Home Care Workers

It’s the largest-growing occupation in the country.

2007
830,000 HOME CARE WORKERS

2017
2.1 million HOME CARE WORKERS

2027
3.1 million HOME CARE WORKERS

SOURCE: PHI (2018). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Demand for Home Care Workers
It’s the largest-growing occupation in the country.

- **2007**: 830,000 Home Care Workers
- **2017**: 2.1 million Home Care Workers
- **2027**: 3.1 million Home Care Workers
- **Every year**: 574,000 Direct Support Professionals Needed
- **+**: 167,000 Direct Support Professionals for Waitlist

**SOURCE**: President’s Committee (2017). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Four Trends Igniting Demand

American society has changed dramatically—more people are turning 65, living longer, wanting support at home, and rethinking ‘family’ norms.

More older people
Between 2015 and 2050, the number of people aged 65+ will more than double from 47.8 million to 88 million.

SOURCE: PHI (2018). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Four Trends Igniting Demand

American society has changed dramatically—more people are turning 65, living longer, wanting support at home, and rethinking ‘family’ norms.

More older people
Between 2015 and 2050, the number of people aged 65+ will more than double from 47.8 million to 88 million.

Increased longevity
Older age brings about increased functional limitations and daily support needs.

SOURCE: PHI (2018). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Four Trends Igniting Demand

American society has changed dramatically—more people are turning 65, living longer, wanting support at home, and rethinking ‘family’ norms.

More older people
Between 2015 and 2050, the number of people aged 65+ will more than double from 47.8 million to 88 million.

Preference for home
More people prefer home- and community-based services to living in a residential setting.

Increased longevity
Older age brings about increased functional limitations and daily support needs.

SOURCE: PHI (2018). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Four Trends Igniting Demand

American society has changed dramatically—more people are turning 65, living longer, wanting support at home, and rethinking ‘family’ norms.

- **More older people**
  Between 2015 and 2050, the number of people aged 65+ will more than double from 47.8 million to 88 million.

- **Preference for home**
  More people prefer home- and community-based services to living in a residential setting.

- **Increased longevity**
  Older age brings about increased functional limitations and daily support needs.

- **New ‘family’ norms**
  Children leave, more single & childless people, and cultural acceptance for seeking paid support.

**SOURCE:** PHI (2018). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
An Increasingly Diverse Home Care Workforce

The typical home care worker is a woman in her 40s—many are immigrants and/or women of color. The demographics are changing.

- **87%** Women
- **60%** People of Color
- **47** Median Age

SOURCE: PHI (2018). For detailed citations and information about PHI’s research methodology, please contact info@phanational.org.
An Increasingly Diverse Home Care Workforce

The typical home care worker is a woman in her 40s—many are immigrants and/or women of color. The demographics are changing.

- 87% WOMEN
- 29% IMMIGRANT
- 1 million IMMIGRANTS
- 60% PEOPLE OF COLOR
- 47 MEDIAN AGE

SOURCE: Espinoza (2017). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Profound Disparities Within the Workforce

From 2005 to 2015, Black/African American workers consistently made up approximately 30 percent of the direct care workforce.

Anticipated Growth in the U.S. Labor Force: 2016-2026

Women of Color
+6.3 million
U.S. WORKERS

White Women
+384,000
U.S. WORKERS

SOURCE: Campbell (2017). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Profound Disparities Within the Workforce

From 2005 to 2015, Black/African American workers consistently made up approximately 30 percent of the direct care workforce.

**Median Family Income**

- **Women of Color**
  - Women: $43,400
  - Men: $56,300

- **White Women**
  - Women: $52,900

- **Men of Color**
  - Men: $60,800

- **White Men**
  - Women: $52,900
  - Men: $60,800

**Anticipated Growth in the U.S. Labor Force: 2016-2026**

- **Women of Color**
  - Women: +384,000
  - Men: +6.3 million

**SOURCE:** Campbell (2017). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Low Wages, High Poverty: Home Care Workers

Low wages and irregular schedules make it difficult to retain and recruit workers in this sector. As a result, turnover remains high.

U.S. Home Care Workers

$11.03
MEDIAN HOURLY WAGE

$15K
MEDIAN ANNUAL INCOME

1 in 5
IN POVERTY

SOURCE: PHI (2018). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
The Lifelong Impact of Poverty

Low wages force workers to choose between housing and other needs—and drives them into poverty and poor lifelong health.

Monthly Income

($10/hour x 40 hours) x 4 weeks
= $1600 gross pay
- $400 taxes
----------------------------
$1200 net pay

SOURCE: PHI (2018). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
The Lifelong Impact of Poverty

Low wages force workers to choose between housing and other needs—and drives them into poverty and poor lifelong health.

Monthly Income

($10/hour x 40 hours) x 4 weeks
= $1600 gross pay
- $400 taxes
-----------------------------
$1200 net pay

Monthly Expenses*

Housing
Utilities
Food
Transportation
Debt repayment, credit cards
Clothing
Childcare, home care
Entertainment
Medical expenses
Miscellaneous expenses
Saving

* Dependents multiply expenses

SOURCE: PHI (2018). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
The Lifelong Impact of Poverty

Low wages force workers to choose between housing and other needs—and drives them into poverty and poor lifelong health.

Monthly Income

($10/hour x 40 hours) x 4 weeks
= $1600 gross pay
- $400 taxes
----------------------------------
$1200 net pay

Monthly Expenses*

Housing
Utilities
Food
Transportation
Debt repayment, credit cards
Clothing
Childcare, home care
Entertainment
Medical expenses
Miscellaneous expenses
Saving

* Dependents multiply expenses

SOURCE: PHI (2018). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
The Lifelong Impact of Poverty

Low wages force workers to choose between housing and other needs—and drives them into poverty and poor lifelong health.

Monthly Income

($10/hour x 40 hours) x 4 weeks
= $1600 gross pay
- $400 taxes
------------------------------
$1200 net pay

Monthly Expenses*

Housing
Utilities
Food
Transportation
Debt repayment, credit cards
Clothing
Childcare, home care
Entertainment
Medical expenses
Miscellaneous expenses
Saving

* Dependents multiply expenses

Link Between Poverty and Poor Health

- Decreased life expectancy
- Lower birth weight
- Impaired neurologic and endocrine function
- Lifelong illness (cardiac disease, diabetes, etc.)
- Higher injury rates
- Poor nutrition
- Increased hunger
- Depression
- Toxic infrastructures (lead poisoning, etc.)
- Inflammatory diseases (heart disease, etc.)
- Dental and vision disparities

* Link goes both ways: poor health hurts employment

SOURCE: PHI (2018). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Why Are Workers Part Time?

Nearly one in three direct care workers works part time, largely for non-economic reasons such as family obligations, school, and more.

- 31% Direct care workers are part time
- 24% Cite Economic Reasons
- 76% Cite Non-Economic Reasons

- 25% Family/Personal Obligations
- 19% School/Training
- 19% Retired/Social Security Limit on Earnings
- 8% Child Care Problems
- 7% Health/Medical Limitations
- 10% Other

SOURCE: Campbell (2018). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
‘Benefit Cliffs’ & Low-Wage Incomes

For low-wage workers—including direct care workers—who need public benefits, higher wages don’t always lead to higher incomes.

In this example, a single home care aide earning $13/hr has a higher total income when she works 35 hours per week than when she works 40 hours per week—a “benefit cliff.”

SOURCE: Cook (2017). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
‘Benefit Cliffs’ & Low-Wage Incomes

For low-wage workers—including direct care workers—who need public benefits, higher wages don’t always lead to higher incomes.

In this example, a single home care aide earning $13/hr has a higher total income when she works 35 hours per week than when she works 40 hours per week—a “benefit cliff.”

Why? Her benefits decrease more than her wages increase.

SOURCE: Cook (2017). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Limited Training or Career Advancement

The training infrastructure for direct care workers doesn't equip them with the skills, knowledge, confidence, or career paths they need.

Insufficient training standards—especially for personal care aides and DSPs

Lack of specialty training—variety of topics and special populations

Didactic training methods that don't account for adult learners & learning styles

SOURCE: PHI (2018). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Limited Training or Career Advancement

The training infrastructure for direct care workers doesn't equip them with the skills, knowledge, confidence, or career paths they need.

- **Insufficient training standards**—especially for personal care aides and DSPs
- **Lack of specialty training**—variety of topics and special populations
- **Didactic training methods** that don't account for adult learners & learning styles

DSPs
Supporting independence, informed decisions about one's own life, community living & social participation

SOURCE: President’s Committee (2017). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Training Standards: A State-by-State Patchwork

Direct support professionals (and direct care workers) lack the necessary training standards and opportunities to better support people with IDD.

HOME HEALTH AIDES

Federal training requirement = 75 hours

17 states and the District of Columbia require more than the federal minimum

NURSING ASSISTANTS IN NURSING HOMES

Federal training requirement = 75 hours

31 states and the District of Columbia require more than the federal minimum

SOURCE: Cook (2017). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Training Standards: A State-by-State Patchwork

Direct support professionals (and direct care workers) lack the necessary training standards and opportunities to better support people with IDD.

**PERSONAL CARE AIDES**
- No federal requirement
- 18 states and the District of Columbia have their own uniform training requirements

**HOME HEALTH AIDES**
- Federal training requirement = 75 hours
- 17 states and the District of Columbia require more than the federal minimum

**NURSING ASSISTANTS IN NURSING HOMES**
- Federal training requirement = 75 hours
- 31 states and the District of Columbia require more than the federal minimum

**INDEPENDENT PROVIDERS**
- No federal requirement

**DIRECT SUPPORT PROFESSIONALS**
- No federal requirement
- Typically pre-service training hours focused on topics or basic skills—not competency-based or how to support people with IDD

SOURCE: Cook (2017). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Core Competencies

Proper training would ensure that direct support professionals possess skills and knowledge in these core competency areas.

Direct Support Professionals: 15 Competency Areas

1. Participant Empowerment
2. Communication
3. Assessment
4. Community & Service Networking
5. Facilitation of Services

SOURCE: President’s Committee (2017). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Core Competencies

Proper training would ensure that direct support professionals possess skills and knowledge in these core competency areas.

Direct Support Professionals: 15 Competency Areas

1. Participant Empowerment
2. Communication
3. Assessment
4. Community & Service Networking
5. Facilitation of Services
6. Community Living Skills & Supports
7. Education, Training & Self-Development
8. Advocacy
9. Vocational, Educational & Career Support
10. Crisis Prevention & Intervention

SOURCE: President’s Committee (2017). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Proper training would ensure that direct support professionals possess skills and knowledge in these core competency areas.

Direct Support Professionals: 15 Competency Areas

1. Participant Empowerment
2. Communication
3. Assessment
4. Community & Service Networking
5. Facilitation of Services
6. Community Living Skills & Supports
7. Education, Training & Self-Development
8. Advocacy
9. Vocational, Educational & Career Support
10. Crisis Prevention & Intervention
11. Organizational Participation
12. Documentation
13. Building & Maintaining Friendships & Relationships
14. Provide Person-Centered Supports
15. Supporting Health & Wellness

SOURCE: President’s Committee (2017). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Core Competencies: Personal Care Attendants
Recruitment & Retention Challenges

LTSS employers are increasingly struggling to find and keep direct care workers, especially in an economy where they have other job options.

60% TURNOVER RATE
Top reasons: wages & supervisors

Job growth & competition—retail & fast food increasingly offer better jobs than direct care

Widening ‘care gap’—the growth in older adults is outpacing working-age women

SOURCE: PHI (2018). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Person-centered supports—honoring the needs and preferences of the individual—haven’t gained enough traction in the LTSS system.

Workers aren’t always trained in person-centered approaches

Many employers don’t create person-centered workplaces

Workers & consumers don’t always respect each other’s needs & preferences

SOURCE: PHI (2018). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Marginal Data on the Workforce

States rarely collect proper data on the LTSS workforce, which prevents leaders from targeting high-need areas with appropriate interventions.

Minimal systematic workforce data—volume, stability & compensation

No occupational code for direct support professionals—and no data

Little data to answer: Where are workforce needs the greatest?

SOURCE: Espinoza (2017). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Marginal Data on the Workforce

States rarely collect proper data on the LTSS workforce, which prevents leaders from targeting high-need areas with appropriate interventions.

- Minimal systematic workforce data—volume, stability & compensation
- No occupational code for direct support professionals—and no data
- Little data to answer: Where are workforce needs the greatest?

Measuring ‘quality’—LTSS field has not implemented an agreed-upon definition of “quality”

SOURCE: Espinoza (2017). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Inadequate Public Funding & Reimbursement

The LTSS system needs more funding to ensure everyone can access the supports they need—labor costs are especially underfunded.

- **Long-Term Services & Supports**
  Expensive, difficult to predict, exhausts savings

- **Medicaid only for poor & low-income people**
  and restrictions are growing

- **State Medicaid budgets are strapped**
  little funding for labor costs

- **Inadequate reimbursement rates in Medicaid**

SOURCE: PHI (2018). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
The Cost Of Elder Care

Adults have been providing an increasing percentage of financial assistance to their parents in recent years. Below are the national average annual costs and daily rates paid for various types of adult care.

<table>
<thead>
<tr>
<th>Type</th>
<th>Average</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing home: semi-private room</td>
<td>$214/day</td>
<td>$78,110</td>
</tr>
<tr>
<td>Nursing home: private room</td>
<td>$205/day</td>
<td>$74,350</td>
</tr>
<tr>
<td>Assisted living</td>
<td>$3,477/month</td>
<td>$41,724</td>
</tr>
<tr>
<td>Home care: home health aide</td>
<td>$21/hour</td>
<td>$21,840</td>
</tr>
<tr>
<td>Home care: homemaker</td>
<td>$19/hour</td>
<td>$19,760</td>
</tr>
<tr>
<td>Adult day services</td>
<td>$70/day</td>
<td>$18,200</td>
</tr>
</tbody>
</table>

A state-by-state comparison

Source: MetLife 2011 Market Survey of Long-Term Care Costs
LTSS Spending

The Cost Of Elder Care

Adults have been providing an increasing percentage of financial assistance to their parents in recent years. Below are the national average annual costs and daily rates paid for various types of adult care.

<table>
<thead>
<tr>
<th>Type</th>
<th>Average</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing home: semi-private room</td>
<td>$214/day</td>
<td>$78,110</td>
</tr>
<tr>
<td>Nursing home: private room</td>
<td>$239/day</td>
<td>$87,235</td>
</tr>
<tr>
<td>Assisted living</td>
<td>$3,477/month</td>
<td>$41,724</td>
</tr>
<tr>
<td>Home care: home health aide</td>
<td>$21/hour</td>
<td>$21,840</td>
</tr>
<tr>
<td>Home care: homemaker</td>
<td>$19/hour</td>
<td>$19,760</td>
</tr>
<tr>
<td>Adult day services</td>
<td>$70/day</td>
<td>$18,200</td>
</tr>
</tbody>
</table>

A state-by-state comparison

Source: MetLife 2011 Market Survey of Long-Term Care Costs

LTSS Spending, by Payer (2013)
- 43% Medicaid
- 22% Medicare
- 17% Out of pocket
- 7% Other public
- 6% Private insurance
- 5% Other private

Total LTSS expenditures, 2013: $339 billion

SOURCE: Nguyen (2017), Kaiser Family Foundation (2017). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Cultural and Linguistic Incompetence

Too few LTSS providers offer services or workplace supports that are culturally and linguistically appropriate for their populations.

Persistent disparities in the workforce, in LTSS and in society at large

‘Universal’ workforce solutions don’t work equally for everyone

Limited race-explicit workforce solutions—among others

Lack of cultural & linguistic competence across LTSS system

SOURCE: Espinoza (2017). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Limited Technology Uptake

Technology advances are transforming the LTSS field—but are they moving too quickly to prevent harm and maximize the benefits?

Pros
- Technology can improve LTSS supports, facilitate independence, enhance jobs
- Technology can maximize efficiencies and save the LTSS system money

Cons
- Technology can harm people as consumers and as workers
- Technology aims to replace workers—cannot replicate empathy & compassion

LTSS industry unprepared & unfunded to implement advances in technology

Technology innovators not versed in LTSS & guided by business goals
Technology: Supporting Individuals with IDD

Technology can facilitate greater independence, especially for people who need lower levels of on-site support.

- Sensors that monitor the health and safety of a person with IDD
- Remote Monitoring Technology
- Computer-Assisted Technologies such as smartphones and tablets
- Transportation Technologies
- Electronic Medication Dispensers
- Smart Homes
- Personal Robots & Assistants

SOURCE: AIDID et al (2017). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Technology: Supporting the Workforce

Technology can ensure that the workforce is properly trained, messages are widely disseminated, and clients and workers find each other.

- eLearning & Virtual Training
- Digital & Social Media
- Eldercare & Home Care Startups
- Matching Services & Workforce Registries
Technology: Supporting the Workforce

Technology can ensure that the workforce is properly trained, messages are widely disseminated, and clients and workers find each other.

- eLearning & Virtual Training
- Digital & Social Media
- Eldercare & Home Care Startups
- Matching Services & Workforce Registries

Workers can use handheld devices to report and manage health conditions, risk factors & stressors in the home.
Matching Service Registries in the U.S.

Matching service registries gather information about the consumer’s needs and preferences—and the worker’s availability, skills, and preferences.

- 24 nonprofit registries
- 19 states
- 22 rely on public funding
- 11 share online platforms

SOURCE: PHI (2018). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Few Stakeholder Convenings

Coalitions and task forces at the state level have led major policy reforms in LTSS, but are they insufficiently funded and too few in number?

Few resourced statewide LTSS initiatives—
that gather diverse stakeholders

History of LTSS state policy reforms sparked by coalitions

SOURCE: Cook (2017). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Lack of Public Awareness and Support

Policy reform often requires a shift in public awareness and support, yet the infrastructure to educate the public remains malnourished.

Little awareness about LTSS workforce crisis—much less solutions

Thought leaders become invested in LTSS workforce when personally affected

Few resourced public education & advocacy initiatives

Inadequate media coverage on LTSS workforce

SOURCE: Espinoza (2017). For detailed citations and information about PHI's research methodology, please contact info@phinational.org.
What Does This Mean for Us?

Whether you’re pursuing a career in medicine, health, or another profession that interfaces with people accessing LTSS, here’s what you should know.

- Growing & changing demographics
- The future of healthcare is team-based & interdisciplinary
- People have non-medical needs and broader aspirations
- People are part of complex systems and larger communities

SOURCE: PHI (2018). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
Recommendations
Low wages and irregular schedules make it difficult to retain and recruit workers in this sector. As a result, turnover remains high.

- Higher wages and benefits
- Health coverage
- Paid family and medical leave
Recommendations
Low wages and irregular schedules make it difficult to retain and recruit workers in this sector. As a result, turnover remains high.

- Higher wages and benefits
- Health coverage
- Paid family and medical leave

What Are States Doing?
New York adopted a “wage parity” law that requires a minimum compensation for Medicaid-funded home health aides in certain counties.
Recommendations
The training infrastructure for direct care workers doesn't equip them with the skills, knowledge, confidence, or career paths they need.

- Training standards and opportunities
- Advanced roles
- Funding for infrastructure

1. Compensation
   Higher wages and benefits, full-time hours, stable schedules

2. Training & Advanced Roles
   Training standards and opportunities, credentials

3. Recruitment & Retention
   Strategies to find and keep workers, expand labor pool

4. Person-Centered Workplaces
   Honoring the worker and the client as individuals

5. Data Collection & Quality
   Tracking and reporting workforce and quality data

6. Financing
   Adequate funding and reimbursement rates to improve jobs and supports

7. Cultural Competence
   Supports for immigrants, people of color, and others.

8. Technology
   Improve jobs and supports, create efficiencies, and save money

9. Stakeholder Engagement
   Engage diverse communities to find solutions

10. Public Education
    Educate diverse communities about key problems & solutions
Recommendations
The training infrastructure for direct care workers doesn't equip them with the skills, knowledge, confidence, or career paths they need.

- Training standards and opportunities
- Advanced roles
- Funding for infrastructure

What Are States Doing?
- Washington State pass a ballot initiative that created a new training system for personal care attendants.
- New York has a “Career Gear Up” credentialing model.
Advanced home care roles can:

- Mentor newly hired aides
- Assist with entry-level training
- Support clients with complex conditions
- Maximize communication across the care team

The ‘upskilled’ home care worker

Upskilled workers can be trained to report and manage client issues such as:

- Health conditions, risk factors, care plans, and more
- Stressors in the home, social connections, and more

RESULTS
Optimal client health, reduced hospitalizations and ER visits

PHInational.org
Recommendations

LTSS employers are increasingly struggling to find and keep direct care workers, especially in an economy where they have other job options.

- Recruitment and retention strategies
- Rural interventions
- Enhanced “business acumen”
**Recommendations**
LTSS employers are increasingly struggling to find and keep direct care workers, especially in an economy where they have other job options.

- Recruitment and retention strategies
- Rural interventions
- Enhanced “business acumen”

<table>
<thead>
<tr>
<th>1. Compensation</th>
<th>2. Training &amp; Advanced Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher wages and benefits, full-time hours, stable schedules</td>
<td>Training standards and opportunities, credentials</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Recruitment &amp; Retention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategies to find and keep workers, expand labor pool</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Person-Centered Workplaces</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honoring the worker and the client as individuals</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Data Collection &amp; Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tracking and reporting workforce and quality data</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Financing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate funding and reimbursement rates to improve jobs and supports</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Cultural Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supports for immigrants, people of color, and others.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Technology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve jobs and supports, create efficiencies, and save money</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. Stakeholder Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage diverse communities to find solutions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Public Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educate diverse communities about key problems &amp; solutions</td>
</tr>
</tbody>
</table>

**What Are States Doing?**
A Minnesota-based provider used social media to boost recruitment. New York is considering a fund to fuel recruitment and retention innovation in home care.
Recruitment and Retention Strategies

Developing a successful recruitment and retention strategy takes time and effort, but even a small investment pays off.

- Recruit the Right Staff
- Improve the Hiring Process
- Strengthen Entry-Level Training
- Provide Employment Supports
- Promote Peer Support
- Ensure Effective Supervision
- Develop Advancement Opportunities
- Invite Participation
- Recognize and Reward Staff
- Measure Progress

SOURCE: Scales (2018). For detailed citations and information about PHI’s research methodology, please contact info@phinational.org.
**Recommendations**

Person-centered supports—honoring the needs and preferences of the individual—haven’t gained enough traction in the LTSS system.

- Person-centered training
- Person-centered supervision
- Self-direction

<table>
<thead>
<tr>
<th>1. Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher wages and benefits, full-time hours, stable schedules</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Training &amp; Advanced Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training standards and opportunities, credentials</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Recruitment &amp; Retention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategies to find and keep workers, expand labor pool</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Person-Centered Workplaces</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honoring the worker and the client as individuals</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Data Collection &amp; Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tracking and reporting workforce and quality data</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Financing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate funding and reimbursement rates to improve jobs and supports</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Cultural Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supports for immigrants, people of color, and others.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Technology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve jobs and supports, create efficiencies, and save money</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. Stakeholder Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage diverse communities to find solutions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Public Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educate diverse communities about key problems &amp; solutions</td>
</tr>
</tbody>
</table>
Recommendations
Person-centered supports—honoring the needs and preferences of the individual—haven’t gained enough traction in the LTSS system.

- Person-centered training
- Person-centered supervision
- Self-direction

What Are States Doing?
Michigan Personal and Home Care Aide State Training (PHCAST) program from 2015 emphasized person-centered approaches in its 77-hour core curriculum.
Recommendations
States rarely collect proper data on the LTSS workforce, which prevent leaders from targeting high-need areas with appropriate interventions.

- Data collection systems
- New occupation code: DSP
- Data reporting
**Recommendations**

States rarely collect proper data on the LTSS workforce, which prevent leaders from targeting high-need areas with appropriate interventions.

- Data collection systems
- New occupation code: DSP
- Data reporting

<table>
<thead>
<tr>
<th>1. Compensation</th>
<th>2. Training &amp; Advanced Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher wages and benefits, full-time hours, stable schedules</td>
<td>Training standards and opportunities, credentials</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Recruitment &amp; Retention</th>
<th>4. Person-Centered Workplaces</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategies to find and keep workers, expand labor pool</td>
<td>Honoring the worker and the client as individuals</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Data Collection &amp; Quality</th>
<th>6. Financing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tracking and reporting workforce and quality data</td>
<td>Adequate funding and reimbursement rates to improve jobs and supports</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Supports for immigrants, people of color, and others.</td>
<td>Improve jobs and supports, create efficiencies, and save money</td>
<td>Engage diverse communities to find solutions</td>
<td>Educate diverse communities about key problems &amp; solutions</td>
</tr>
</tbody>
</table>

**What Are States Doing?**

PHI is working with the New York State Department of Labor to advise and improve their state data collection systems and processes.
**Recommendations**

The entire LTSS needs more funding to ensure everyone can access the supports they need—labor costs are especially underfunded.

- More LTSS funding
- Adequate reimbursement
- Job quality improvements

<table>
<thead>
<tr>
<th></th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Compensation&lt;br&gt;Higher wages and benefits, full-time hours, stable schedules</td>
</tr>
<tr>
<td>2.</td>
<td>Training &amp; Advanced Roles&lt;br&gt;Training standards and opportunities, credentials</td>
</tr>
<tr>
<td>3.</td>
<td>Recruitment &amp; Retention&lt;br&gt;Strategies to find and keep workers, expand labor pool</td>
</tr>
<tr>
<td>4.</td>
<td>Person-Centered Workplaces&lt;br&gt;Honoring the worker and the client as individuals</td>
</tr>
<tr>
<td>5.</td>
<td>Data Collection &amp; Quality&lt;br&gt;Tracking and reporting workforce and quality data</td>
</tr>
<tr>
<td>6.</td>
<td>Financing&lt;br&gt;Adequate funding and reimbursement rates to improve jobs and supports</td>
</tr>
<tr>
<td>7.</td>
<td>Cultural Competence&lt;br&gt;Supports for immigrants, people of color, and others.</td>
</tr>
<tr>
<td>8.</td>
<td>Technology&lt;br&gt;Improve jobs and supports, create efficiencies, and save money</td>
</tr>
<tr>
<td>9.</td>
<td>Stakeholder Engagement&lt;br&gt;Engage diverse communities to find solutions</td>
</tr>
<tr>
<td>10.</td>
<td>Public Education&lt;br&gt; Educate diverse communities about key problems &amp; solutions</td>
</tr>
</tbody>
</table>
Recommendations

The entire LTSS needs more funding to ensure everyone can access the supports they need—labor costs are especially underfunded.

- More LTSS funding
- Adequate reimbursement
- Job quality improvements

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Compensation</td>
<td>Higher wages and benefits, full-time hours, stable schedules</td>
</tr>
<tr>
<td>2. Training &amp; Advanced Roles</td>
<td>Training standards and opportunities, credentials</td>
</tr>
<tr>
<td>3. Recruitment &amp; Retention</td>
<td>Strategies to find and keep workers, expand labor pool</td>
</tr>
<tr>
<td>4. Person-Centered Workplaces</td>
<td>Honoring the worker and the client as individuals</td>
</tr>
<tr>
<td>5. Data Collection &amp; Quality</td>
<td>Tracking and reporting workforce and quality data</td>
</tr>
<tr>
<td>6. Financing</td>
<td>Adequate funding and reimbursement rates to improve jobs and supports</td>
</tr>
<tr>
<td>7. Cultural Competence</td>
<td>Supports for immigrants, people of color, and others.</td>
</tr>
<tr>
<td>8. Technology</td>
<td>Improve jobs and supports, create efficiencies, and save money</td>
</tr>
<tr>
<td>9. Stakeholder Engagement</td>
<td>Engage diverse communities to find solutions</td>
</tr>
<tr>
<td>10. Public Education</td>
<td>Educate diverse communities about key problems &amp; solutions</td>
</tr>
</tbody>
</table>

What Are States Doing?

Hawaii enacted a program that makes LTSS available to non-Medicaid eligible residents age 60+, allowing them to live at home or in the community.
## Recommendations

Too few LTSS providers offer services that are culturally and linguistically appropriate for the broad diversity of clients and workers.

- Culturally & linguistically appropriate workforce supports
- Community partnerships
- More research

### 1. Compensation

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher wages and benefits</td>
<td>Full-time hours, stable schedules</td>
</tr>
</tbody>
</table>

### 2. Training & Advanced Roles

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training standards and opportunities</td>
<td>Credentials</td>
</tr>
</tbody>
</table>

### 3. Recruitment & Retention

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategies to find and keep workers</td>
<td>Expand labor pool</td>
</tr>
</tbody>
</table>

### 4. Person-Centered Workplaces

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honoring the worker</td>
<td>And the client as individuals</td>
</tr>
</tbody>
</table>

### 5. Data Collection & Quality

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tracking and reporting workforce</td>
<td>And quality data</td>
</tr>
</tbody>
</table>

### 6. Financing

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate funding</td>
<td>And reimbursement rates to improve jobs and supports</td>
</tr>
</tbody>
</table>

### 7. Cultural Competence

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supports for immigrants, people of color, and others</td>
<td></td>
</tr>
</tbody>
</table>

### 8. Technology

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve jobs and supports</td>
<td>Create efficiencies, and save money</td>
</tr>
</tbody>
</table>

### 9. Stakeholder Engagement

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage diverse communities</td>
<td>To find solutions</td>
</tr>
</tbody>
</table>

### 10. Public Education

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educate diverse communities</td>
<td>About key problems and solutions</td>
</tr>
</tbody>
</table>
### Recommendations
Too few LTSS providers offer services that are culturally and linguistically appropriate for the broad diversity of clients and workers.

- Culturally & linguistically appropriate workforce supports
- Community partnerships
- More research

### What Are States Doing?
A New Mexico-based immigration organization created a culturally competent home health care training program for Latinx immigrants.

<table>
<thead>
<tr>
<th>1. Compensation</th>
<th>2. Training &amp; Advanced Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher wages and benefits, full-time hours, stable schedules</td>
<td>Training standards and opportunities, credentials</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Recruitment &amp; Retention</th>
<th>4. Person-Centered Workplaces</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strategies to find and keep workers, expand labor pool</td>
<td>Honoring the worker and the client as individuals</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Data Collection &amp; Quality</th>
<th>6. Financing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tracking and reporting workforce and quality data</td>
<td>Adequate funding and reimbursement rates to improve jobs and supports</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Cultural Competence</th>
<th>8. Technology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supports for immigrants, people of color, and others.</td>
<td>Improve jobs and supports, create efficiencies, and save money</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage diverse communities to find solutions</td>
<td>Educate diverse communities about key problems &amp; solutions</td>
</tr>
</tbody>
</table>
### Recommendations

Technology advances are transforming the LTSS field—but are they moving too quickly to prevent harm and maximize the benefits?

- Dedicated funding
- Public reimbursement
- Evaluations

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong></td>
<td><strong>Compensation</strong>&lt;br&gt;Higher wages and benefits, full-time hours, stable schedules</td>
</tr>
<tr>
<td><strong>2.</strong></td>
<td><strong>Training &amp; Advanced Roles</strong>&lt;br&gt;Training standards and opportunities, credentials</td>
</tr>
<tr>
<td><strong>3.</strong></td>
<td><strong>Recruitment &amp; Retention</strong>&lt;br&gt;Strategies to find and keep workers, expand labor pool</td>
</tr>
<tr>
<td><strong>4.</strong></td>
<td><strong>Person-Centered Workplaces</strong>&lt;br&gt;Honoring the worker and the client as individuals</td>
</tr>
<tr>
<td><strong>5.</strong></td>
<td><strong>Data Collection &amp; Quality</strong>&lt;br&gt;Tracking and reporting workforce and quality data</td>
</tr>
<tr>
<td><strong>6.</strong></td>
<td><strong>Financing</strong>&lt;br&gt;Adequate funding and reimbursement rates to improve jobs and supports</td>
</tr>
<tr>
<td><strong>7.</strong></td>
<td><strong>Cultural Competence</strong>&lt;br&gt;Supports for immigrants, people of color, and others.</td>
</tr>
<tr>
<td><strong>8.</strong></td>
<td><strong>Technology</strong>&lt;br&gt;Improve jobs and supports, create efficiencies, and save money</td>
</tr>
<tr>
<td><strong>9.</strong></td>
<td><strong>Stakeholder Engagement</strong>&lt;br&gt;Engage diverse communities to find solutions</td>
</tr>
<tr>
<td><strong>10.</strong></td>
<td><strong>Public Education</strong>&lt;br&gt;Educate diverse communities about key problems &amp; solutions</td>
</tr>
</tbody>
</table>
Recommendations
Technology advances are transforming the LTSS field—but are they moving too quickly to prevent harm and maximize the benefits?

- Dedicated funding
- Public reimbursement
- Evaluations

What Are States Doing?
A Washington, DC home care company created an online jobs platform that helps workers obtain full-time schedules, and families find the right worker.
## Recommendations

Coalitions and task forces at the state level have led major policy reforms in LTSS, but are they insufficiently funded and too few in number?

- Launch state taskforces
- Needs assessments, studies
- Public-private initiatives

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong></td>
<td><strong>Compensation</strong></td>
</tr>
<tr>
<td></td>
<td>Higher wages and benefits, full-time hours, stable schedules</td>
</tr>
<tr>
<td><strong>2.</strong></td>
<td><strong>Training &amp; Advanced Roles</strong></td>
</tr>
<tr>
<td></td>
<td>Training standards and opportunities, credentials</td>
</tr>
<tr>
<td><strong>3.</strong></td>
<td><strong>Recruitment &amp; Retention</strong></td>
</tr>
<tr>
<td></td>
<td>Strategies to find and keep workers, expand labor pool</td>
</tr>
<tr>
<td><strong>4.</strong></td>
<td><strong>Person-Centered Workplaces</strong></td>
</tr>
<tr>
<td></td>
<td>Honoring the worker and the client as individuals</td>
</tr>
<tr>
<td><strong>5.</strong></td>
<td><strong>Data Collection &amp; Quality</strong></td>
</tr>
<tr>
<td></td>
<td>Tracking and reporting workforce and quality data</td>
</tr>
<tr>
<td><strong>6.</strong></td>
<td><strong>Financing</strong></td>
</tr>
<tr>
<td></td>
<td>Adequate funding and reimbursement rates to improve jobs and supports</td>
</tr>
<tr>
<td><strong>7.</strong></td>
<td><strong>Cultural Competence</strong></td>
</tr>
<tr>
<td></td>
<td>Supports for immigrants, people of color, and others.</td>
</tr>
<tr>
<td><strong>8.</strong></td>
<td><strong>Technology</strong></td>
</tr>
<tr>
<td></td>
<td>Improve jobs and supports, create efficiencies, and save money</td>
</tr>
<tr>
<td><strong>9.</strong></td>
<td><strong>Stakeholder Engagement</strong></td>
</tr>
<tr>
<td></td>
<td>Engage diverse communities to find solutions</td>
</tr>
<tr>
<td><strong>10.</strong></td>
<td><strong>Public Education</strong></td>
</tr>
<tr>
<td></td>
<td>Educate diverse communities about key problems &amp; solutions</td>
</tr>
</tbody>
</table>
Recommendations
Coalitions and task forces at the state level have led major policy reforms in LTSS, but are they insufficiently funded and too few in number?

- Launch state taskforces
- Needs assessments, studies
- Public-private initiatives

What Are States Doing?
California, Iowa, Maine, Michigan, and New Mexico have convened workgroups to address direct care workforce challenges and issue policy recommendations.
Recommendations
Policy reform often requires a shift in public awareness and support, yet the infrastructure to educate the public remains malnourished.

- Public education campaigns
- Media advocacy
- Online resources

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 1. | Compensation  
Higher wages and benefits, full-time hours, stable schedules |
| 2. | Training & Advanced Roles  
Training standards and opportunities, credentials |
| 3. | Recruitment & Retention  
Strategies to find and keep workers, expand labor pool |
| 4. | Person-Centered Workplaces  
Honoring the worker and the client as individuals |
| 5. | Data Collection & Quality  
Tracking and reporting workforce and quality data |
| 6. | Financing  
Adequate funding and reimbursement rates to improve jobs and supports |
| 7. | Cultural Competence  
Supports for immigrants, people of color, and others. |
| 8. | Technology  
Improve jobs and supports, create efficiencies, and save money |
| 9. | Stakeholder Engagement  
Engage diverse communities to find solutions |
| 10. | Public Education  
Educate diverse communities about key problems & solutions |
Recommendations
Policy reform often requires a shift in public awareness and support, yet the infrastructure to educate the public remains malnourished.

- Public education campaigns
- Media advocacy
- Online resources

What Are States Doing?
PHI worked with three providers in Minnesota to co-launch a social media campaign that educates state residents about advanced roles in home care.
CREATING A STRONG DIRECT SUPPORT WORKFORCE

POLICY BARRIERS & OPPORTUNITIES

ROBERT ESPINOZA
VICE PRESIDENT OF POLICY
respinoza@PHInational.org

@EspinozaNotes
@PHInational

PHInational.org
60CaregiverIssues.org

© 2018 PHI
References


Espinoza, Robert. “How #60CaregiverIssues Aims to Transform Home Care.” The Huffington Post, December 27, 2017. https://www.huffingtonpost.com/entry/how-60caregiverissues-aims-to-transform-home-care_us_5a43c5ffe4b06cd2bd03dd88


References (cont.)

https://phinational.org/policy-research/reports-multimedia/


https://www.acl.gov/sites/default/files/programs/2018-02/2017%20PCPID%20Full%20Report_0.PDF

https://phinational.org/policy-research/reports-multimedia/