

Overcoming the Crisis: Opportunities for Building a Strong Direct Care Workforce in Ohio

Kezia Scales, PhD, VP of Research & Evaluation



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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.



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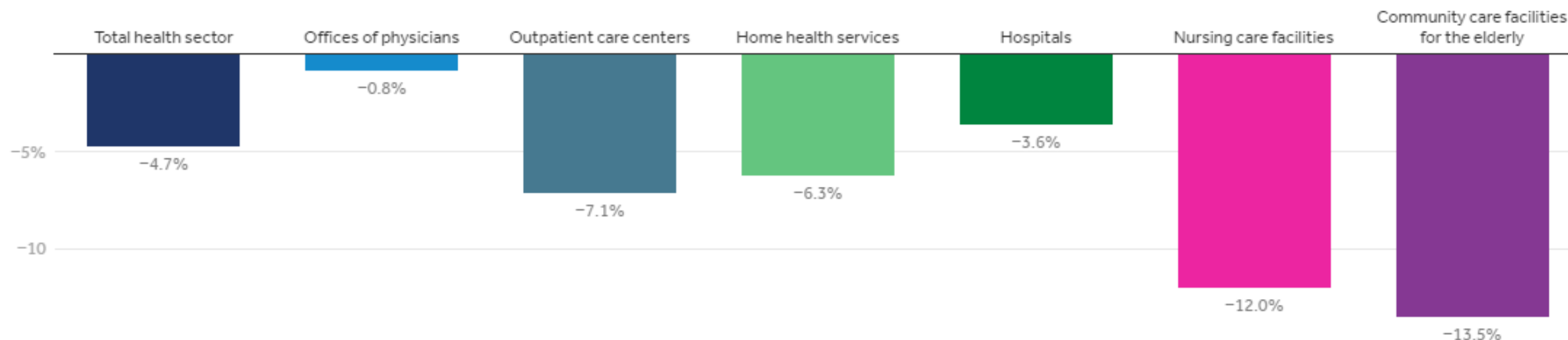


Overview

- The state of the direct care workforce in Ohio
- Policy solutions to the workforce crisis
- Best practices in recruiting and retaining direct care workers
- Questions and reactions

Workforce Challenges Are Widespread

Actual versus projected health care employment by setting in July 2022



Note: All data are seasonally adjusted. July 2022 data are preliminary. Projected values are calculated by applying the average monthly growth rate between January 2017-January 2020 to March 2020 through the latest month.

The State of the Direct Care Workforce in Ohio

Who Are Ohio's Direct Care Workers?

- Nearly 154,000 paid caregivers who support older adults and people with disabilities across care settings
 - Primarily home health aides and personal care aides (~95,000)
- Predominantly women and people of color
 - 88% female, 41% people of color, 7% immigrants

Source: <https://phinational.org/policy-research/workforce-data-center/>



“I understand that many people think of a CNA, especially someone working in hospice, as somebody who just goes in and maybe gives a patient a bath or shower. But for me, being a CNA is much more of a nurturing and giving role. My focus is less on a patient’s diagnosis and more on **getting to know them as a person, and figuring out how I can make their day the best one possible** while providing the care they require in the care plan. I also report any signs of declining health to the nurses. I love my patients with all that I have, but I prepare myself to let go when their time comes because that’s just the nature of my job.”

CRYSTAL PROFFITT

Certified Nursing Assistant, Certified Hospice Palliative Nursing Assistant
Raleigh, North Carolina

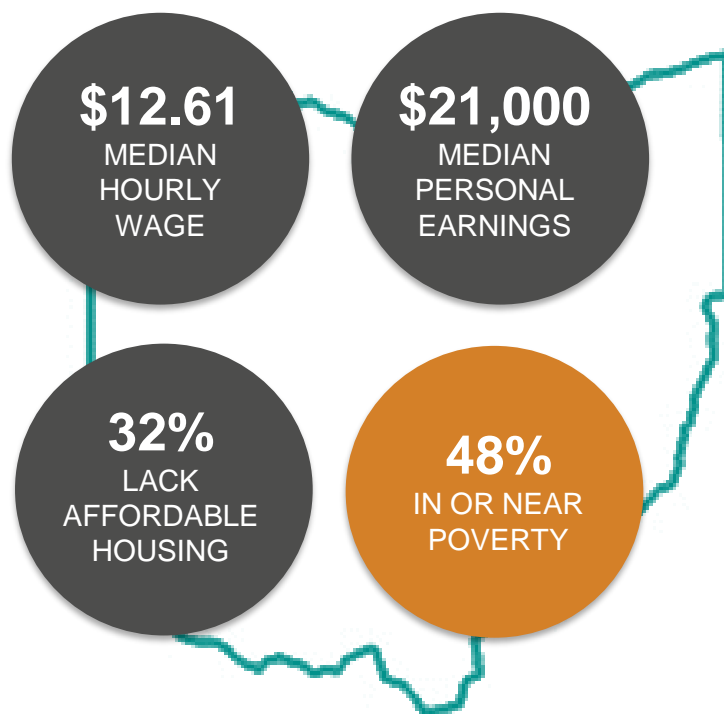
Source: <https://phinational.org/worker-stories/>



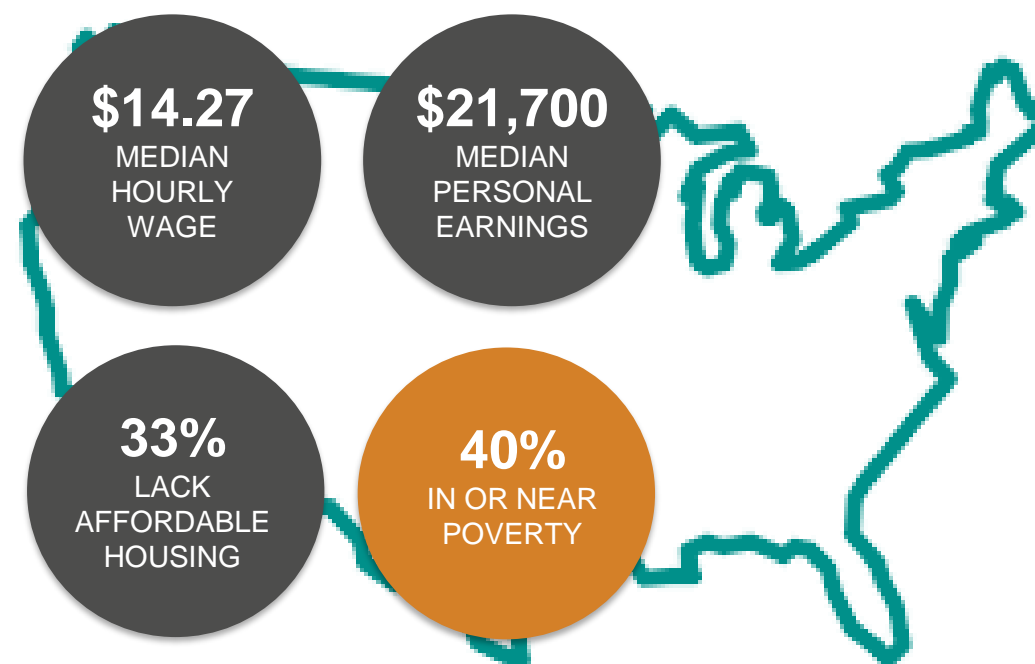
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An Essential But Undervalued Workforce

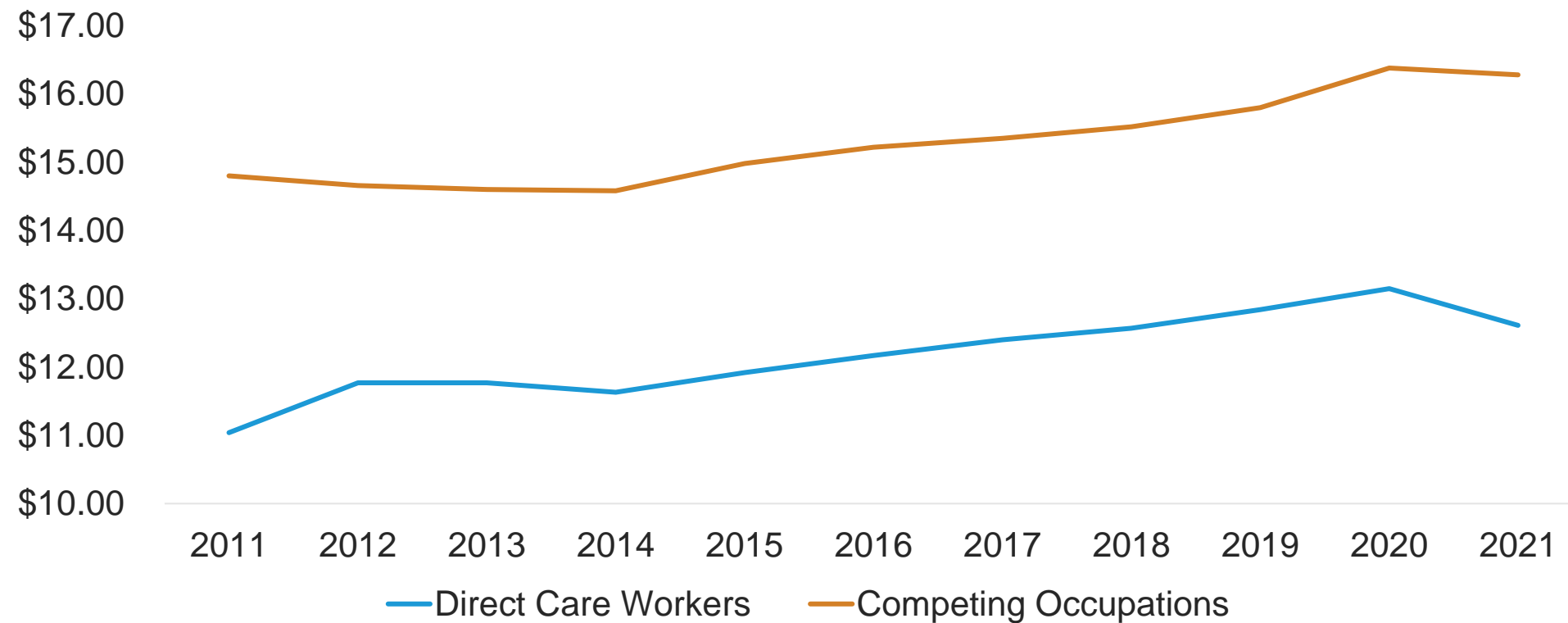
OH's Direct Care Workers



All U.S. Direct Care Workers



Median wages for Ohio's direct care workers are consistently lower than for competing occupations.



Sources: <https://www.bls.gov/oes/home.htm>;
<https://www.onetcenter.org/database.html#all-files>; analysis by PHI
(September 2022)

“I’m a single parent working six days a week, and I don’t spend enough time with my kid. As home health aides, we work too hard, we’re dealing with too much stress with the client, and we also have to deal with family members, and **we’re not getting paid for how hard we work. That’s the problem.** You have to pay your bills. You have to take care of your family.”

FARAH GERMAIN
Home Health Aide
Brooklyn, NY

Source: <https://phinational.org/worker-stories/>

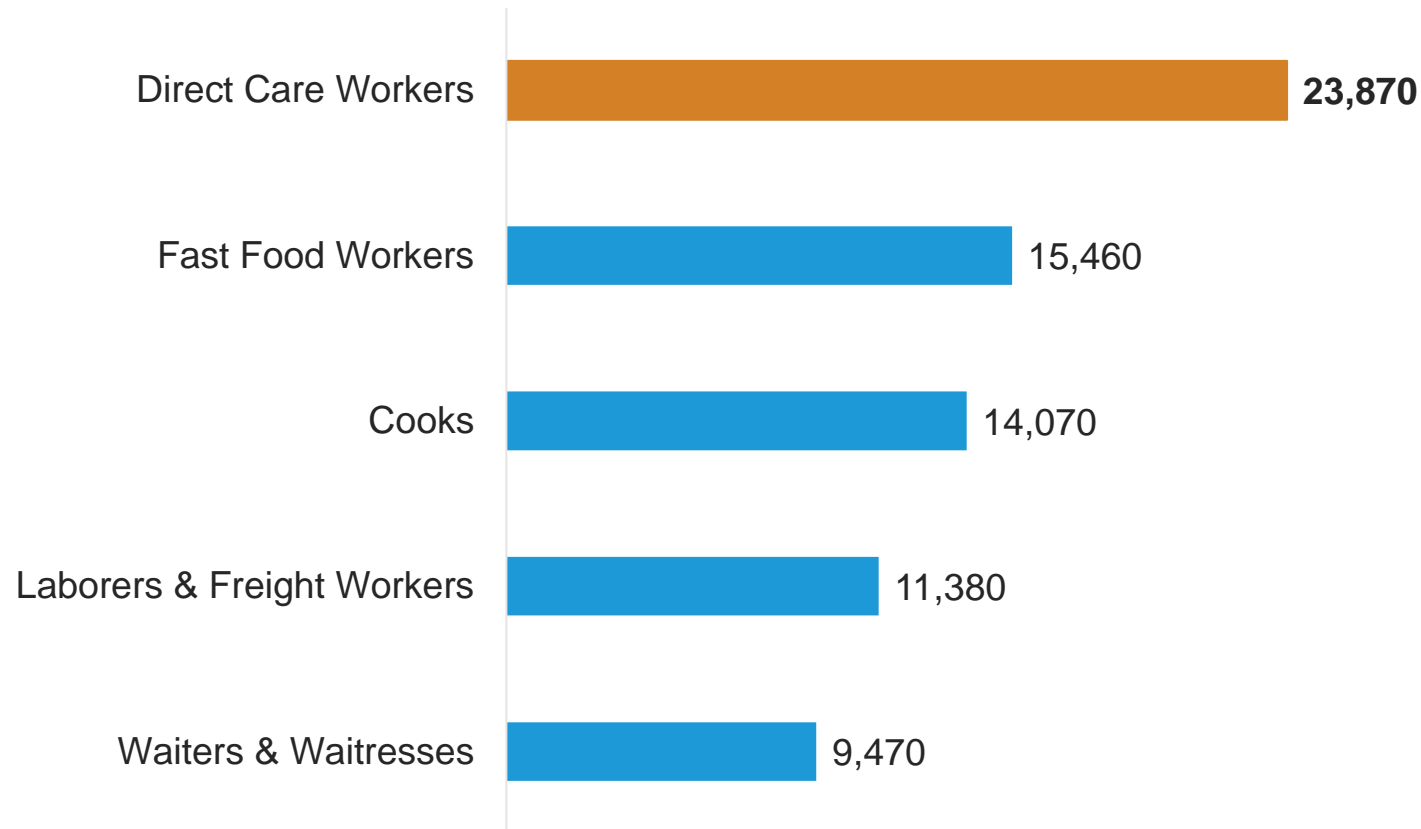


Additional Workforce Challenges

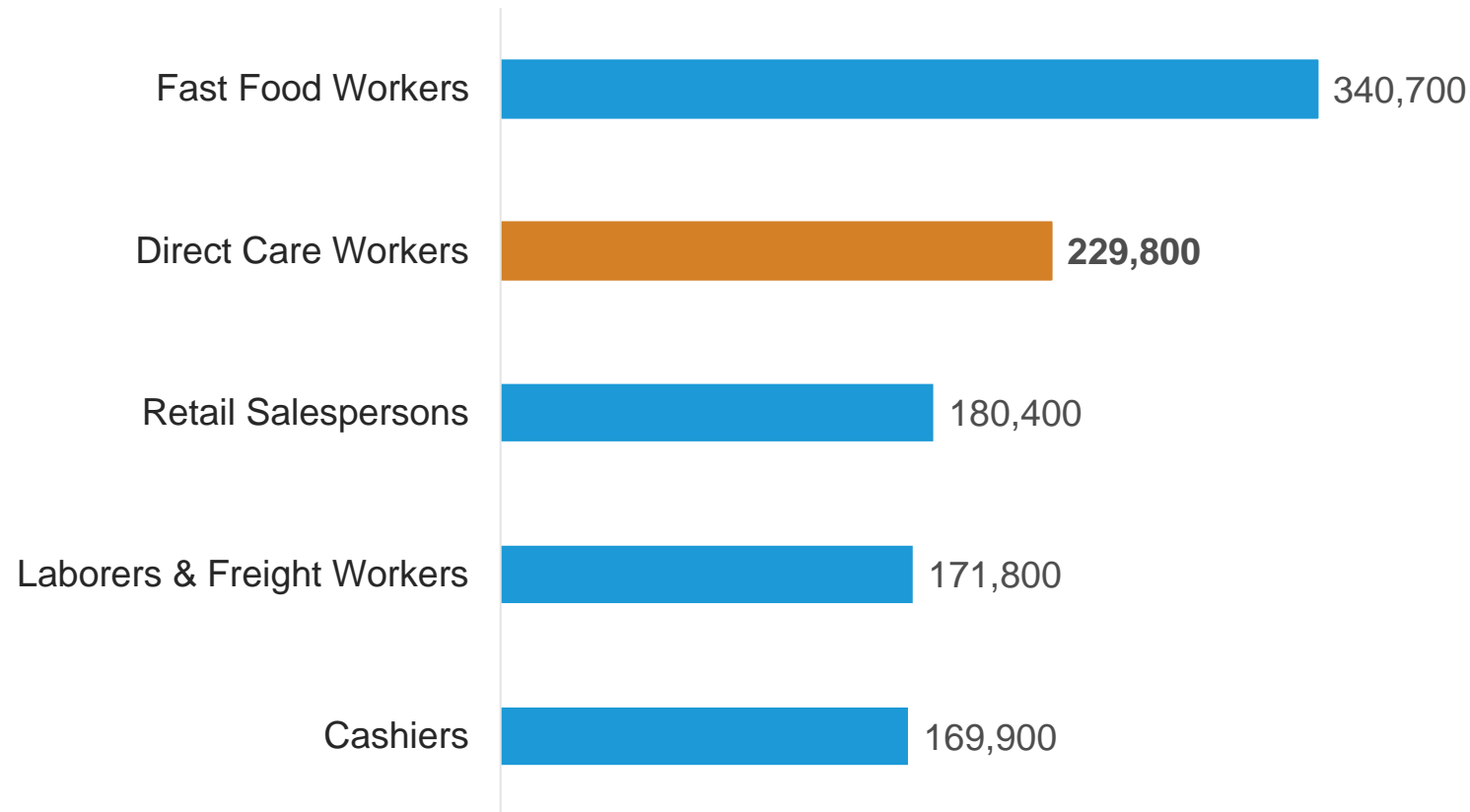
- Limited benefits including health insurance, retirement savings, paid leave
- Disproportionate rates of occupational injury; comparatively poor health and access to care
- Few recognized career development opportunities, especially within direct care field
- Inadequate support and supervision on the job



From 2020 to 2030, the direct care workforce in Ohio will add nearly 24,000 new jobs.



There will be nearly 230,000 total job openings in direct care in Ohio from 2020 to 2030.



The Workforce Crisis: Evidence from AAA Directors Nationwide



Table 1. AAA Workforce Challenges	
Challenge	Percent (n=178)
Staff feeling overwhelmed or burnt out due to workload	79%
Having strong applicant pools	78%
Offering or maintaining competitive wages	75%
Staffing shortages	74%
Recruiting staff with aging and/or disability expertise	74%
Maintaining appropriate staff workloads/caseloads	67%
Coverage issues due to staff illness or quarantine	53%
High staff turnover/low retention	46%
Recruiting staff with required licenses/professional certifications	46%

Table 2. Contracted Provider Workforce Challenges	
Challenge	Percent (n=178)
Staffing shortages	91%
Offering or maintaining competitive wages	81%
High staff turnover/low retention	80%
Staff feeling overwhelmed or burnt out due to workload	71%
Having strong applicant pools	67%
Providing competitive benefits	61%
Coverage issues due to staff illness or quarantine	60%
Maintaining appropriate staff workloads/caseloads	57%
Recruiting staff with aging and/or disability expertise	53%

Source:
https://www.usaging.org/Files/Workforce-Issues_508.pdf

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Table 4. Impact of Workforce Challenges on AAA Services

Type of Service	Of AAAs who offer this service:	
	% at Least Some Impact on Service	% Major Impact on Service
Personal assistance/personal care	98%	69%
Respite care	97%	59%
Home health	96%	57%
Homemaker	93%	58%
Senior center programming and operations	92%	48%
Adult day service	90%	34%
Transportation	90%	44%
Chore services	89%	41%
Caregiver services	87%	34%
Case management	86%	23%
Congregate meals	83%	47%
Evidence-based programs	82%	36%
Home-delivered meals	75%	23%

Source:
https://www.usaging.org/Files/Workforce-Issues_508.pdf

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Policy Solutions to the Workforce Crisis

The Evolving Federal Policy Landscape for Home and Community-Based Services (HCBS)

- **American Jobs Plan/ Better Care, Better Jobs Act/ Build Back Better** – \$400 billion investment in HCBS system, including quality jobs for home care workers (down to \$150 billion, then stalled)
- **The American Rescue Plan Act (ARPA)** – temporary 10-percentage point increase in federal match for HCBS (through March 31, 2025)
 - 48 state HCBS spending plans include investments in direct care workforce initiatives, from wage increases to enhanced training to research (~\$10 billion in spending)
 - How will investments be sustained when the funding ends?





American Rescue Plan Act

Home and Community Based Services Spending
Narrative and Projection

HCBS Workforce Development Strategic Fund

\$212M
Total Investment

\$212M
HCBS Allocation

System Supports for HCBS Workforce

\$18M
Total Investment

\$9M
HCBS Allocation

Source:
<https://medicaid.ohio.gov/static/Stakeholders%2C+Partners/initiatives/HCBS+Spending+Narrative.pdf>



Join us in Tackling Ohio's Direct Care Workforce Shortage

<https://content.govdelivery.com/accounts/OHMEDICAID/bulletins/32178f4>



Department of
Aging

2023-2026 State Plan on Aging



October 2022



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Outcome 12: Improve Home Care Workforce Capacity and Caregiver Supports

Objective 12.1

Increase the number of personal care and home health aides, per 1,000 adults, age 65 and older, with a disability from 149 (2018) to 224 (2029). (Data source: ACS via America's Health Rankings).

Objective 12.2

Increase Ohio's score out of 17 on policies that support working caregivers (e.g., state policies that exceed federal Family and Medical Leave Act, paid family leave, mandatory paid sick days, unemployment insurance for family caregivers, and policies that protect family caregivers from employment discrimination) (monitor only; target not set at this time). (Data source: AARP Long Term Services and Supports State Scorecard).

Priority Populations

Older Ohioans: who live alone | who live in rural or Appalachian regions | with low income | who are people of color.

Direct care workforce investment, training, and job design including recommendations from PHI's [Caring for the Future: The Power and Potential of America's Direct Care Workforce](#) report

- Youth-focused education and training programs, such as [secondary CTE](#), [career academies](#) and [summer work experience programs](#)
- Adult education programs, such as [postsecondary CTE](#) and [GED certificate programs](#)
- Direct care workforce training programs, such as [subsidized employment programs*](#), [sector-based workforce initiatives](#) and [career pathways/ apprenticeships*](#)
- Consistent core competencies for direct care workforce training, such as the [Community Support Skill Standards: Tools for Managing Change and Achieving Outcomes](#), [CMS Direct Service Workforce Core Competencies](#), or the [PHI Competencies for Direct Care Workers](#)
- Improved [working conditions](#) for direct care workers, such as improving supervisory skills and empowering direct care workers with respect and recognition*



FEDERAL POLICY PRIORITIES FOR THE DIRECT CARE WORKFORCE



<https://www.phinational.org/policy-research/reports-multimedia/>



01

Reform long-term care financing.



Direct Care Workforce Funding Initiative

State: Wisconsin

Additional Information:
tinyurl.com/widcwfund

 **01** Reform long-term care financing.

 **02** Increase compensation for direct care workers.



Direct Care Worker Wage Increase

State: Michigan

Additional Information:
tinyurl.com/mihazpay



01

Reform long-term care financing.



02

Increase compensation for direct care workers.



03

Strengthen training standards and delivery systems.



Quality Improvement in Long-Term Services and Supports (QuILTSS)

State: Tennessee

Additional Information:
quiltss.org/

Career & Education Pathway

The
QuILTSS
Institute



Level of Mastery	Levels of Mastery	Education Pathway	Career Pathway	Definition
Emerging		High School/GED		
		Pre- and Early-Service Training	Direct Service Worker	Level 1 mastery of all 12 competencies. Foundational knowledge of key practices is developing. S/he is able to perform job tasks to minimum acceptable standards with consistent prompting to complete tasks for given role.
		QuILTSS Badges 1-4	Community Support Specialist Level I	
Community Support Specialist		QuILTSS Badges 5-8	Community Support Specialist Level II	Level 2 mastery of all 12 competencies. Foundational knowledge of key practices is present. S/he is able to consistently perform job tasks to acceptable standards across a variety of contexts and requires few prompts to complete tasks for given role.
		QuILTSS Badges 9-12 Full QuILTSS Credential	Community Support Specialist Level III	
Supervisor		Certificate in LTSS	Community Support Specialist III; Administrator; Team Lead	Level 3 mastery of all 12 competencies. Foundational knowledge of key practices is secure. S/he is able to consistently and independently perform job tasks to acceptable standards across a variety of contexts to complete tasks for given role. S/he regularly supports others in successfully performing job tasks for his/her respective role.
		Associate Degree		
Leader		Bachelor of Arts/Bachelor of Science Degree		Level 4 mastery of all 12 competencies. Consistently and fairly measures performance of others while providing feedback based on the acceptable standards across a variety of contexts regarding completed tasks for given roles of others. S/he motivates and leads the organization by establishing strategic goals and metrics for appropriate outcomes, accomplishments, and results with a willingness to change or consider new opportunities. S/he effectively communicates organization-wide initiative(s) and integrates behaviors, needed resources, and creative solutions to support it.
		Master's/Doctoral Degree	Territory Manager; Company Owner and Director; Director of Nursing	

<https://quiltss.org/pathways/>



01

Reform long-term care financing.



02

Increase compensation for direct care workers.



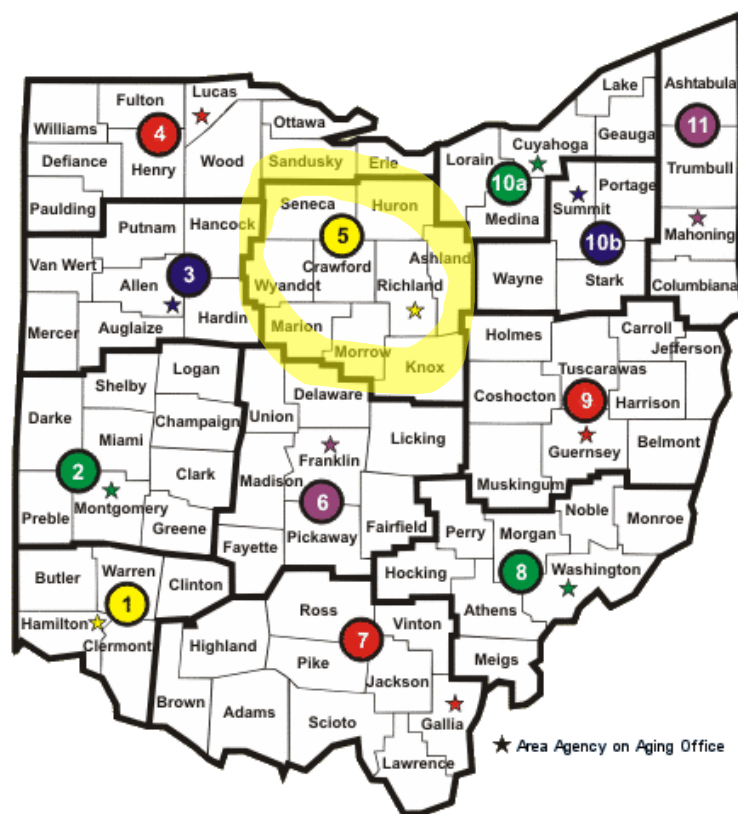
03

Strengthen training standards and delivery systems.



04

Fund, implement, and evaluate workforce interventions.



Community Care Specialist Position

State: Ohio

Additional Information:

https://www.usaging.org/Files/Workforce-Issues_508.pdf



01

Reform long-term care financing.



02

Increase compensation for direct care workers.



03

Strengthen training standards and delivery systems.



04

Fund, implement, and evaluate workforce interventions.



05

Improve data collection and monitoring.



Recruitment, Retention, and Benefits Data

State: Texas

Additional Information:
tinyurl.com/txdcwdata

Best Practices in Recruiting and Retaining Direct Care Workers

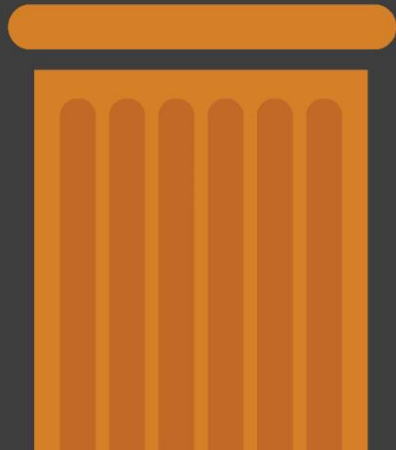
THE 5 PILLARS OF DIRECT CARE JOB QUALITY



QUALITY
TRAINING



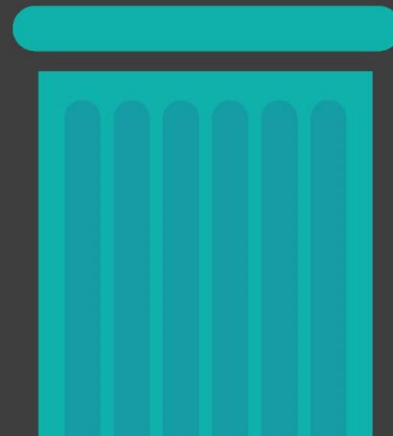
FAIR
COMPENSATION



QUALITY
SUPERVISION
& SUPPORT



RESPECT &
RECOGNITION



REAL
OPPORTUNITY





QUALITY TRAINING

A quality direct care job should ensure that workers acquire the skills, knowledge, and confidence to succeed in their complex roles.

Promote quality training by...

- Asking direct care workers about their training needs
- Engaging direct care workers as trainers





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“Every month, Transitions LifeCare conducts in-service trainings for us on different topics, and they provide a very good multi-cultural conference each year. In hospice, **we see patients from many different cultures, and this training helps staff learn about and become sensitive to other cultures** so they can have a better understanding when providing care. For example, I am Muslim and from West Africa, so I participate on a panel and present on my culture so aides can learn what to expect if they happen to have a Muslim patient.”

MUSA MANNEH

Certified Nursing Assistant
Raleigh, NC

Source: <https://phinational.org/worker-stories/>





FAIR COMPENSATION

A quality direct care job should enable workers to achieve economic stability, safeguard their health, and plan for the future.

Promote fair compensation by...

- Asking direct care workers about preferred benefits
- Introducing new or non-traditional benefits





QUALITY SUPERVISION AND SUPPORT

A quality direct care job should offer workers the support and supervision they need to work safely and effectively.

Promote quality supervision and support by...

- Training and supporting supervisors to succeed
- Developing targeted supports for different segments of the workforce





“At the Villas, we don’t have supervisors; we have coaches. Coaches are there for us if we need any assistance or help with certain elders. **They listen and encourage us and give support.** Even our head boss, he shows a lot of respect for us. **Our opinions matter.** I had literally never worked at a job before where our bosses are so understanding or take how we feel into consideration.”

VENECIA BRADLEY

Care Partner

Tallahassee, FL

Source: <https://phinational.org/worker-stories/>



RESPECT AND RECOGNITION

A quality direct care job should honor the expertise, contributions, and diverse life experience of workers.

"If I could make a change, it would be for this field to show more appreciation for what we do, because we are the main backbone of this work. We're the most hands-on with clients and spend more time with them than anyone else."

MICHELLE GODWIN

Certified Nursing Assistant
Killearn Lakes, Tallahassee, FL



Promote respect and recognition by...

- Involving workers in relevant organizational decisions
- Developing formal recognition programs



REAL OPPORTUNITY

A quality direct care job should invest in workers' learning, development, and career advancement.

Promote real opportunity by...

- Creating advanced roles
- Sharing lessons learned and best practices

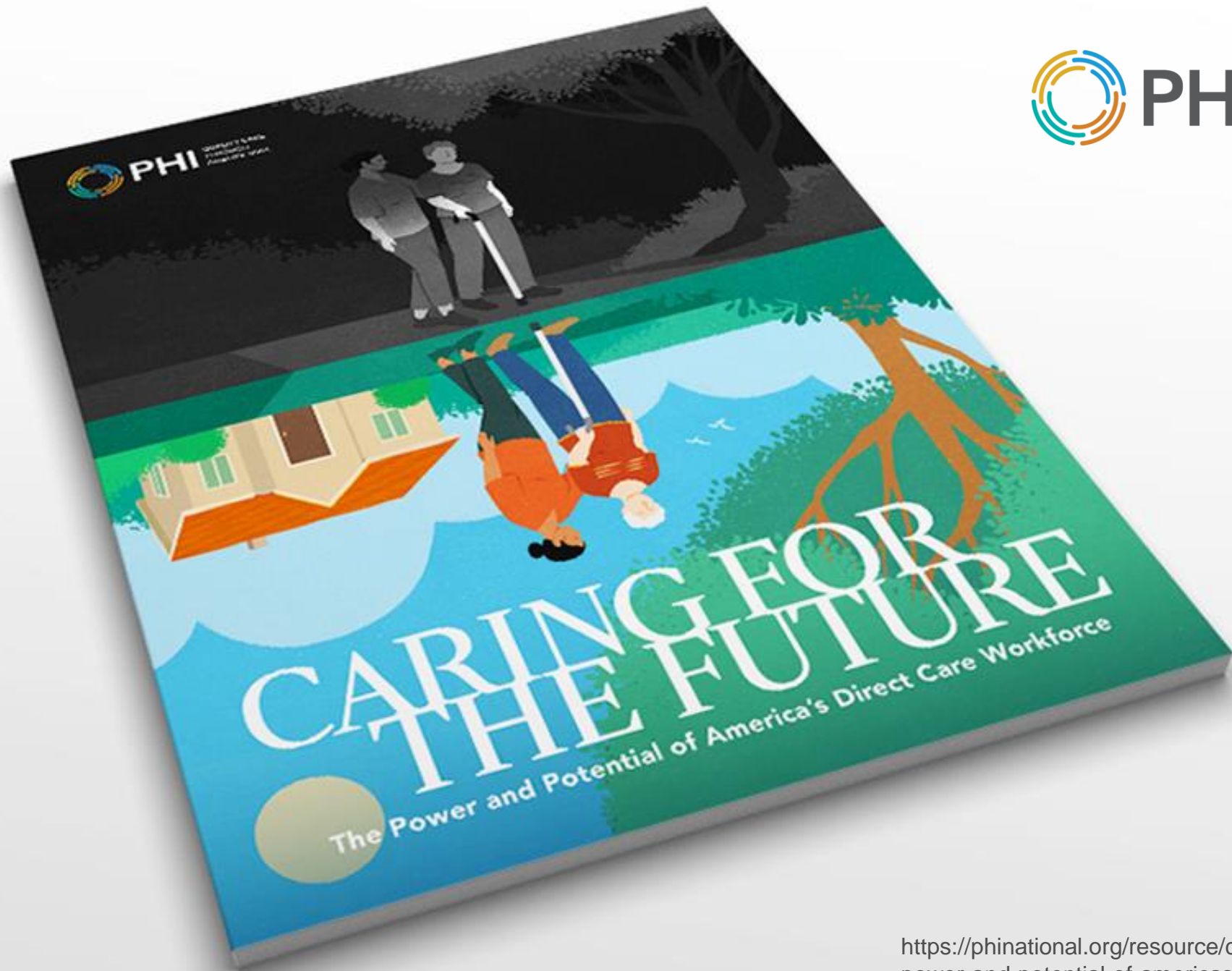
“Working in these advanced roles has given me a lot of confidence in what I do. I feel good about being able to help more clients, more workers, and more family members in this way. I continue to learn, which is also good for me.”

MARISOL RIVERA

Care Coordinator at
Cooperative Home Care
Associates, Bronx, NY



Questions and Reactions



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- Join our online community on Facebook, Twitter, and LinkedIn (@PHInational)



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.



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