



## WHY IS THERE A SHORTAGE OF HOME HEALTH AIDES (HHAs) AND OTHER DIRECT CARE WORKERS<sup>1</sup> IN D.C.?

### WHAT CAN BE DONE?

#### I. NEED OUTSTRIPS SUPPLY:

- **The Need:**

- An estimated 36,000 D.C. residents have difficulty with self-care and/or with living independently.
- Of these, 19,500 are persons 18 to 64 who need temporary or permanent care.
- 16,700 are 65 and over and unable to live independently without support. These numbers are projected to increase by 10% every five years.

- **The Paid Caregiver Supply:**

Bureau of Labor Statistics (BLS) data report approximately 11,500 certified home health aides (HHAs) and personal care attendants (PCA) in D.C., most working in private homes and placed by agencies (2018).

Another 3,800 are certified nursing assistants (CNA), most of whom work in skilled nursing or assisted living facilities.

- **The Need and Supply Imbalance:**

The ratio of residents needing homecare support in D.C. to available caregivers is 3 to 1, a ratio predicted to worsen if current demographic and workforce trends continue.<sup>2</sup> Many clients need more than one aide.

A recent survey<sup>3</sup> by DC Appleseed and the DC Long Term Care Coalition<sup>4</sup> of 21 managers of homecare agencies finds 20 out of 21 concerned that they will not be able

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<sup>1</sup> "Direct Care Workers" include Home Health Aides, Personal Care Aides, Certified Nursing Assistants, Direct Support Professionals, Trained Medication Aides, Nursing Assistants, Patient Care Technicians and Dialysis Technicians.

<sup>2</sup> Data based on Industrial Cooperative Association Group (ICA) formula utilizing BLS and Census sources.

<sup>3</sup> <https://www.delongtermcare.org/workforce/>

to hire enough aides for their clients next fall.

Family members or friends have filled the gap in caring for persons unable to hire paid caregivers, with significant strains on time and quality of care as a result.

## II. WORKING CONDITIONS REALITIES:

- **Turnover:** Direct care workers have among the highest turnover rates of any occupation.
- **Health and safety risks:** Direct care workers have among the highest risks of injury and illness of any occupation. These workers are the front-line, hands-on care givers in nursing and private homes. During the pandemic, these workers are at even more risk.
- **Inadequate compensation:** Home healthcare aides and direct care occupations are often inadequately paid and lack benefits. While many workers are devoted to their clients, the reality is that they can make more money with less risk doing other jobs.
- **Certification barriers:** Current rules make it difficult for certified nursing assistants (CNA) and home healthcare aides to work in different care settings, i.e. a home rather than a facility.
- **Limited advancement opportunities:** There are few opportunities for direct care workers to advance their careers.

## III. THE PROBLEM: ABSENCE OF COORDINATED PLANNING AND OVERSIGHT

D.C. has no coherent strategy for workforce development for the direct care arena, and there is no single entity responsible for developing one or ensuring its implementation.

- **Fragmented responsibilities:** There are multiple agencies across District government that have responsibility for some aspect of workforce development, training, working conditions and payment.
- **Absence of recruitment and retention strategy:** There is no coordinated strategy for increasing the number of individuals interested in and qualified to enter the direct care workforce, and no strategy for addressing retention and development of career ladders.
- **Confusing regulatory processes:** D.C.'s regulations governing direct care workers' training, certification, and reimbursement are confusing, overly restrictive,

and difficult to follow because of internal inconsistencies. They can increase costs without improving working conditions or quality of care. This patchwork of regulations does not take into account the reality of who needs to be trained and who is being served, and does not support needed reciprocity possibilities with Maryland and Virginia.

- **Slow updating and implementation:** DC Health has been extremely slow to update regulations and to implement regulations for new programs once approved.
- **Inadequate oversight of agencies' compliance with Fair Labor Standards Act:** Department of Employment Services (DOES) should review licensed home support agencies' employment practices to include overtime pay practices, employee health care, and government mandated benefits.
- **Inadequate training availability:** There are few high-quality affordable training programs; certain needed courses and training programs are not offered at all. Training sites for clinical skills are limited. Oversight of current training programs is weak; some private sector schools continue to operate despite a poor track record of success. Public support for training programs is inadequate for meeting the projected demand for direct care workers. Approved certification exams fail to accommodate the needs of test takers including older adults and immigrants.

#### IV. THE SOLUTIONS

- **Put Someone In Charge:** We recommend the Mayor immediately appoint a single point of authority to develop and oversee the implementation of a multi-agency strategy to address the critical need of increasing the size and quality of the direct care workforce.
- **Include Key Agencies:** The workforce strategy should be developed with the input of key governmental agencies and community stakeholders. Key governmental agencies include but are not limited to: the Deputy Mayor for Health and Human Services; Deputy Mayor for Education; D.C. Health; Board of Nursing; Health Regulation Licensing Administration; Health Care Finance Agency; Department of Aging and Community Living; Department of Employment Services, State Superintendent of Schools, and the Workforce Investment Council.
- **Address Key Issues: The Workforce Strategy should include:**
  - Funding strategies to increase the compensation and improve working conditions for direct care workers and ensure equity across care settings.

- Aligning and streamlining training and certification requirements.
- Recognizing and implementing best practices in recruiting and retention.
- Reducing regulatory barriers and inconsistencies while ensuring needed regulations are promulgated without undue delay.
- Improving access to low or no cost, high quality training programs and ensuring that training programs and examinations meet the needs of trainees and their employers.
- Identifying responsibilities for oversight of home care placement agencies to ensure they are providing meaningful supervision and ongoing training to their employees and comply with Medicaid and labor standards regulations.
- Supporting regional solutions such as eliminating rules that discourage reciprocity.
- Establishing tuition assistance for resident and non- resident direct care workers who serve DC residents.
- Supporting career pathways for direct care workers.
- Identifying best practices leading to employee-owned private placement agencies such as the homecare cooperative model used in both urban and rural settings.

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Coalition on D.C. Longterm Care | <https://www.dclongtermcare.org>

Subgroup on Direct Care Workers