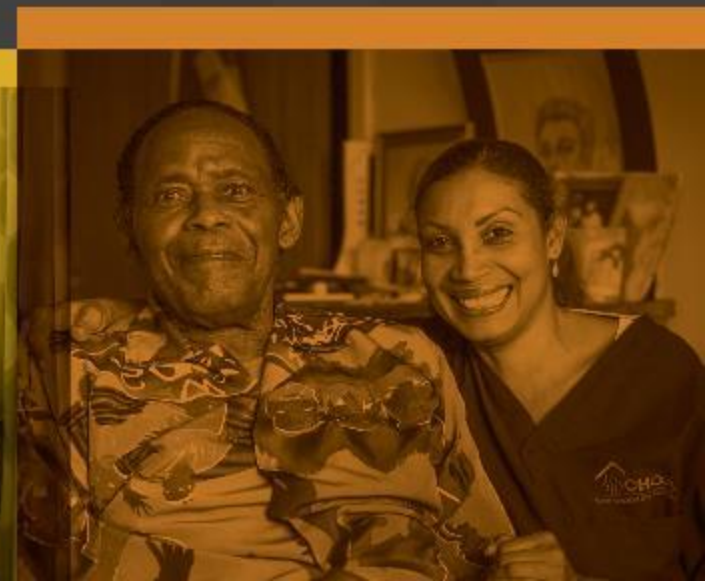# Optimizing Health and Well-Being: A Focus on the Direct Care Workforce in LTSS
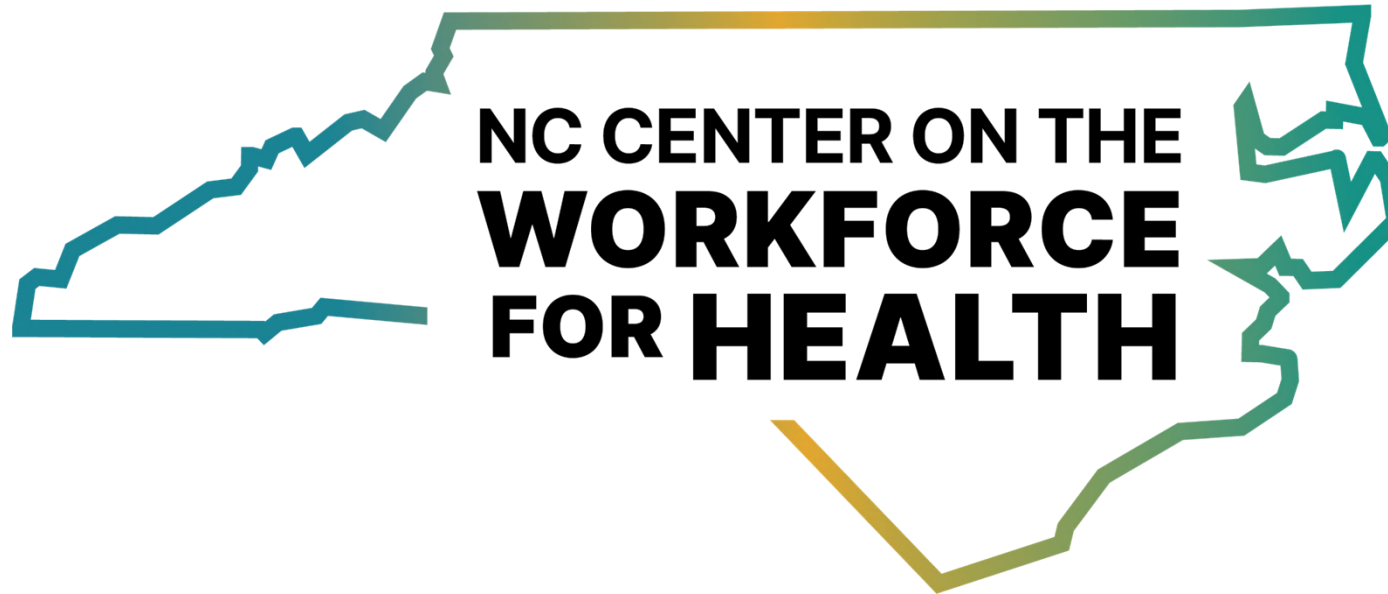
July 23, 2025

Kezia Scales, PhD, Vice President of Research & Evaluation, PHI
Trish Farnham, Caregiving Workforce Analyst, NC Center on the Workforce for Health

PHI | QUALITY CARE THROUGH QUALITY JOBS

NC CENTER ON THE WORKFORCE FOR HEALTH

The NC Center on the Workforce for Health provides a forum for
health employers, personnel, educators, policymakers, and the public to drive strategic action addressing today's workforce crises and
plan ahead for the future.

"In the current healthcare climate, invisibility in data equals invisibility, period."

-Chan et al. An overview and policy implications of national nurse identifier systems: A call for unity and integration. Nursing Outlook. 71(2), March 2023. https://doi.org/10.1016/j.outlook.2022.10.005

Overview of the Direct Care Workforce

An Essential and Rapidly Growing Workforce

- Nationally, 5 million direct care workers support older adults and people with disabilities across settings (2023) – this is the largest occupational group in the U.S.

- More than 861,100 *new* jobs and 8.9 million *total* job openings expected within the next decade (2022-2032)

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

The Direct Care Workforce in NC

- 115,390 direct care workers, including 59,000 PCAs/HHAs and ~56,400 CNAs (2023)

- More than 21,000 *new* jobs and 207,100 *total* job openings expected within the next decade (2022-2032)

"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

Direct Care Employment Realities in NC

- Median hourly wage = $15.52; median annual earnings ≈ $23,500

- More than two in five live in or near poverty (42%); 41% rely on public assistance

- Limited benefits: 16% without health insurance, >1 in 4 rely on Medicaid/Medicare; limited paid leave, retirement savings, etc.

- Disproportionate rates of occupational injury; comparatively poor health status and access to care

- Limited training, few career development opportunities

- Often inadequate support and supervision on the job

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

DIRECT CARE WORKFORCE STATE INDEX RANKINGS

Rank ⌃	State ⌄	Worker Supportive Policies Index ⌄	Direct Care Workforce Economic Index ⌄
51	TEXAS ⟩	48	51
50	MISSISSIPPI ⟩	50	49
49	ALABAMA ⟩	51	43
48	LOUISIANA ⟩	34	50
47	TENNESSEE ⟩	49	36
46	GEORGIA ⟩	40	46
45	SOUTH CAROLINA ⟩	42	45
44	NORTH CAROLINA ⟩	47	37

Source: https://www.phinational.org/state-index-tool/

Building and Strengthening NC's Direct Care Workforce

Health Talent Alliance approach

Partnership between **Center**, **NC Chamber Foundation**, and **NC AHEC** Regions leveraging nationally recognized **Talent Pipeline Management®** framework to:
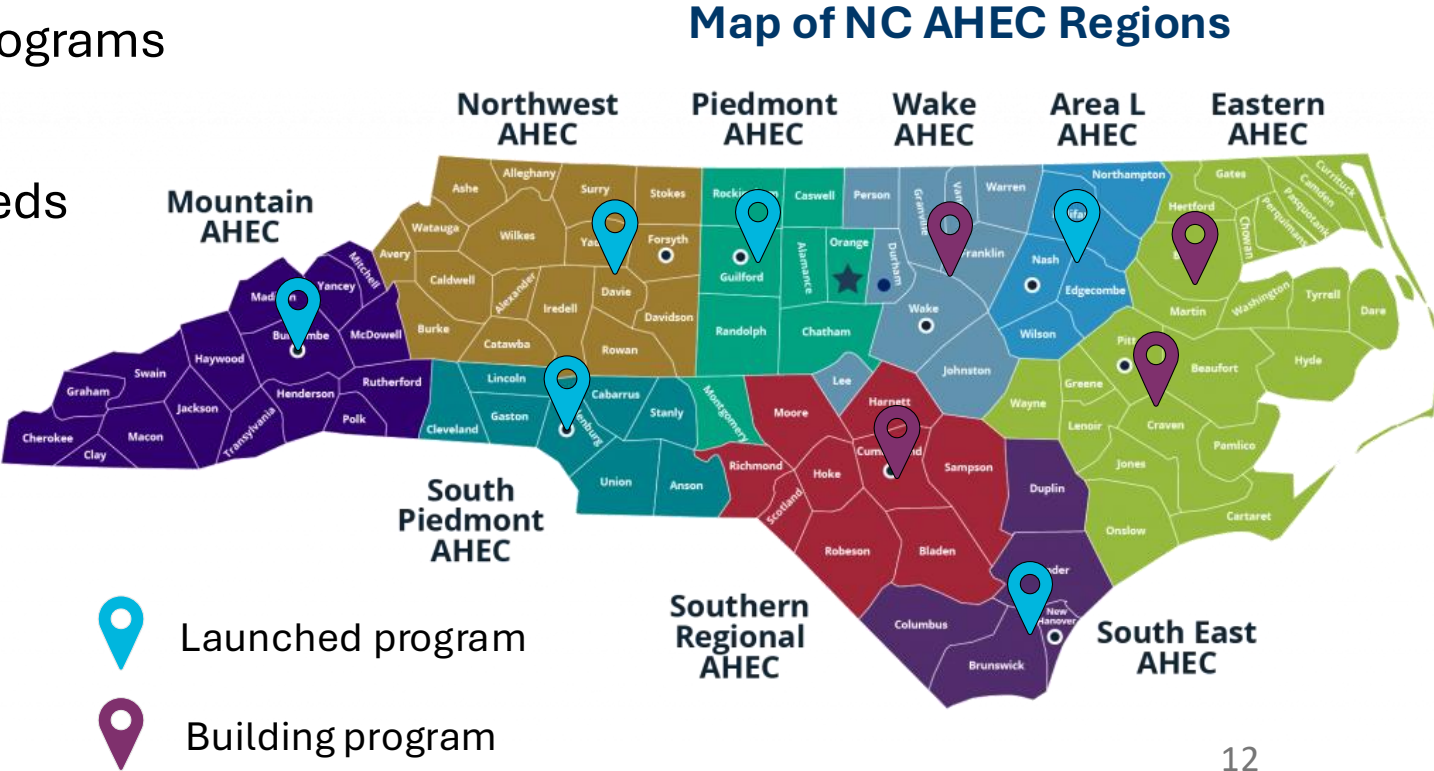
Bring together the right decision-makers from broad mix of health employers and education programs

Use data to identify critical jobs needs

Identify specific actions needed to improve talent recruitment, training, and/or retention programs

Map of NC AHEC Regions

Launched program

Building program
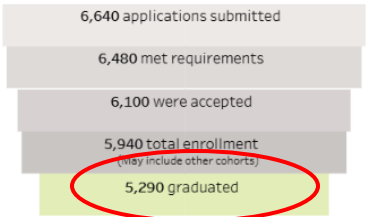
12

NC CENTER ON THE WORKFORCE FOR HEALTH

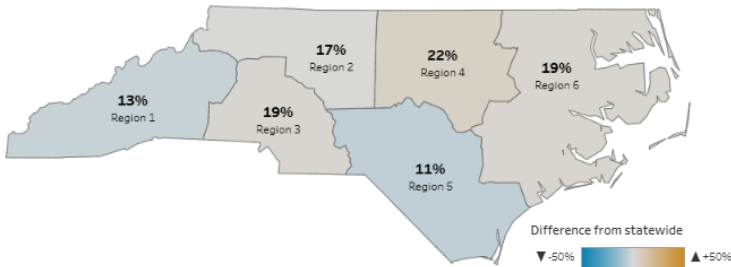## Education Pipeline Challenges of Certified Nurse Assistants (CNAs): Statewide

Data on this tab represent HTA survey responses. Not all NC educational institutions are represented.

35 Schools with CNA programs reported 5,290 graduates in 2023. For RNs and LPNs, license passage rates from the Board of Nursing were linked to responding schools.

Student numbers rounded to nearest 10.

- 6,640 applications submitted
- 6,480 met requirements
- 6,100 were accepted
- 5,940 total enrollment (May include other cohorts)
- 5,290 graduated

Map of the percentage of enrolled students: CNAs
Higher percentages suggests increased supply of CNA graduates.

Region 1: 13%, Region 2: 17%, Region 3: 19%, Region 4: 22%, Region 5: 11%, Region 6: 19%

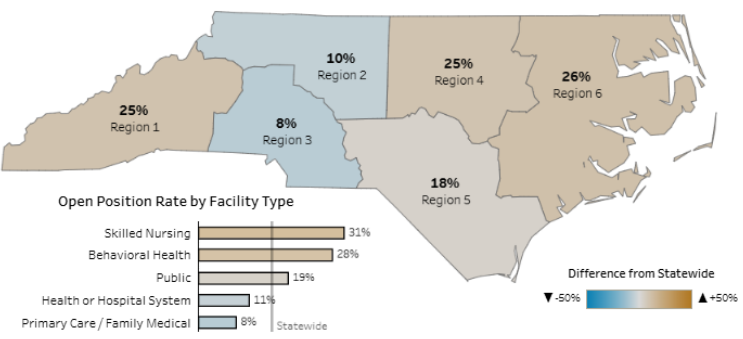Difference from statewide: ▼ -50% to ▲ +50%

Workforce Challenges of Certified Nurse Assistants (CNAs): Statewide

Data on this tab represent HTA employer survey responses to questions on their current and former workforce. Not all NC healthcare employers are represented.

134 employers, representing **19K** CNA positions, reported on the numbers and movement of CNA positions within their organizations.
Two key challenges are the churn rate (turnover) of positions over one year and the percentage of open positions, based on a 2 week timespan.

- 80% Churn rate (turnover)
- 16% of positions are vacant

Map of Open Position Rate: CNAs
Higher open position rates suggest the demand is higher than the supply.

Region 1: 25%, Region 2: 10%, Region 3: 8%, Region 4: 25%, Region 5: 18%, Region 6: 26%

Difference from Statewide: ▼ -50% to ▲ +50%

Open Position Rate by Facility Type

- Skilled Nursing: 31%
- Behavioral Health: 28%
- Public: 19%
- Health or Hospital System: 11%
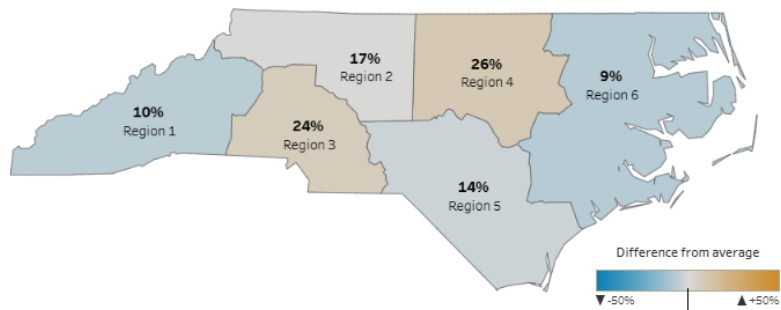- Primary Care / Family Medical: 8%

Statewide

Replacement Demand Estimates of Certified Nurse Assistants (CNAs): Statewide

Data and analyses on this table come from JobsEQ and Chmura Economics. For more detail, go to the Definitions tab.

8,690 CNAs will be needed annually to account for new growth and people permanently leaving the industry or the workforce entirely. This figure differs from total workforce demand. It also differs from the difference between supply and demand. Instead, it accounts for the number of jobs that will need to be replaced due to people leaving the workforce or profession and those due to new growth, as calculated by JobsEQ/Chmura.

- 94% due to separation
- 6% due to growth
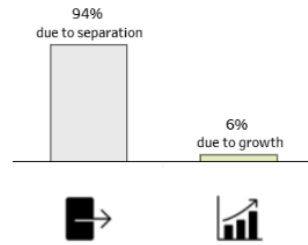
Map of Replacement Demand Statewide
Higher proportions indicate higher numbers of CNAs are needed to fill the gap.

Region 1: 10%, Region 2: 17%, Region 3: 24%, Region 4: 26%, Region 5: 14%, Region 6: 9%

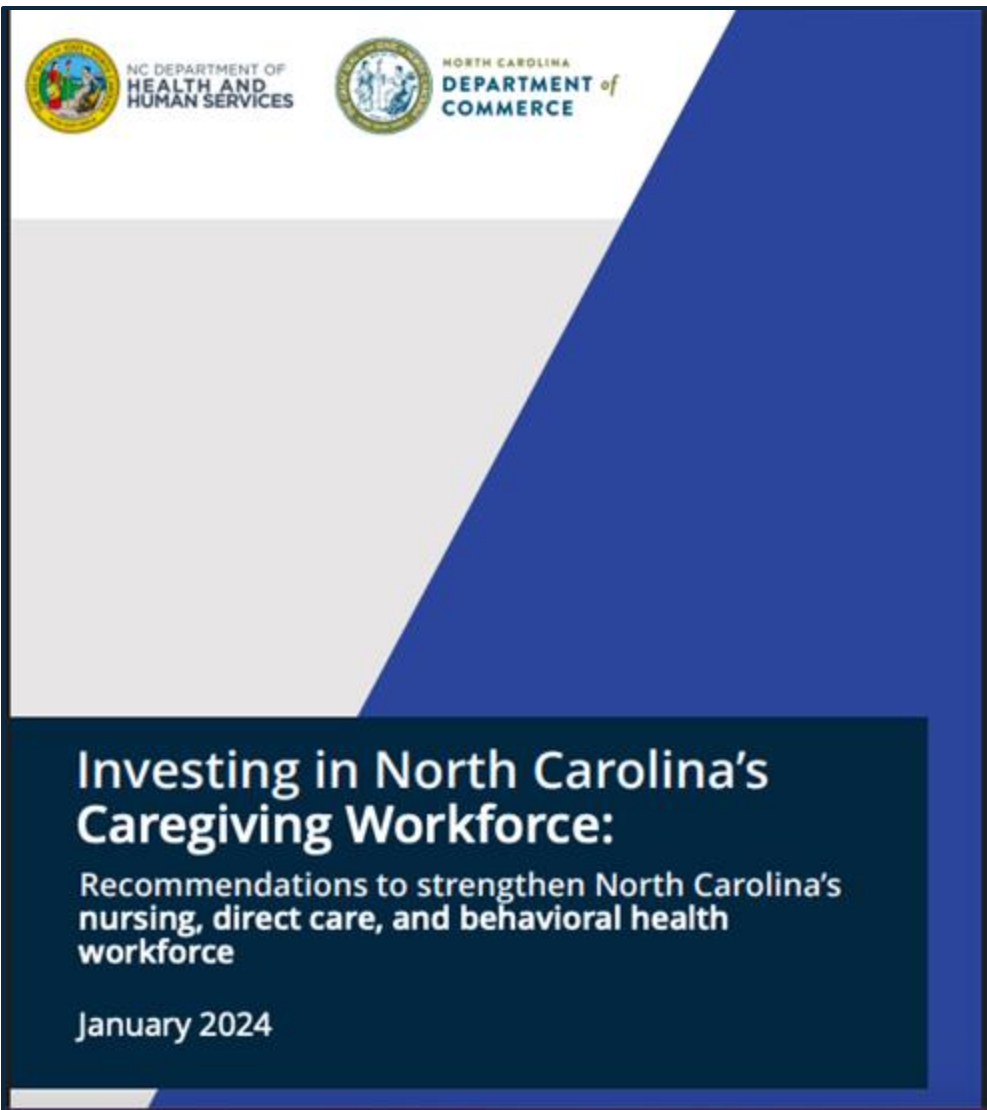Difference from average: ▼ -50% to ▲ +50%

All graphics using 2023 data (reflected in 2024 report) and reflecting Medicaid Managed Care Regions

| # of newly credentialed CNAs | # of open CNA positions | Forecasted replacement demand |

Full data available here: https://workforceforhealth.org/2024-hta-data

NC Caregiving Workforce Strategic Leadership Council Priorities Moving Forward

Nursing

Behavioral Health

Direct Care

14

Advancing a Shared Priority: Rate Analysis Update

DHHS partners with Center to Advance Rate Analysis
Center will hire a vendor to conduct comprehensive analysis of rates, wages, and a durable framework to help rates keep pace to support living wages.
Funded by a mix of DPH and DMHDDSUS funding

State Technical Assistance Opportunity

Investing in North Carolina's Caregiving Workforce:
Recommendations to strengthen North Carolina's nursing, direct care, and behavioral health workforce

January 2024
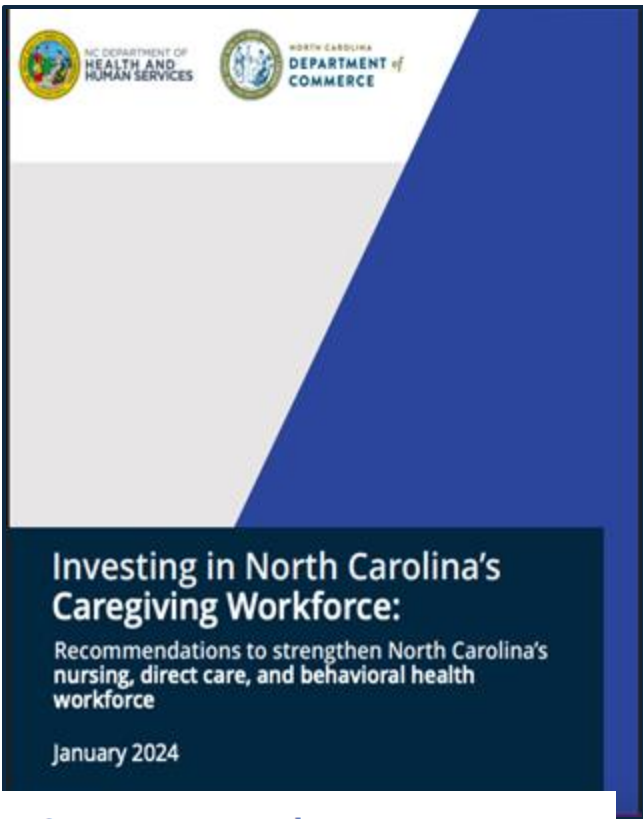
Direct Care | Recommendations

Elevate training and credentialing opportunities for direct care workers.

The NC Department of Health and Human Services requests technical assistance to 1) conceptualize a career lattice framework for NC's direct care workforce; 2) better understand the technical and fiscal infrastructure required to support and recognize a direct care worker's career progression within this framework; 3) identify the policy path forward for implementing the lattice framework; and 4) draft a preliminary implementation workplan. NC DHHS anticipates this TA activity will also inform its concurrent workforce activities, such as a future direct care workforce data strategy and a comprehensive rate analysis.
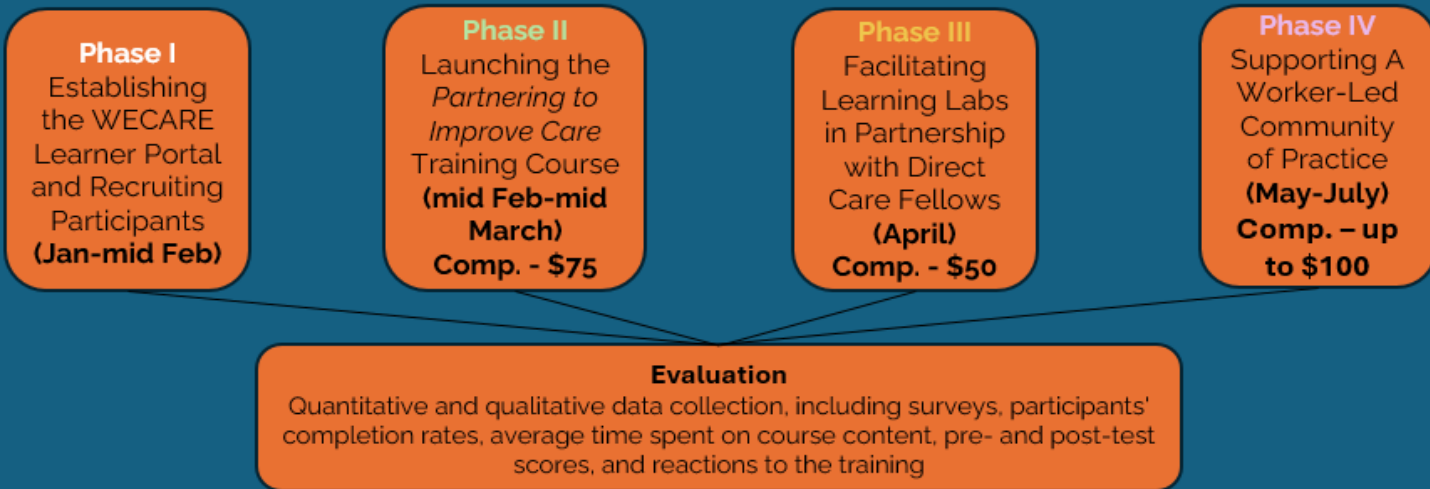
Full *Investing in North Carolina's Caregiving Workforce* report available here: https://www.ncdhhs.gov/investing-north-carolinas-caregiving-workforce-recommendations-strengthen-north-carolinas-nursing/download?attachment

WECARE
Workforce Engagement with Care workers to
Assist, Recognize and Educate

- Duke University
- PHI
- National Domestic Workers Alliance
- UNC Charlotte
- Support from NC Center on the Workforce for Health
- Underwritten by the NC Money Follows the Person Project

PHI X WECARE Training Model

- Collaboration to identify and recruit 50 direct care workers in HCBS to pilot the *Partnering to Improve Care* hybrid training program, which will integrate a web-based, asynchronous course with instructor-led learning labs and a worker-facilitated Community of Practice (CoP)

Phase I
Establishing the WECARE Learner Portal and Recruiting Participants
(Jan-mid Feb)

Phase II
Launching the *Partnering to Improve Care* Training Course
(mid Feb-mid March)
Comp. - $75

Phase III
Facilitating Learning Labs in Partnership with Direct Care Fellows
(April)
Comp. - $50

Phase IV
Supporting A Worker-Led Community of Practice
(May-July)
Comp. – up to $100

Evaluation
Quantitative and qualitative data collection, including surveys, participants' completion rates, average time spent on course content, pre- and post-test scores, and reactions to the training

Thanks to our partners within home care agencies, adult care homes, assisted living communities and Innovations services, nearly 40 direct care/support professionals have participated in a multi-phase pilot of PHI's *Partnering to Improve Care,* designed to elevate competencies and provide support in navigating family dynamics.

Governor's Council on Workforce and Apprenticeships

GOVERNOR'S COUNCIL ON WORKFORCE AND APPRENTICESHIPS

Report on Workforce Development Goals

JUNE 2025

NC works COMMISSION

6. Engage 50,000 employers to partner with the Governor's Council on Workforce and Apprenticeships on achieving its goals.

7. Establish and expand coordinated partnerships between education and workforce agencies and employers to increase alignment of resources to better address current and projected employer needs. Partnerships will result, on an annual basis, in the identification of local industry-valued training across the education continuum, shared planning for educational courses to meet these training needs, and increased use of available federal and state funds to support training in these programs.

8. Create statewide sector-based workforce development strategies for at least three key industries, including, but not limited to, advanced manufacturing, education, and health care.

Complete list of goals here: https://www.commerce.nc.gov/about-us/boards-commissions/ncworks-commission/governors-council-workforce-and-apprenticeships

And That's Not All:
Related work and initiatives both within DHHS and their community partners.
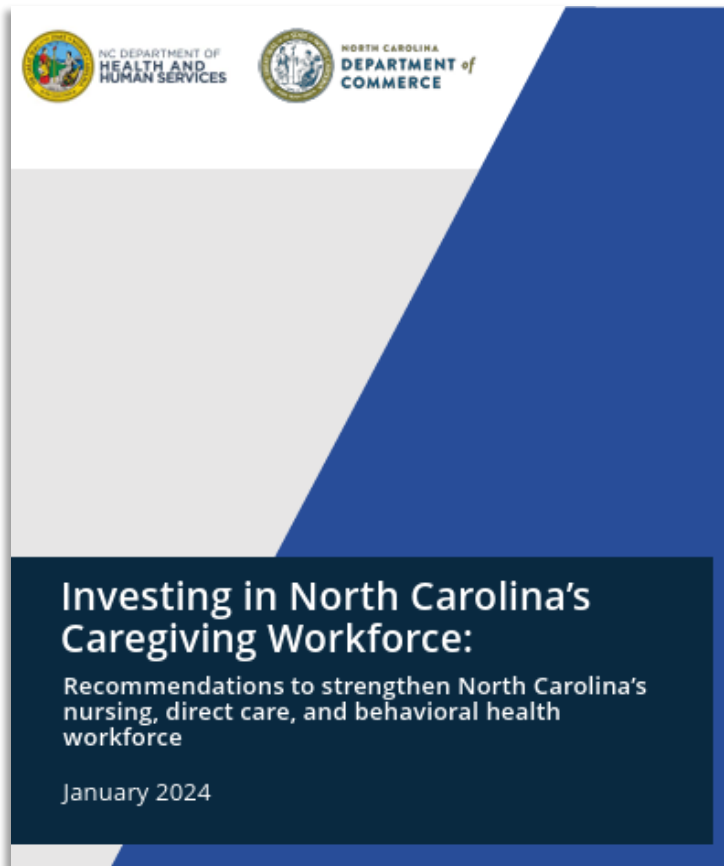
Questions about Any of These Initiatives?

Trish Farnham :)
Trish_Farnham@ncahec.net

Improving Direct Care Workforce Data: Challenges and Opportunities

The Need for Better Workforce Data

Investing in North Carolina's Caregiving Workforce:

Recommendations to strengthen North Carolina's nursing, direct care, and behavioral health workforce

January 2024

Direct Care | Recommendations

INITIATIVE #2: Advance the data landscape for the direct care workforce

CHALLENGE

North Carolina lacks reliable and actionable data surrounding its direct care workforce. To effectively address the numerous challenges impacting the direct care workforce, the state must first amass vital information regarding DCW employers, demographics, compensation, and other relevant information.

A Shared Challenge Across States

- There is widespread agreement across states about the need for direct care workforce data: *"Without better data, there is nothing for us to say, no problems to solve, no recommendations to make."*

- No single workforce data indicator is collected uniformly across states, nor is any state collecting any data points comprehensively across all direct care occupations, programs, or services.
  - *"We've been in meetings, literally where the first step is trying to define the workforce. I think that is a really big barrier for our state."*

- Data need to be sufficiently current to inform workforce planning and interventions: *"The data that you need now, not the data you needed two years ago."*

- There are data sources available and promising practices underway.
  - e.g. national surveys, NCI SOTW, administrative/payer data
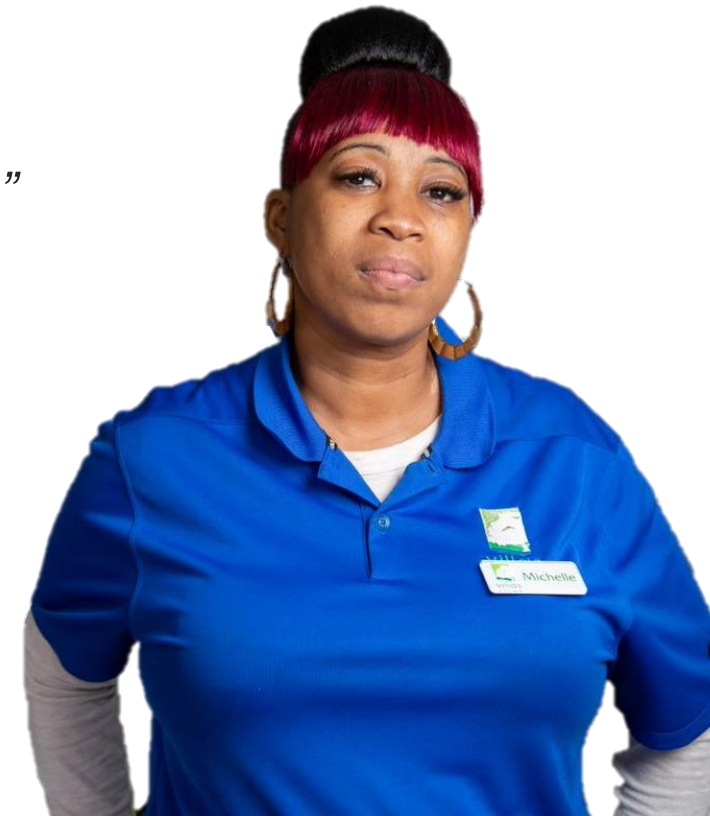
What Data?

SIZE

- Number of workers (e.g., by setting, program, and employment model)
- Full or part-time status

STABILITY

- Turnover
- Retention
- Tenure
- Vacancies

COMPENSATION

- Hourly wages (median, starting, AND scale)
- Benefits (e.g., health insurance, paid leave, retirement)
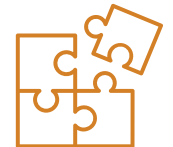- Bonuses

Cross-Cutting Considerations

State funding and capacity

Privacy and security

Disaggregation and disparities

Consumer needs and outcomes

Meaningful engagement

Three Opportunities to Build the Data Landscape (1)

Maximize the collection of comparable workforce data across settings and roles.

Example: The NCI State of the Workforce surveys produce comparable data across aging and disability and I/DD services; a set of states are now implementing both.

Sources: https://idd.nationalcoreindicators.org/staff-providers/; https://nci-ad.org/sotw-ad/

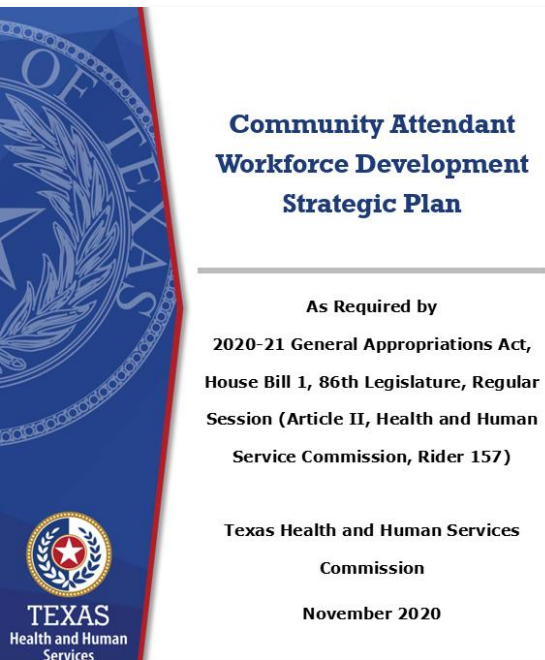# Three Opportunities to Build the Data Landscape (2)

Build data collection into contracts with providers, managed care organizations, and vendors.

Example: As part of their workforce data collection and workforce development contracting requirements with the Arizona Health Care Cost Containment System (AZ's Medicaid agency), AZ MCOs commissioned a large-scale survey of direct care workers.

Source: https://www.phinational.org/resource/insights-from-the-frontline-results-of-a-statewide-survey-of-paid-caregivers-in-arizona/

Three Opportunities to Build the Data Landscape (2), continued

Example: Texas Health and Human Services collected a range of direct care workforce indicators through LTSS cost reports and billing data, summarizing the findings in a strategic plan (see pages 17-22). HHS conducted a direct care worker survey as a follow-up step.

Sources: https://www.hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2020/rider-157-ca-workforce-dev-strat-plan-nov-2020.pdf; https://www.hhs.texas.gov/sites/default/files/documents/community-attendant-survey-report-2023.pdf

Three Opportunities to Build the Data Landscape (3)

Develop systems to monitor, analyze, and report workforce data over time.

Example: The Institute on Community Integration (ICI) at the University of Minnesota created the SupportWise Data web-based tool for uploading, tracking, and comparing workforce metrics. Rhode Island implemented it with 100% provider participation.

Sources: https://ici.umn.edu/products/-Ibb3o-EQb-BhGAHTFH8Tg; https://www.rilegislature.gov/Special/rcc/REC202405/BHDDH-SupportWise%20Workforce%20Data%20Summary%20v2-28-2024_acc.pdf
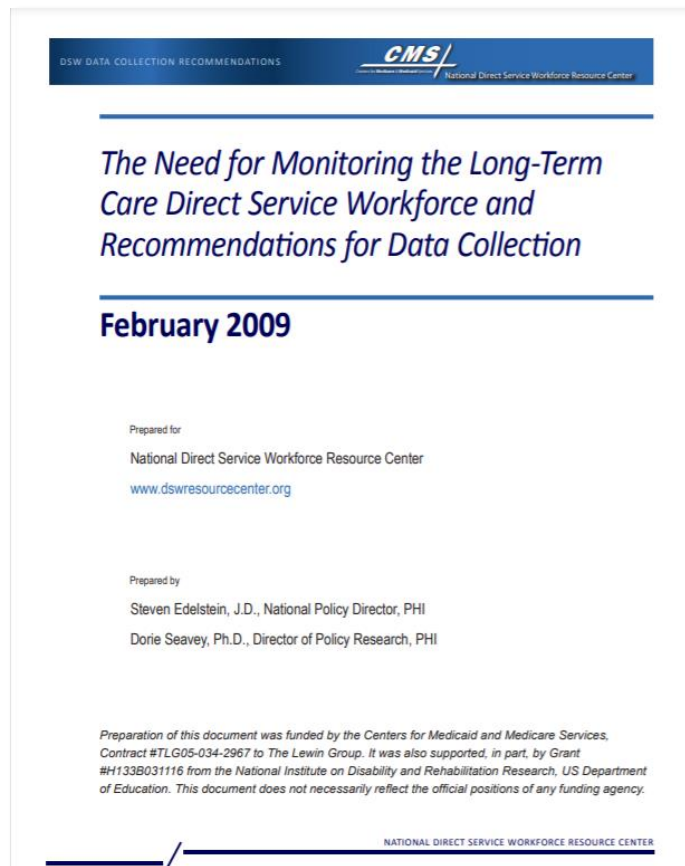
Three Opportunities to Build the Data Landscape (3), continued
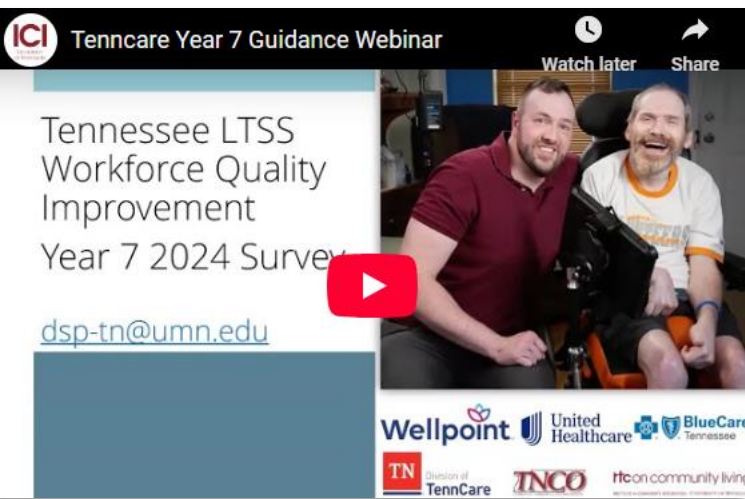
Example: Through contracting requirements with the Division of TennCare and in partnership with ICI, MCOs in Tennessee have administered an annual workforce survey since 2018. The longitudinal results have informed workforce investments and evaluations.
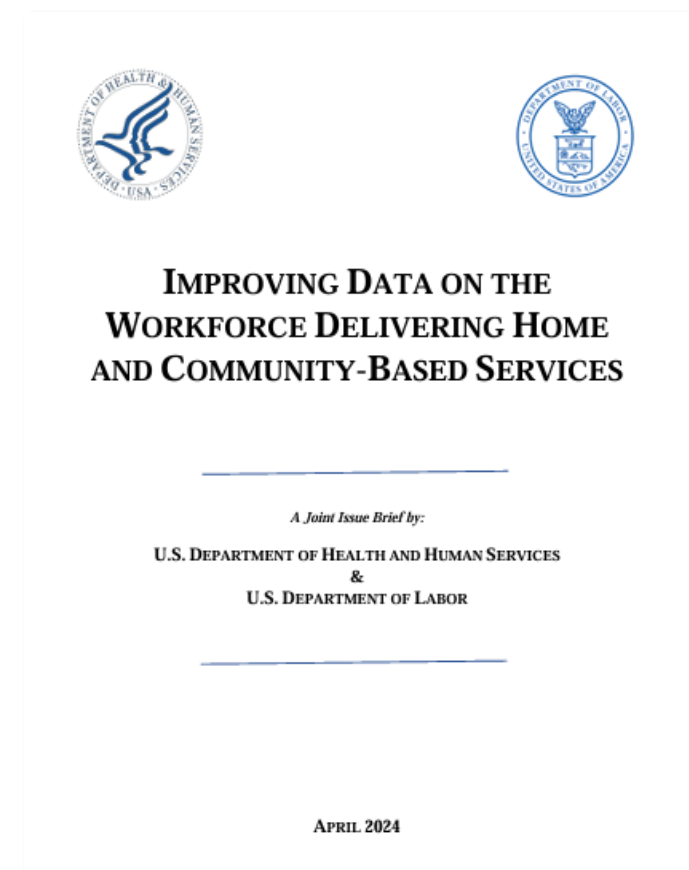
Source: https://tenncare.ici.umn.edu/

The Need for Monitoring the Long-Term Care Direct Service Workforce and Recommendations for Data Collection

https://www.phinational.org/resource/the-need-for-monitoring-the-long-term-care-direct-service-workforce-and-recommendations-for-data-collection-2/

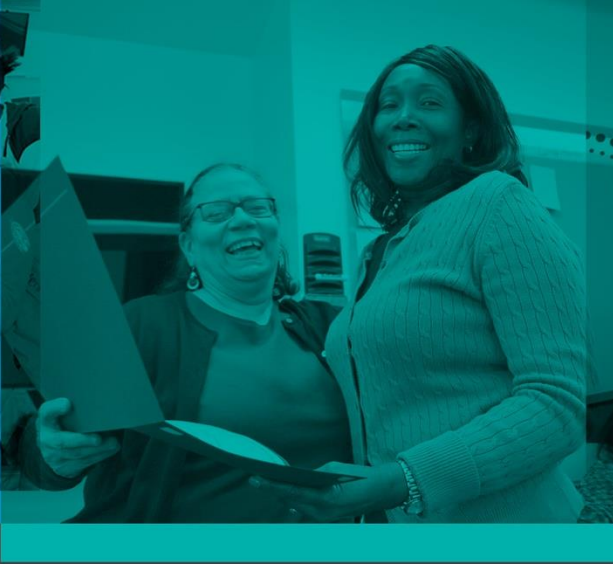Measuring and Monitoring the Adequacy of the Direct-Care Workforce and Impacts on Unmet Need: Landscape Scan of Data Sources and Opportunities for Future Research

Authors: Christina Wu, Grace Hong, and Mary Kaschak

https://heller.brandeis.edu/community-living-policy/research-policy/pdfs/briefs/measuring-and-monitoring-adequacy-of-the-dcw.pdf

IMPROVING DATA ON THE WORKFORCE DELIVERING HOME AND COMMUNITY-BASED SERVICES

https://acl.gov/sites/default/files/Direct%20Workforce/improving-hcbs-workforce-data-issue-brief.pdf

Direct Care Workforce Data Resources

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https://workforceforhealth.org/

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