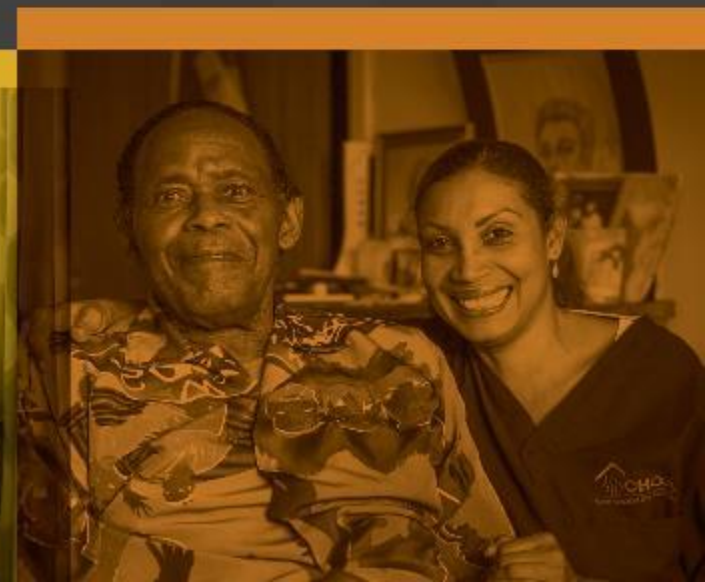


Strengthening and Stabilizing the Direct Care Workforce in Oregon

Kezia Scales, PhD, Senior Director of Policy Research



Who are direct care workers?

- Personal care aides, home health aides, and nursing assistants, per the Standard Occupational Classification system (Bureau of Labor Statistics)
- Provide essential daily care to older adults and people with disabilities across long-term services and supports (LTSS) and other settings, including in private homes, community settings, residential care, and nursing homes:
 - Assistance with personal care and daily activities; independent living supports; clinical care under supervision of licensed professional (depending on role and setting)
- In Oregon: this workforce includes 47,850 personal support workers, homecare workers, and personal care attendants (consumer-employed), agency-employed home care aides, direct support professionals, residential care aides (and variations), and certified nursing assistants (CNA1 and CNA2)



Our approach

1. Direct care workforce analyses

- Aim: Quantify and describe the direct care workforce in Oregon, including demographic characteristics, wages and other economic indicators, current size and projected demand
- Methods: Descriptive analysis of data from the Bureau of Labor Statistics's Occupational Employment and Wage Statistics Program, Projections Central, the U.S. Census Bureau's American Community Survey, and the O*NET Program

2. Policy scan

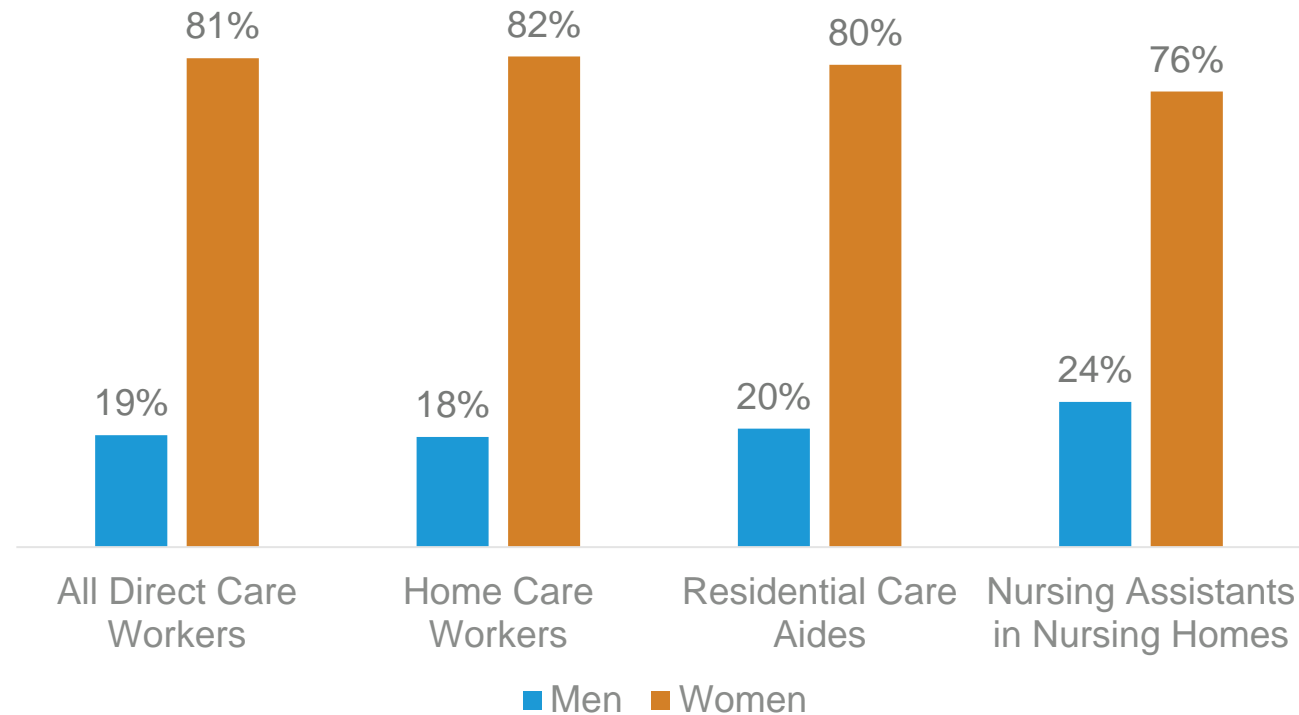
- Aim: Identify direct care workforce policies and programs that have been implemented in Oregon in the past five years (guided by PHI's [State Policy Strategies](#) framework)
- Methods: Online research, document review, outreach to experts

3. Research synthesis and recommendations

- Synthesize the findings from the workforce analyses and policy scan to inform recommendations to strengthen direct care workforce recruitment and retention in Oregon

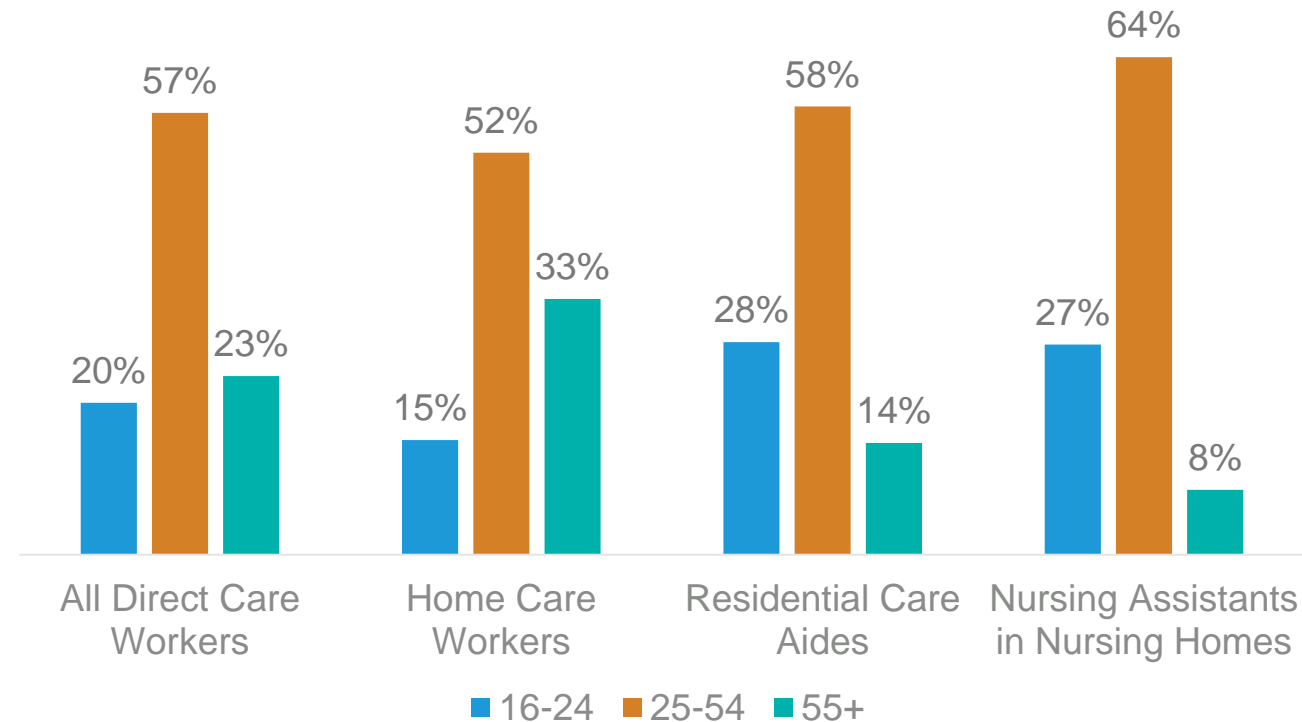
The State of the Direct Care Workforce in Oregon: Strengths and Challenges

Eighty-one percent of direct care workers in Oregon are women.



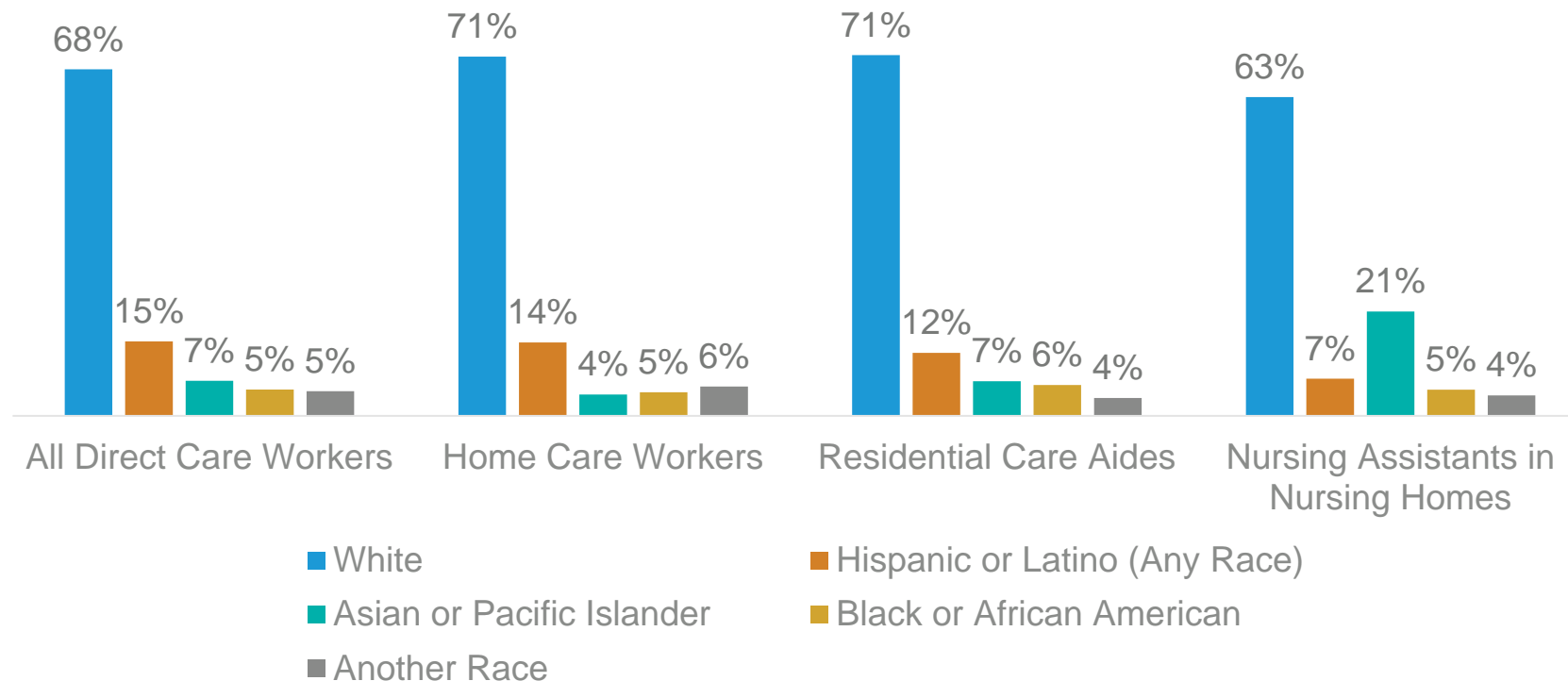
Source: Ruggles, Steven, Sarah Flood, Ronald Goeken, Megan Schouweiler, and Matthew Sobek. 2022. *IPUMS USA: Version 12.0*. <https://doi.org/10.18128/D010.V12.0>; analysis by PHI (September 2022).

Nearly one in four direct care workers in Oregon are age 55 and over.



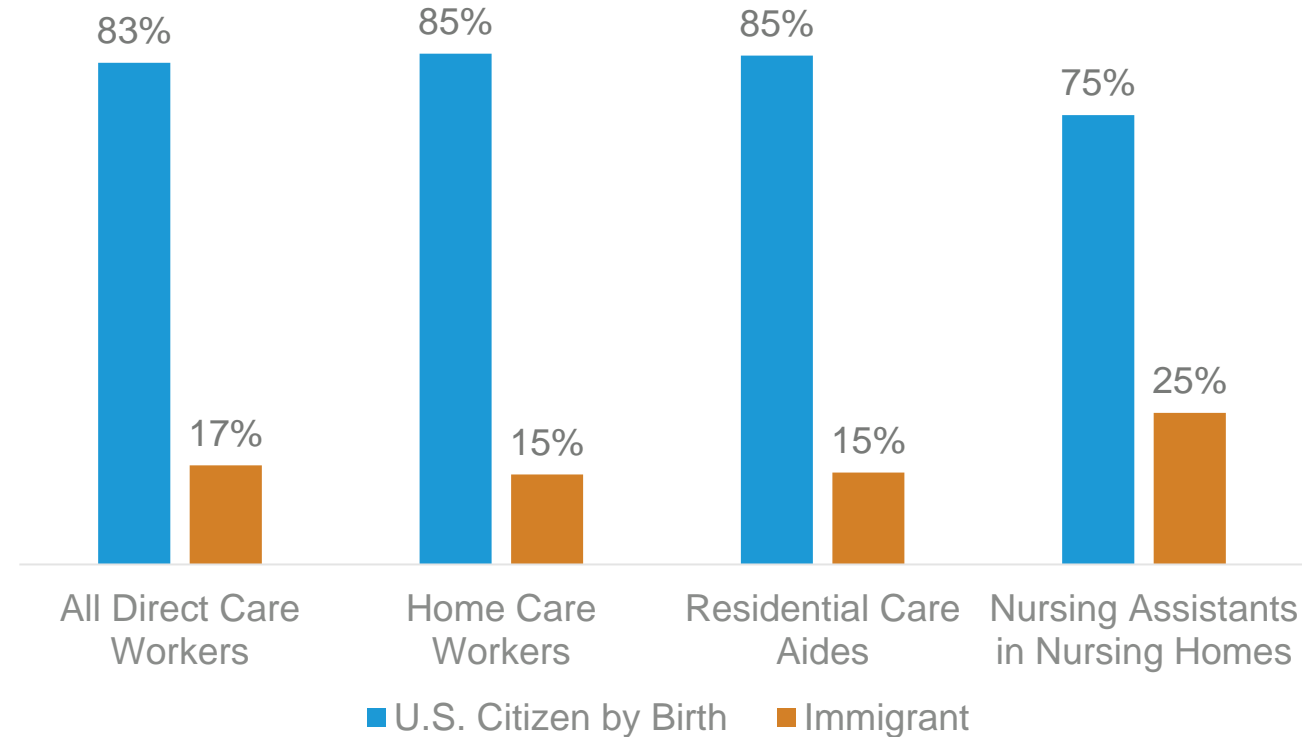
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One in three direct care workers in Oregon are people of color.



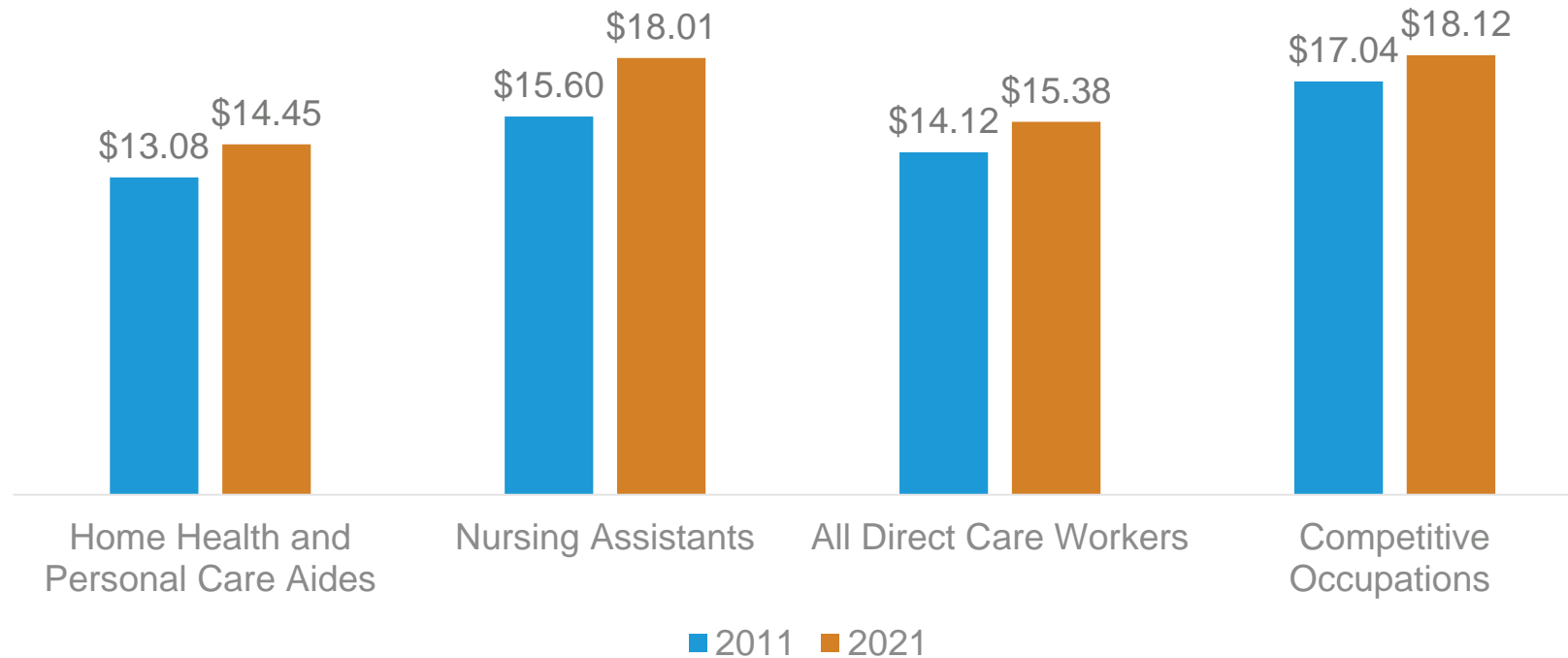
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One in six direct care workers in Oregon are immigrants.



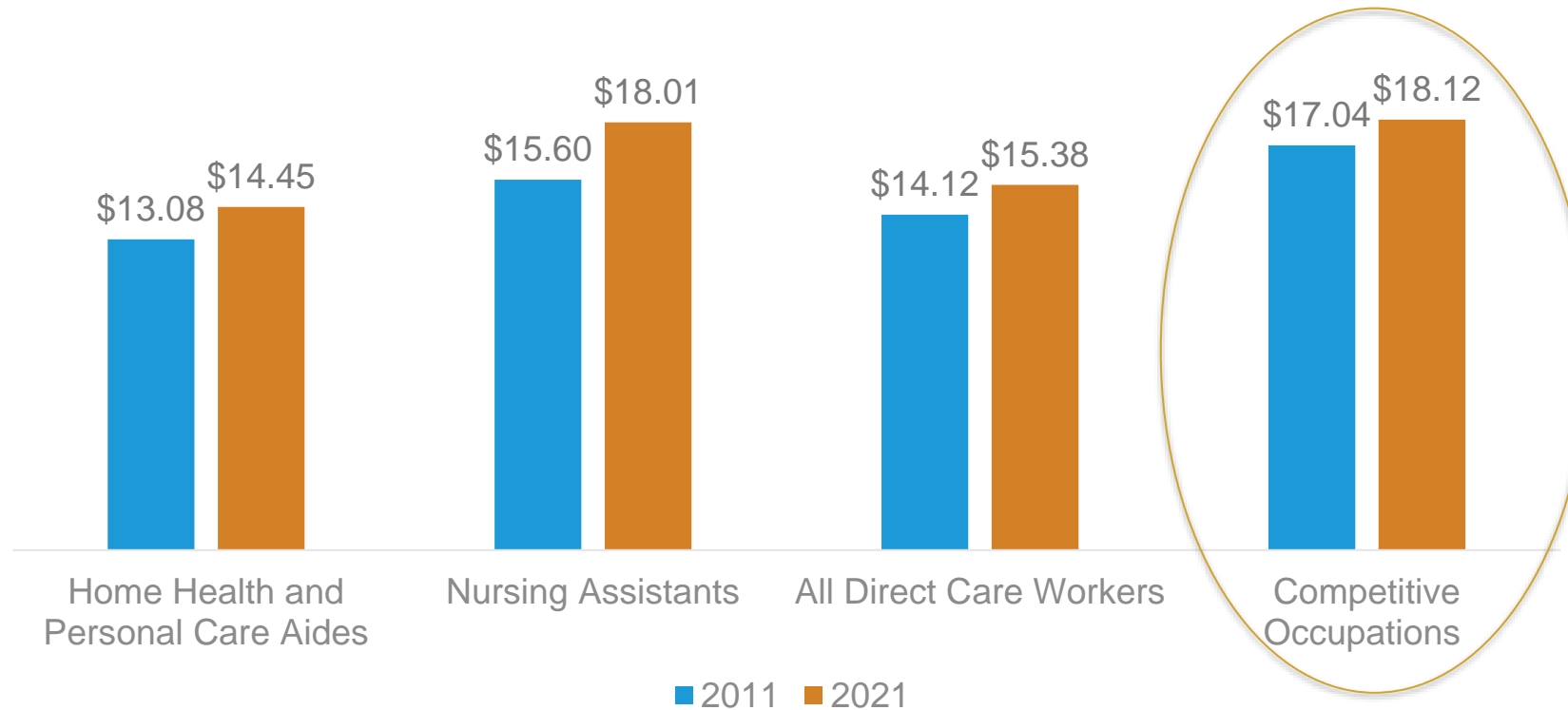
Source: Ruggles, Steven, Sarah Flood, Ronald Goeken, Megan Schouweiler, and Matthew Sobek. 2022. *IPUMS USA: Version 12.0*. <https://doi.org/10.18128/D010.V12.0>; analysis by PHI (September 2022).

Wages for direct care workers in Oregon have increased modestly over time – but are still not competitive with wages in other industries.



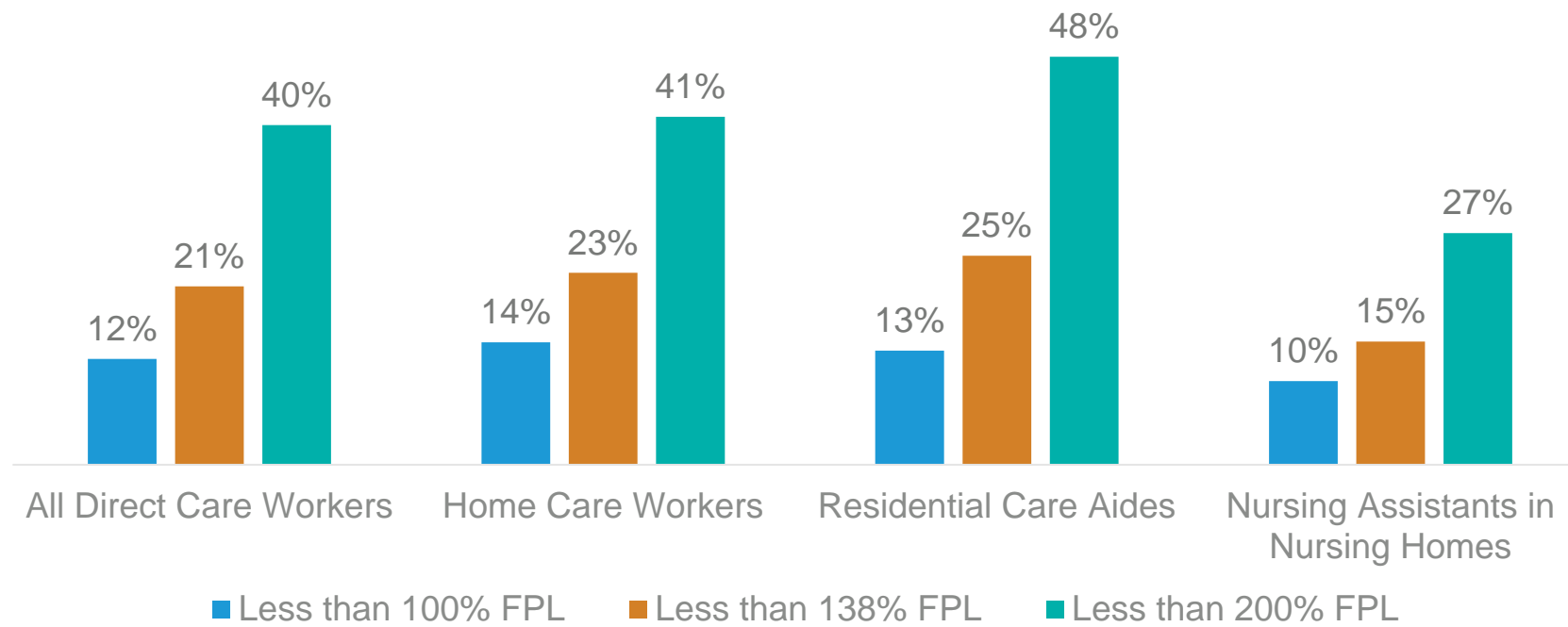
U.S. Bureau of Labor Statistics (BLS), Division of Occupational Employment and Wage Statistics (OEWS). 2022. *May 2011 to May 2021 State Occupational Employment and Wage Estimates*. <https://www.bls.gov/oes/home.htm>; O*NET. 2021. *O*NET 27.0 Database*. <https://www.onetcenter.org/database.html#all-files>; analysis by PHI (September 2022).

Wages for direct care workers in Oregon have increased modestly over time – but are still not competitive with wages in other industries.



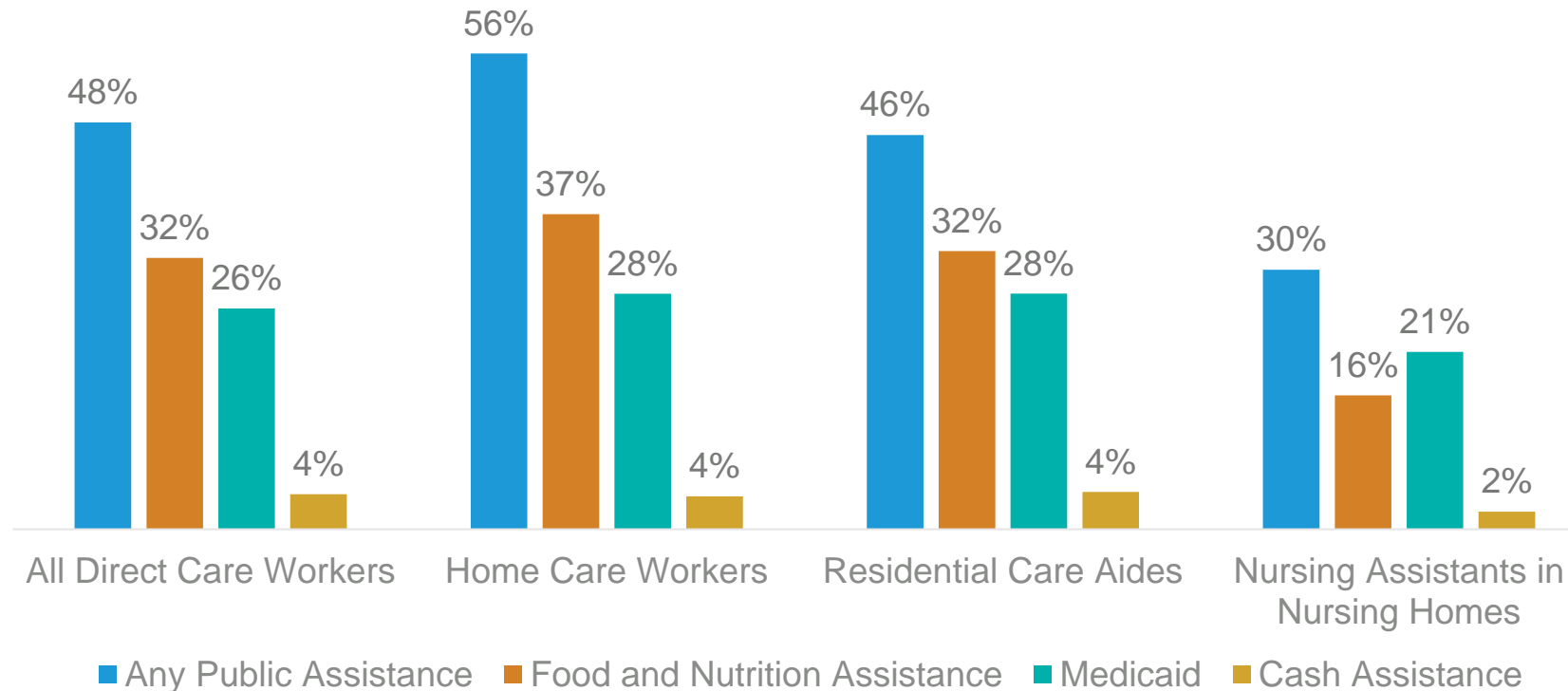
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Two in five direct care workers in Oregon live in low-income households.



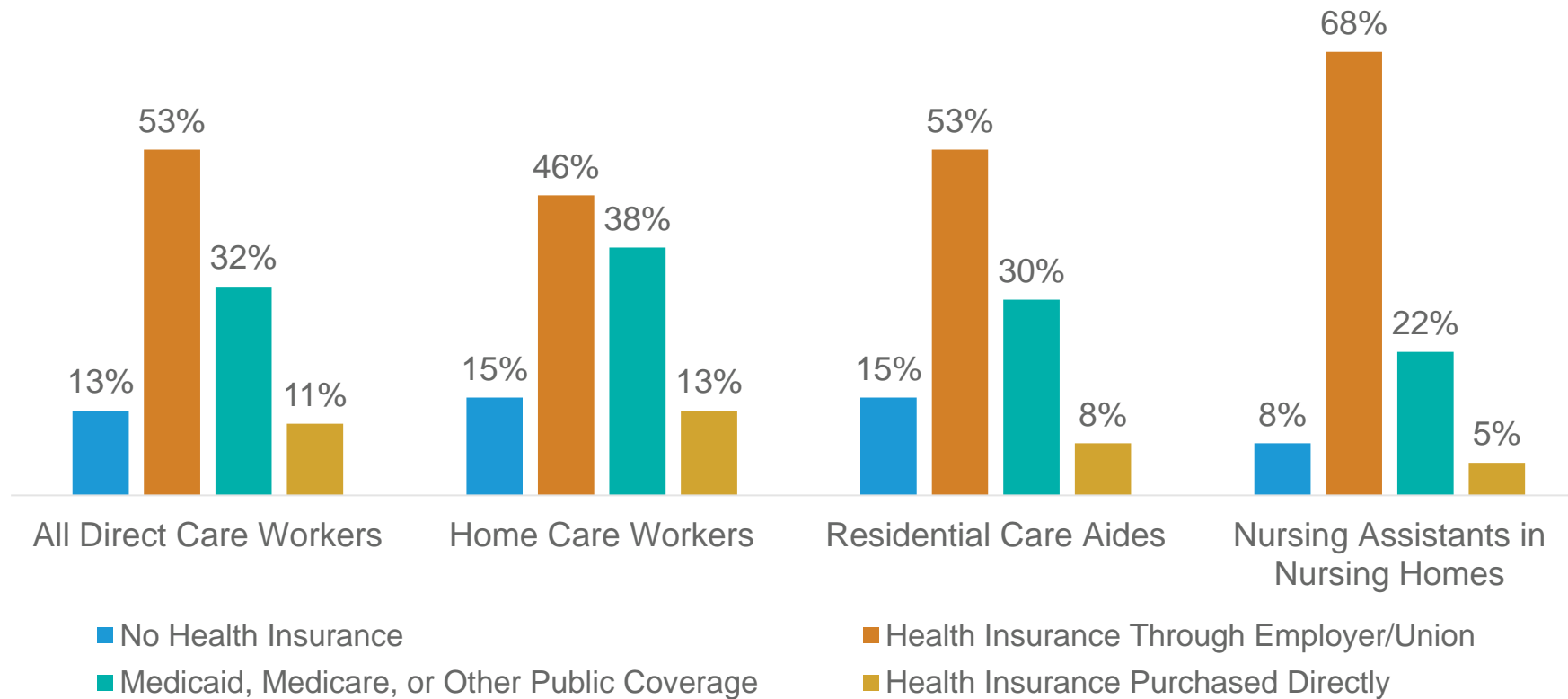
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Nearly half of direct care workers in Oregon rely on some form of public assistance.



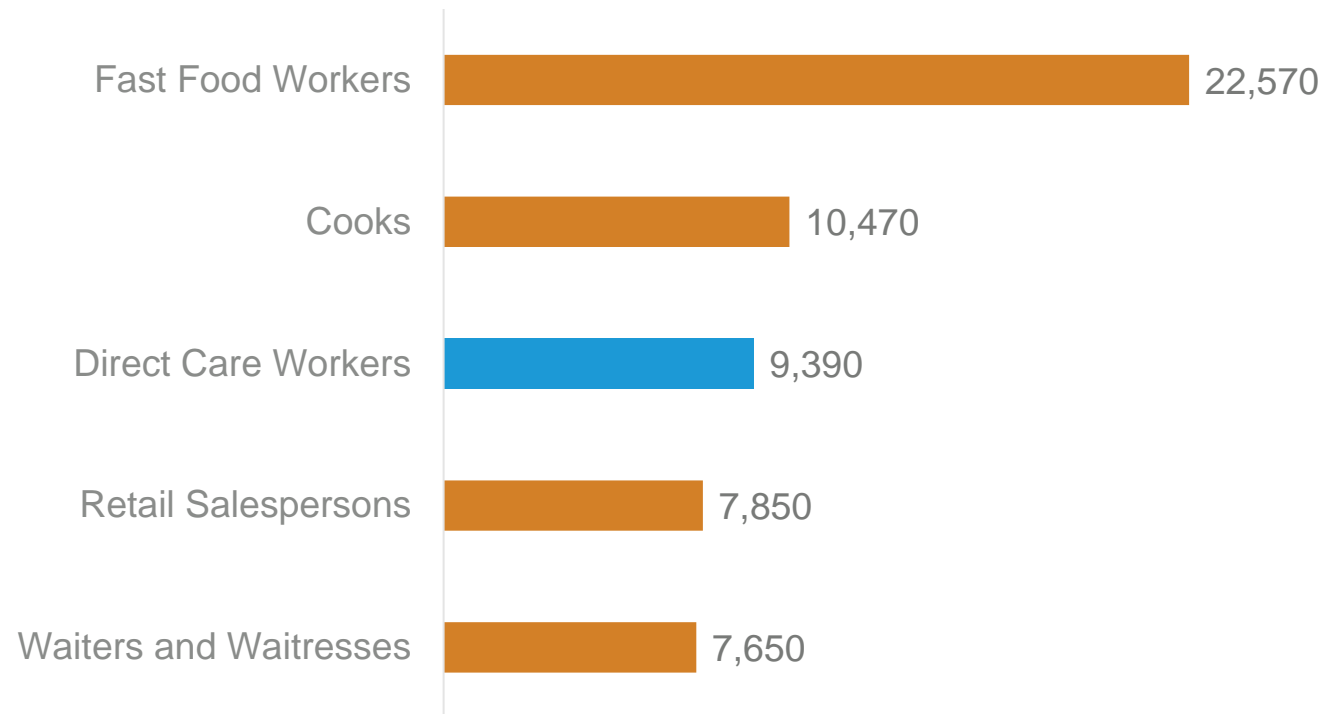
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Thirteen percent of direct care workers in Oregon lack health insurance.



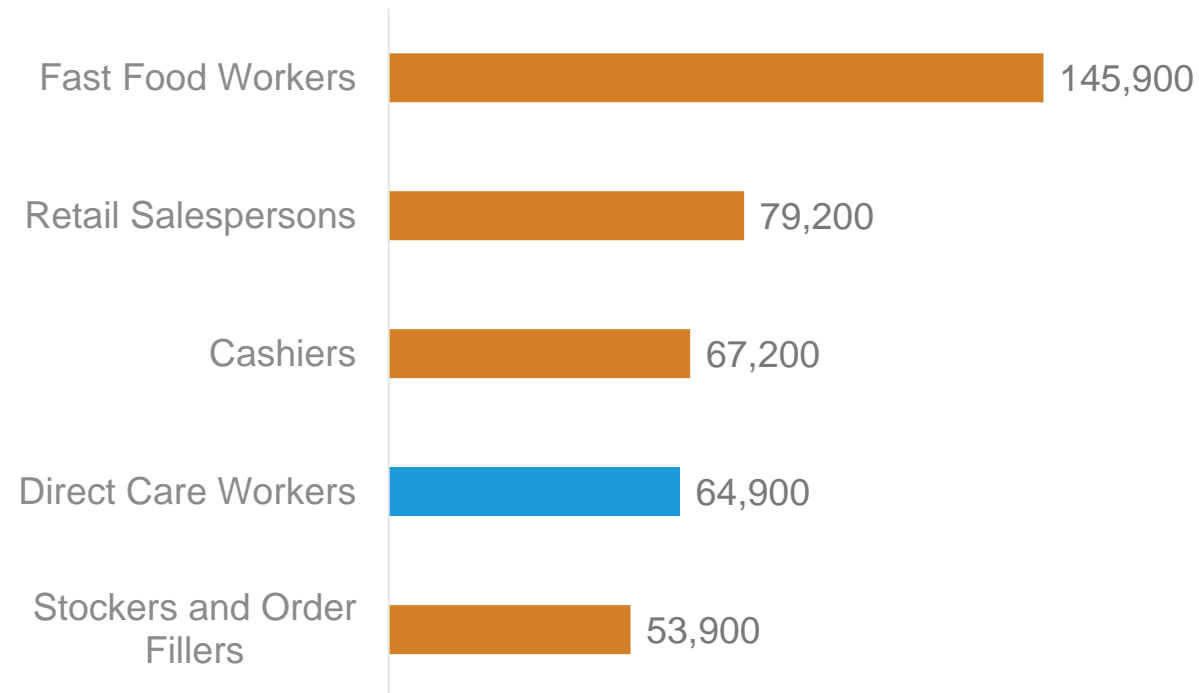
Source: Ruggles, Steven, Sarah Flood, Ronald Goeken, Megan Schouweiler, and Matthew Sobek. 2022. *IPUMS USA: Version 12.0*. <https://doi.org/10.18128/D010.V12.0>; analysis by PHI (September 2022).

From 2020 to 2030, the direct care workforce in Oregon will add nearly 10,000 new jobs.



Source: Projections Central. 2022. *Long Term Occupational Projections (2020–2030)*. <http://www.projectionscentral.com/Projections/LongTerm>; analysis by PHI (September 2022).

Due to demand *and* turnover, nearly 65,000 direct care workers will need to be hired in Oregon from 2020 to 2030.

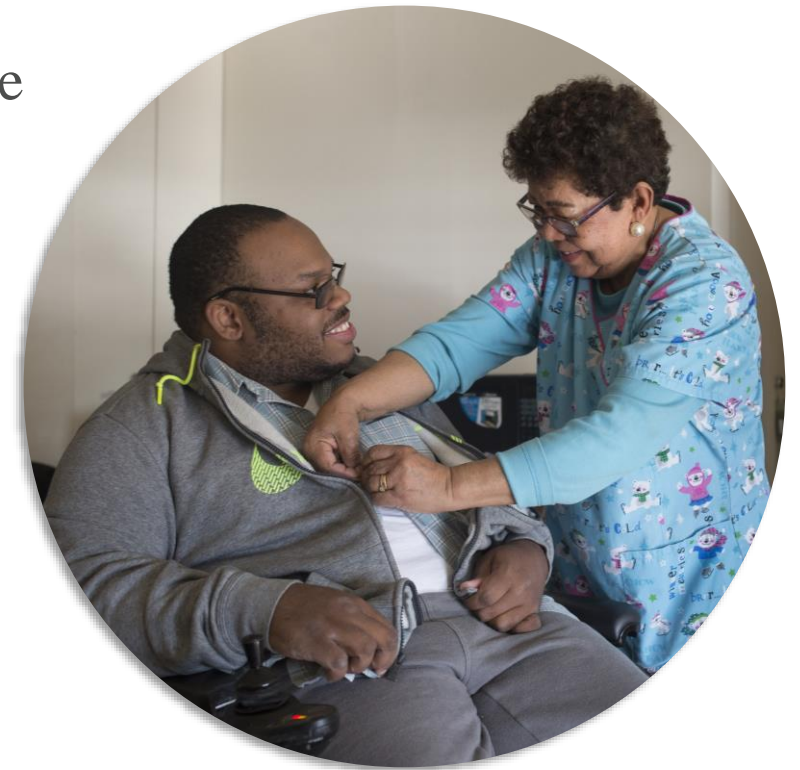


Source: Projections Central. 2022. *Long Term Occupational Projections (2020–2030)*. <http://www.projectionscentral.com/Projections/LongTerm>; analysis by PHI (September 2022).

Six Recommendations to Strengthen and Stabilize the Direct Care Workforce in Oregon

Recommendations

- 1 Engage direct care workers in developing strategies and solutions.
- 2 Establish and fund minimum wage floors across direct care occupations and settings.
- 3 Ensure direct care training is aligned and transferable across occupations and settings.
- 4 Enhance employment supports for direct care workers.
- 5 Improve direct care workforce data collection.
- 6 Implement and evaluate targeted recruitment programs.



1

Engage direct care workers in developing strategies and solutions.

1

Engage direct care workers in developing strategies and solutions.

Direct care workers hold unique insights on how to improve the quality of direct care jobs and the delivery of long-term services and supports.

- 1 Engage direct care workers in developing strategies and solutions.

Policy Context

- [Senate Bill 703](#) (2021)
 - Adds a direct care worker or direct care worker representative to the Residential Care Quality Measurement Council, among other requirements (see Recommendation #5).
- [Oregon Home Care Commission Workforce Development Committee](#)
 - Convened to fulfill the workforce development goals created with the passage of [Senate Bill 774](#); includes direct care workers among its membership.
- LTC Facility Provider Workforce Workgroup
 - Convened by the Oregon Department of Human Services to focus on long-term care issues, including workforce issues. Includes workers and consumers as well as representatives from long-term care facilities and trade associations, education and training experts, Oregon Department of Human Services and Oregon Health Authority staff, and more.

- 1 Engage direct care workers in developing strategies and solutions.

Opportunities and Considerations

- Convene a standing direct care workforce taskforce that includes direct care workers from across occupational roles and settings.
 - Example: [Maine's Direct Care & Support Professional Advisory Council](#)
- Direct care worker leadership must be facilitated in a range of ways, including through: stipends for participation; support with childcare, transportation; leadership training and coaching; and other forms of ongoing support.
- Engage direct care workers in other ways, including through surveys, focus groups, and listening sessions or town hall meetings.
 - Example: [Statewide survey of nurses' wellbeing](#) led by the Oregon Center for Nursing, which is being used to inform the [RN Wellbeing Project](#)

2

Establish and fund minimum wage floors across direct care occupations and settings.

2

Establish and fund minimum wage floors across direct care occupations and settings.

Ensuring livable and competitive wages for all direct care workers will enhance equity for and within the workforce as well as increase recruitment and reduce attrition.

- 2 Establish and fund minimum wage floors across direct care occupations and settings.

Policy Context

- [Homecare Collective Bargaining Agreement](#) (2021–2023)
 - Current contract between the State of Oregon, the Oregon Home Care Commission, and SEIU503 includes wage increases leading to a base wage of \$17.77 per hour for homecare workers and personal support workers by 2023, plus holiday pay and other benefits; also \$2,200+ bonuses for those who worked March 2020 through April 2021.
- [House Bill 2490](#) (2019) and [House Bill 4080](#) (2020)
 - House Bill 2490 directs the Commissioner of the Bureau of Labor and Industries to appoint a long-term care wage board to set a compensation schedule for long-term care facility employees (among other responsibilities). House Bill 4080 proposes to establish a task force on Medicaid and Medicare workforce standards to identify reasonable standards and requirements for providers of home and community-based services, including with regards to prevailing wages and minimum benefits. Bills gained traction but did not pass.

- 2 Establish and fund minimum wage floors across direct care occupations and settings.

Policy Context, cont'd.

- [Senate Bill 1548](#) (2022)
 - Requires all licensed or certified providers serving people with intellectual and developmental disabilities to increase wages and benefits for direct support professionals in line with any Medicaid reimbursement rate increases approved by the Legislative Assembly for that purpose, among other provisions (see Recommendation #5).
- [Senate Bill 1549](#) (2022)
 - Directs the Health Licensing Office to issue renewable one-year licenses for temporary staffing agencies, adopt rules to establish maximum temporary staffing agency rates, and assess these rates annually. Maximum rates can vary based on factors like geography, setting, and qualifications.

Opportunities and Considerations

- Calculate livable *and* competitive wages.
 - Wages should facilitate financial independence *and* strengthen recruitment and retention.
 - Example: [Colorado](#) set \$15 minimum wage for direct care workers providing Medicaid-funded home and community-based services (\$2.50 above the state minimum wage)
- Consider adjusting wage levels to account for:
 - Existing wage requirements (and potential for parity, e.g. [Washington's parity law](#))
 - Level of training required for each role
 - Consumer acuity (e.g., behavioral health)
 - Other factors (e.g., geography, tenure)
- Ensure monitoring and accountability.
 - Consider cost reporting for home care agencies and community-based care providers, as for nursing homes and intellectual or developmental disabilities providers.

3

Ensure direct care training is aligned and transferable across occupations and settings.

3

Ensure direct care training is aligned and transferable across occupations and settings.

Aligning direct care training across occupations and settings will empower workers, improve their career opportunities, enhance the flexibility of the workforce, and reduce costly duplication and gaps.

3 Ensure direct care training is aligned and transferable across occupations and settings.

Policy Context

- [“Getting it Right: Right Worker. Right Place. Right Time”](#) (2017)
 - Goal 1 of the Oregon Home Care Commission workforce development strategic plan is to “position homecare and personal support workers as trained, credentialed professionals.” Related recommendations include developing a “transferable credentialing or certification system,” using “a variety of platforms and vetted sources to increase access to high-quality training,” and creating “a supportive environment among peers and administrators” for training.
- [Senate Bill 1534](#) (2018)
 - Required the Department of Human Services, acting on behalf of and subject to the approval of the Oregon Home Care Commission, to adopt minimum training standards and testing procedures for homecare workers and personal support workers.
 - Resulting requirements (2021): pre-employment orientation, 8 core training hours (new workers) or 12 refresher hours (current workers), 12 hours of continuing education every 24 months, and a knowledge assessment. Carewell SEIU503 Training provides the required orientation and training.

- 3 Ensure direct care training is aligned and transferable across occupations and settings.

Policy Context, cont'd.

- [Senate Bill 669](#) (2019)
 - Directs the Oregon Health Authority to establish minimum training hours, including pre-employment orientation (4 hours), initial training (8 hours), and enhanced medication training (4 hours) for non-licensed/certified individuals providing in-home care services through licensed in-home care agencies, home health agencies, or hospitals. Rules went into effect July 2021.
- [Senate Bill 1556](#) (2022)
 - Directs the Oregon Department of Human Services to create and maintain an online registry with training credentials and criminal background check results for agency-employed and consumer-directed home care workers. Also directs the Oregon Department of Human Services to work with stakeholder groups to design certification requirements and explore ways to improve career pathways for home care workers.

- 3 Ensure direct care training is aligned and transferable across occupations and settings.

Policy Context, cont'd.

- [Oregon Home Care Commission Certifications](#)
 - Professional development, enhanced and exceptional, ventilator-dependent, and community health worker certifications, with required training hours and linked to wage differential; also [job coach certification](#) for personal support workers.
- [Long-Term CareWorks CNA Apprenticeship](#)
 - One-year apprenticeship for certified nursing assistants (CNAs) that includes paid stipend, online and in-person instruction, wraparound services, on-the-job training, mentorship, certification, and job placement and supports (see also Recommendation #4). Sponsored by SEIU503, RISE Partnership, and select nursing home providers. Funding to expand the apprenticeship program provided through [Senate Bill 5529](#).
- [Oregon Care Partners](#)
 - Free, high-quality training for family and paid caregivers supporting individuals living with Alzheimer's disease and other dementias. Training financed by state funds ([Senate Bill 5529](#)).

Opportunities and Considerations

- Clarify which training programs and career pathways are available to different segments of the direct care workforce.
- Identify and address barriers to accessing existing training programs.
 - Specifically: Should trainings be offered in more languages? Could online trainings be made more accessible to those with limited access to or familiarity with technology?
- Assess alignment of current training standards and programs—and identify opportunities to create transferable credentials or abbreviated trainings.
 - Example: Certified home care aides in [Washington](#) can take an abbreviated training course (24 hours) before taking the competency exam to become a certified nursing assistant
- Identify opportunities to expand access to training programs for non-union and/or privately employed direct care workers.
 - Examples: grant-funded programs, buy-in options for employers

3 Ensure direct care training is aligned and transferable across occupations and settings.

Opportunities and Considerations, cont'd.

- Ensure that all direct care workers receive training in mental/behavioral health.
 - Example: Rhode Island's [Direct Care Behavioral Health Training Program](#); details on Rhode Island College's Behavioral Health Training [here](#)
- Tie Medicaid reimbursement rates and pay rates to training and certification, as with the Oregon Home Care Commission certifications.

4

**Enhance employment supports for
direct care workers.**

4

Enhance employment supports for direct care workers.

On-the-job and wraparound supports can boost workers' personal and economic wellbeing, support their retention, and augment care delivery.

- 4 Enhance employment supports for direct care workers.

Policy Context

- [FutureReady Oregon](#) (2022)
 - Governor Kate Brown’s FutureReady Oregon initiative invests \$200 million in workforce development across sectors; additional funding may become available through the 2023 legislative session. Investments include existing initiatives (e.g., local workforce investment boards), workforce readiness grants (e.g., stipends and wraparound services), benefits navigators, industry consortia pilots, and impact evaluation.
- [OregonSaves](#)
 - State-sponsored, employer-facilitated retirement savings program that is available to any worker whose employer does not offer a retirement benefit plan, as well as self-employed workers. As of February 2021, homecare workers and personal support workers are automatically enrolled at 5% of gross pay.
- [Paid Leave Oregon](#)
 - Starting in 2023, this employer/employee-funded policy will provide up to 12 weeks of paid time off for family, medical, or safety reasons (or up to 14 weeks for pregnancy and childbirth). All workers who earned at least \$1,000 in the year prior to claiming benefits will be eligible.

- 4 Enhance employment supports for direct care workers.

Policy Context, cont'd.

- [Long-Term CareWorks CNA Apprenticeship](#)
 - Program focuses on overcoming barriers to training and employment, including by enhancing workers' capacity to communicate with employers about their needs. Apprentices have access to wraparound services and career mentors.
- [House Bill 4003](#) (2022)
 - Directs the State Board of Nursing to partner with an Oregon nonprofit organization to lead efforts to enhance nurses' wellbeing, including through education, coordinated regional counseling, and telemedicine services and research. Funds allocated through current budget specifically for mini-grants to support the mental health and wellbeing of those working in long-term care settings.
- [Behavioral Health Initiative for Older Adults and People with Physical Disabilities](#) (since 2016)
 - With Oregon Health Authority funding, 24 Behavioral Health Specialists have been employed to build capacity to meet the behavioral health needs of older adults and people with disabilities in local and regional community mental health programs. Their role includes workforce development and community education, complex case consultation, and collaboration and coordination.

Opportunities and Considerations

- Leverage funding and expertise through FutureReady Oregon and other workforce development initiatives to offer wraparound supports for direct care workers (and pre-employment trainees).
 - Examples: transportation, childcare, ESL, immigration, housing, etc.
- Consider replicating or scaling-up existing support models, such as the CareWorks CNA apprenticeship peer mentor program or RN Wellbeing Project.
- Support direct care workers in serving individuals with behavioral health needs and related challenges.
 - Specifically: assess and consider strengthening connections between direct care workers and Behavioral Health Specialists.

5

Improve direct care workforce data collection.

5

Improve direct care workforce data collection.

Robust data from across direct care occupations and settings can help identify workforce priorities, inform equity-focused solutions, and evaluate outcomes.

Policy Context

- [Senate Bill 703](#) (2021)
 - Directs the Oregon Department of Human Services to conduct a study of licensed residential care facilities to assess total costs of care, direct care compensation rates, and the sufficiency of reimbursement rates. As part of this charge, researchers from the Institute on Aging at Portland State University will be interviewing direct care workers—individually or in focus groups—from a range of facilities to achieve a diverse sample based on location, facility size, and ownership type.
- [Senate Bill 1548](#) (2022)
 - Expands previous data collection rules to require that all licensed/certified providers of intellectual or developmental disabilities services report staffing data using customized questions in the National Core Indicators® (NCI)-IDD Staff Stability Survey. Oregon Administrative Rules (OARs) are not yet available for this requirement.
- [House Bill 3359](#) (2017)
 - Requires that a uniform quality metrics reporting system be developed to measure and compare performance of residential care facilities and assisted living facilities across the state. Resulting staffing quality measures are limited, however.

Opportunities and Considerations

- To complement staffing data that are collected from intellectual and developmental disabilities service providers, participate in the NCI-AD (Aging and Disability) Staff Stability survey when available to all states in 2023—or consider other mechanisms for collecting and reporting staffing data.
 - Example: [Personal care service providers in Texas](#) required to submit data on wages and benefits, turnover, recruitment, retention, and job vacancies in their Medicaid cost reports
- Review and strengthen staffing quality measures for assisted living and residential care communities, and consider introducing staffing quality measures in other settings/services/programs as well.
 - Consider the new [HCBS Quality Measure Set](#) from the Centers for Medicare & Medicaid Services (CMS) and the staffing measures included in the National Quality Forum’s home and community-based services [quality measurement report](#).

❖ Opportunities and Considerations, cont'd.

- Consider surveying direct care workers across settings and roles about their experiences, challenges, and aspirations.
 - Examples: Statewide survey of [Arizona's paid caregivers](#); Utah's planned [Direct Services Workforce Crisis/Shortage Study](#)
- Disaggregate workforce data where possible to identify differences across the workforce and workforce interventions by gender, race/ethnicity, immigrant status, and other intersectional identities.
 - Refer to [Direct Care Workers Count: Why Data Matters to Advance Workforce Equity](#).

6

Implement and evaluate targeted recruitment programs.

6

Implement and evaluate targeted recruitment programs.

Recruitment efforts must extend across direct care occupations and settings, reach different segments of the labor force, utilize updated recruitment methods, and directly link to training and employment opportunities.

- 6 Implement and evaluate targeted recruitment programs.

Policy Context

- [Carina Matching Service Registry](#)
 - SEIU503, Carewell SEIU503, and the Oregon Home Care Commission are partnering with Carina to roll out the Carina matching service registry platform to help consumers and homecare workers, personal support workers, and personal care attendants find each other online.
- [Connect to Care Jobs Platform](#)
 - In May 2020, the Oregon Department of Human Services Office of Aging and People With Disabilities announced participation in this [national initiative](#) to develop an online employment portal for health and long-term care jobs. The revised platform will be launched in 2023.
- [Marketing Campaign for Behavioral Health/Substance Use System \(2021\)](#)
 - Funding to develop a website and marketing campaign to attract people to work in the behavioral health/substance use disorder system included in the American Rescue Plan Act (ARPA) home and community-based services spending plan. Designed to parallel efforts to recruit people to work in the intellectual or developmental disabilities system.

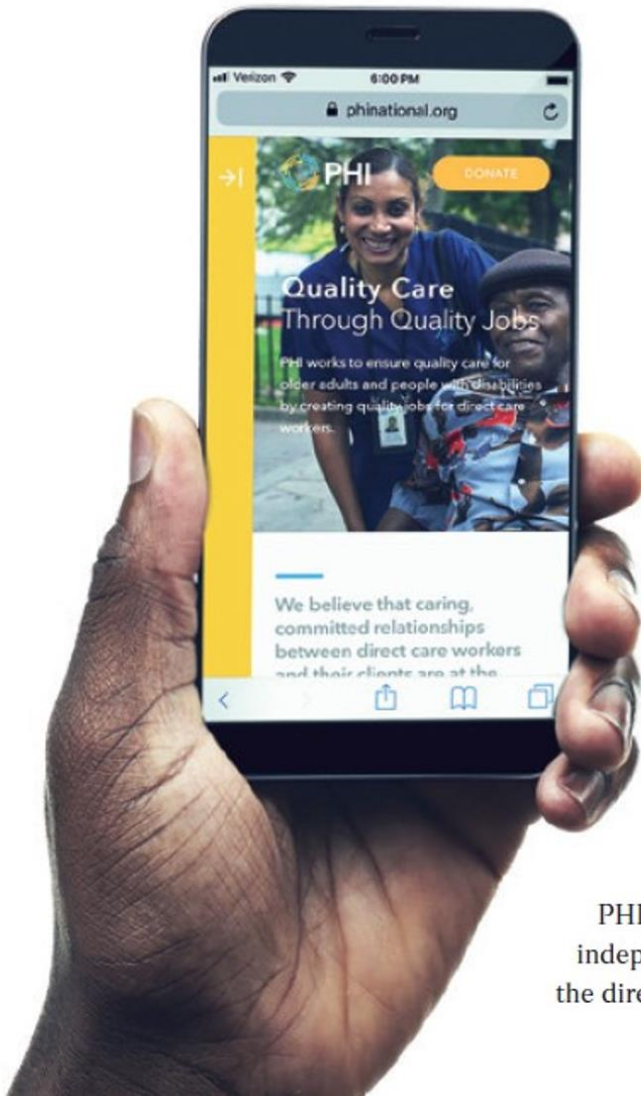
Opportunities and Considerations

- Launch a statewide campaign about the value and rewards of direct care jobs.
 - Feature direct care workers employed across occupations and settings (to promote employment mobility).
 - Example: [WisCaregivers Careers](#)
- Establish cross-agency consortium to develop direct care recruitment strategies and programs that can be implemented through the state's employment/workforce development infrastructure.
- Provide training and technical assistance to employers on implementing and evaluating targeted recruitment programs—and on improving job quality and creating equitable and inclusive workplaces.

Summary: Focus, Coordinate, and Integrate

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- **FOCUS:** As one of the state’s largest and fastest growing occupations, direct care workers are central to Oregon’s economy—and to the lives of older adults and people with disabilities. Therefore, this workforce should be a primary focus of the state’s broader workforce and economic development efforts (e.g., FutureReady Oregon) as well as more specific health and long-term care initiatives.
- **COORDINATE:** Oregon is a national leader in addressing direct care compensation, training, career advancement, data collection, and more—but these efforts are often segmented or siloed, which creates duplication and gaps. Training standards, credentials and certifications, recruitment strategies, and registries could be better coordinated and aligned across Aging and People with Disabilities, the Office of Developmental Disabilities Services, the Health Systems Division, and other agencies and departments.
- **INTEGRATE:** Given its magnitude and complexity, the direct care workforce crisis can only be addressed through comprehensive action rather than any single strategy or solution. The recommendations presented here provide a starting point for developing a multi-faceted, integrated approach to elevating the value of direct care workers, improving their job quality, and bolstering this workforce to meet growing demand.



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Edmund Garman

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Slide 22, 23: Bandon Oregon Coastline, Rocky Shore of Oregon
Linnaea Mallette

<https://www.publicdomainpictures.net/en/view-image.php?image=158505&picture=bandon-oregon-coastline>

Slide 27, 28: View of Mt Hood from Dufur Oregon on the Mt Hood National Forest
U.S. Forest Service – Pacific Northwest’s Photo Stream

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Slide 34, 35: Portland and Mt. Hood from Pittock Mansion
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Slide 39, 40: Willamette River in Eugene, Oregon
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Slide 44, 45: Portland, Oregon skyline from the Ross Island Bridge
Visitor7

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