



Home Health Care Workers: Immigrants Can Help Care for an Aging U.S. Population

by Dan Kosten



I. Introduction

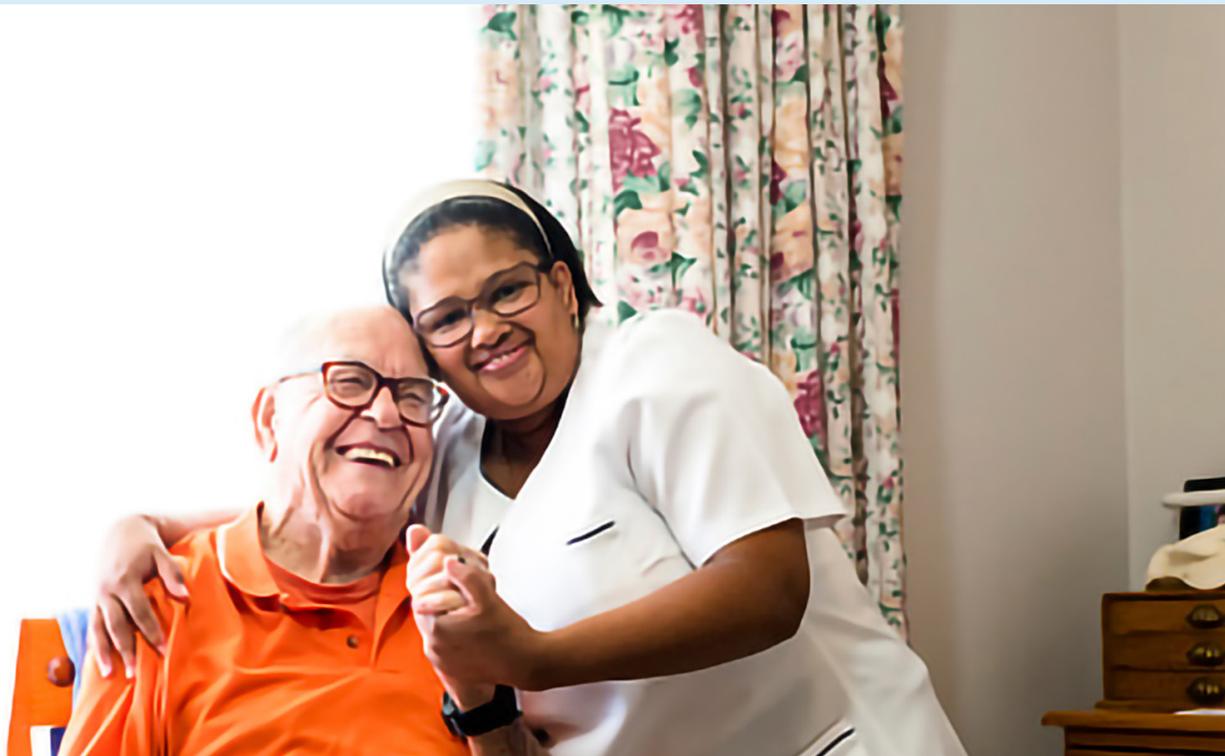
As the U.S. population ages, home health care workers are [projected](#) to be the third fastest-growing occupation. America already faces a labor shortage in the area of home health care that is expected to increase dramatically, posing significant challenges for the long-term care of the elderly.

Immigrants currently represent [38%](#) of the people working as home health aides. The current COVID-19 pandemic has only further highlighted the growing need for home health care workers. They have proven to be essential but often overlooked health care workers.

The focus of this paper is to provide background on the crisis, highlight the home health care industry, and offer some recommendations on how to mitigate against labor shortages and secure the needed home health care services for the aging U.S. population.

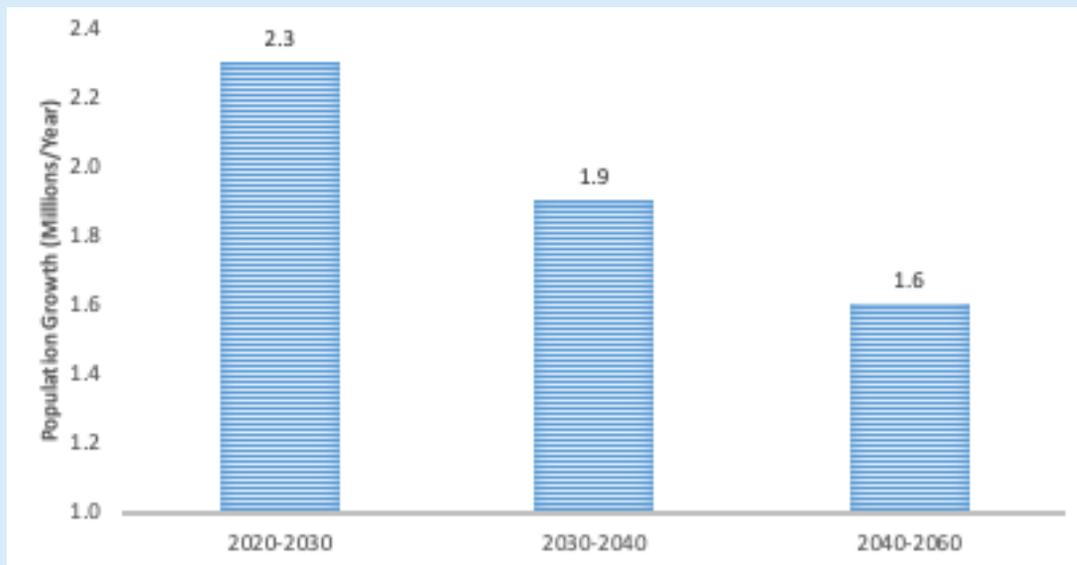
II. The Growing Need for Home Health Care in the U.S.

Statistics on population growth and demographic changes in the United States demonstrate that the U.S. is an aging society. By 2035, older adults, 65 and over, will replace children, under 18, as the largest population in the U.S. Today, about one out of every four 65-year-old adults will live past the age of 90, and one out of 10 will live past the age of 95. This unprecedented aging of the population collectively points toward current and future challenges related to the long-term care of the elderly. In particular, direct care workers in the home health care sector – referring to home health aides (HHAs), personal care aides (PCAs), and nursing assistants (NAs) – will be in high demand. The sector is already booming, and it is projected to grow much faster than almost all other occupations. Immigrants, who already work in large numbers in the sector, could mitigate workforce shortages and be a major contributor to the long-term care of the elderly. To meet the demand, it will be indispensable to implement sound workforce development policies and immigration reforms to encourage and equip more native and foreign-born workers to enter the home health care industry.



The projected growth of the home health care sector is expected to intensify, affecting the lives of countless American families. The [U.S. population](#) is disproportionately aging, while population growth is slowing. The population is projected to grow by an average of 2.3 million people per year until 2030, then the number is expected to decline to an average of 1.9 million per year between 2030 and 2040, and to 1.6 million per year between 2040 and 2060.

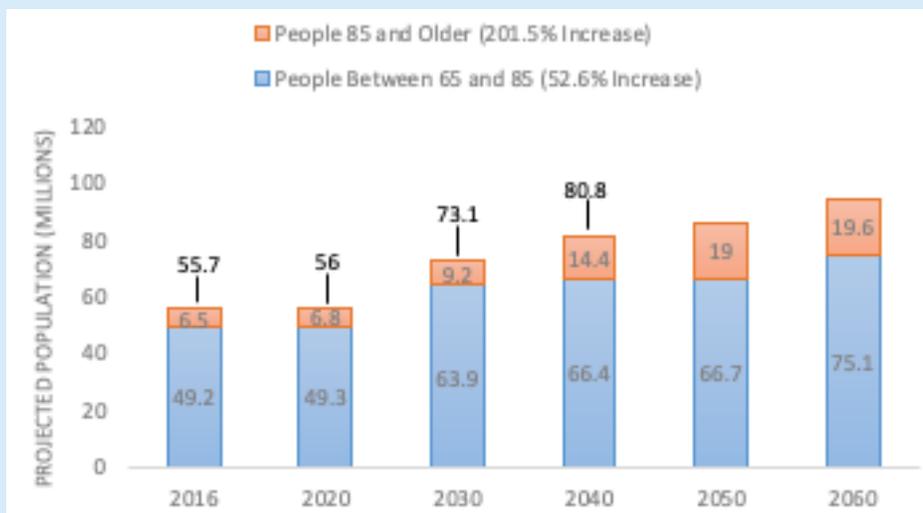
Chart 1: Average Projected Decline in U.S. Population Growth



Source: [U.S. Census Bureau](#)

According to the U.S. Census Bureau’s 2017 National Population Projections, by 2030 one in every five people will be at or above retirement age. By 2060, one in every four will be at or above retirement age. It is projected that in 2060, there will be almost 95 million people age 65 or older, with the median age of the U.S. population is expected to increase to 43, up from 38 in 2017.

Chart 2: Projected Growth of U.S. Older Adult Population



Source: [U.S. Census Bureau](#)

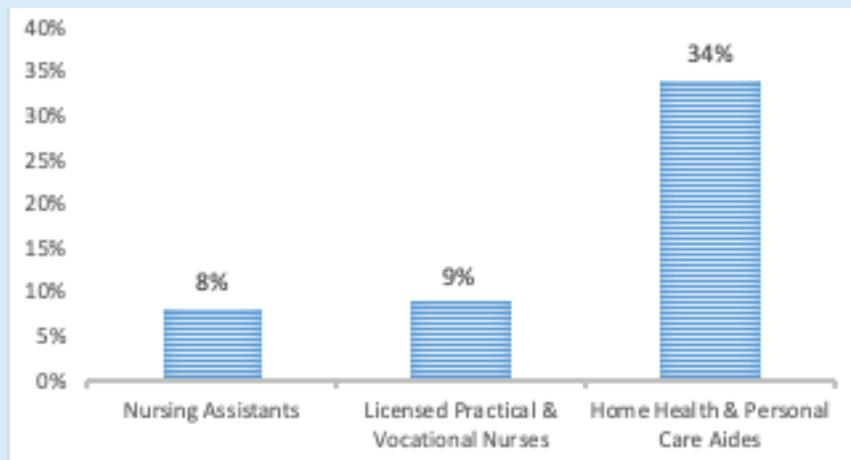
An older U.S. population will affect the workforce because, as [reported](#) by the Pew Research Center, from 2011 to 2030 roughly 10,000 baby boomers will retire every day. As the population ages and the [fertility rate](#) drops to 1.76, below the 2.1 needed to maintain the existing population, the ratio of workers to retirees is projected to fall significantly. It will fall from three-and-a-half working-age adults for every retirement-age person in 2020 to two-and-a-half “working-age” adults for every retirement-age person by 2060.

III. The Home Health Care Worker Shortage

The difficulty of replacing the retiring workforce with an ever-shrinking population of native-born workers will create substantial shortages in [low and middle-skilled¹ occupations](#), including the home health care sector. Further compounding the shortage is the fact that increasing numbers of U.S. adults are obtaining bachelor’s degrees, which tend to direct them towards “high-skilled” occupations. The adult population (defined as age twenty-five and older) holding a bachelor’s degree has increased from 5% in 1940 to 33% in 2015. As this pool of [college graduates continues to grow](#), home health care occupations are unlikely to be in high demand and there will be fewer non-college graduates available to fill those positions. In a [report](#) by Paraprofessional Healthcare Institute (PHI), they estimate that between 2016-2026 job openings for personal care aides and home health aides will grow by more than 1 million.

According to the [Department of Labor](#) (DOL), in comparing various health care occupations, job openings for personal care aides and home health aides are expected to grow significantly faster than other health care occupations, including [licensed practical and licensed vocational nurses](#), and [nursing assistants](#).

Chart 3: Projected Growth in Home Health Care Job Openings (2019-2026)



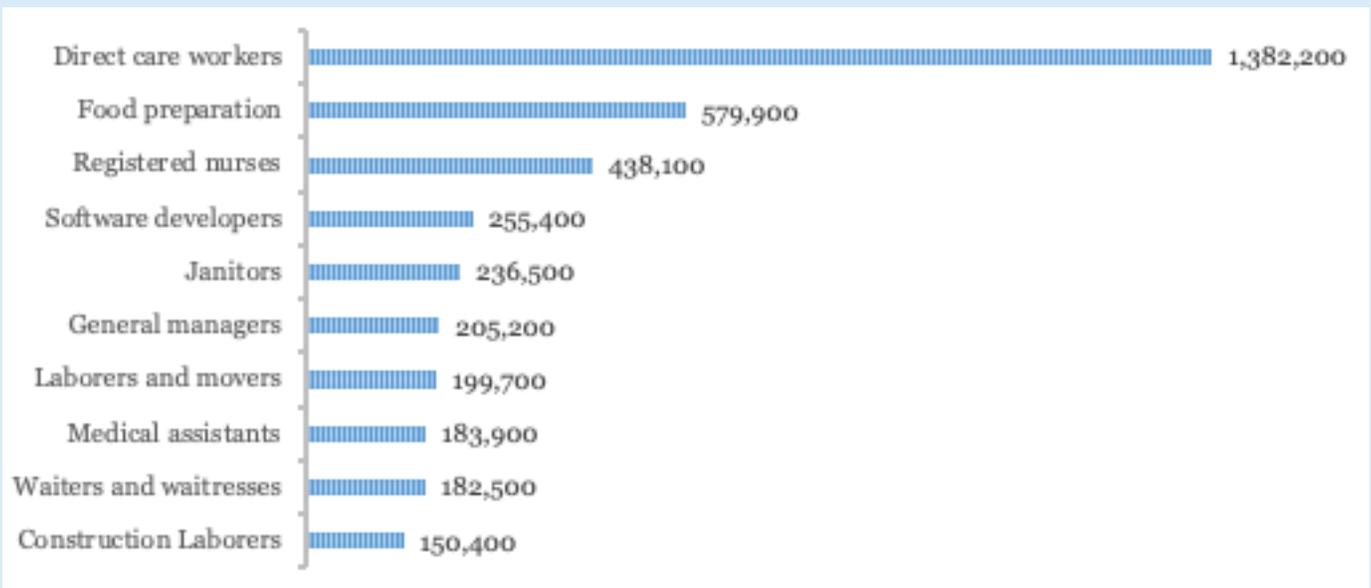
Source: [Bureau of Labor Statistics](#)

According to an [article](#) by PHI, more job openings will exist for direct care workers than other noteworthy professions, including software developers, general managers, or construction workers.

¹ Skill levels are commonly divided into “low-skilled” -- those with a high school (HS) diploma/equivalent or less, “middle-skilled” -- those with more than a HS diploma but less than a bachelor’s degree, and “high-skilled” -- those with a bachelor’s degree or higher.



Chart 4: Occupations with the Most Projected Job Openings (2016-2026)



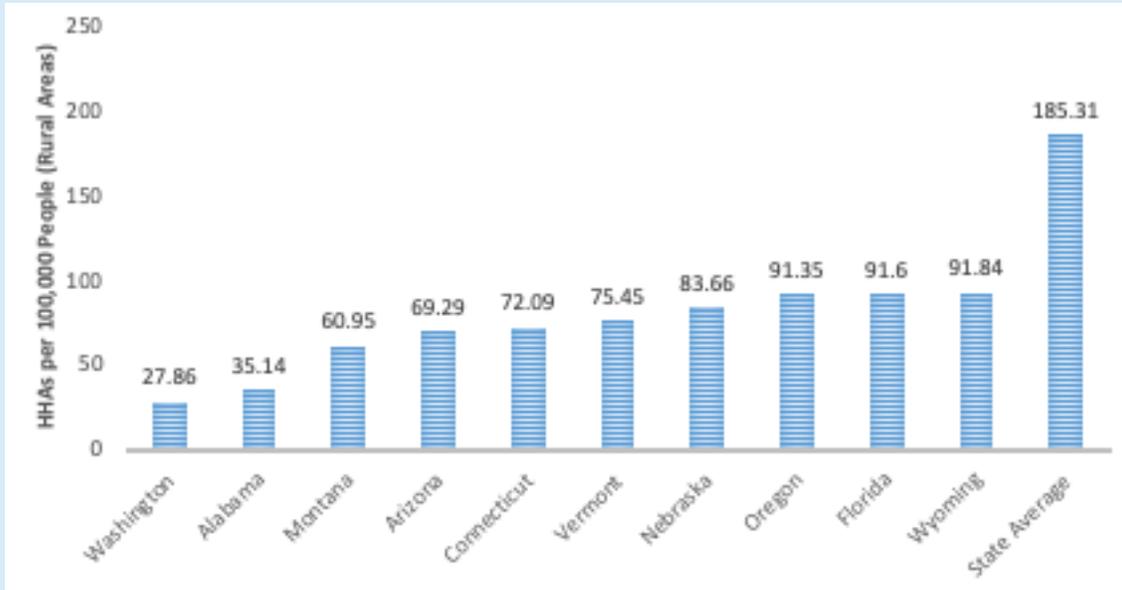
Source: Paraprofessional Healthcare Institute [PHI](#)

Another factor contributing to the shortage of home health care aids is increased demand due to Americans' [longer life expectancy](#). The fact that the elderly are living longer will mean that more will need home health care services and for longer periods of time.

The home health care labor shortage will most affect states with large populations such as California, New York, and Texas, but also rural areas that are already experiencing a shortage of health care workers. Currently, the states most impacted by the shortages include Washington State, Alabama, and Montana. Rural states with aging populations will increasingly struggle with shortfalls in the coming years. For example, in 2018, largely rural [Maine](#), which is the state with the greatest percentage of individuals over 65, reached “super-aged” status with a fifth of the population over 65. It already faces a shortage of home health care workers, and that will likely continue to worsen in the future.

A [study](#) by New American Economy highlighted that in 2013 there were roughly 20% more aides per capita employed in urban areas than in rural regions: 264 HHA for every 100,000 in metropolitan areas compared to 224 for every 100,000 in rural parts of the country. It will be essential to find viable solutions to attract and retain caregivers in rural areas in particular.

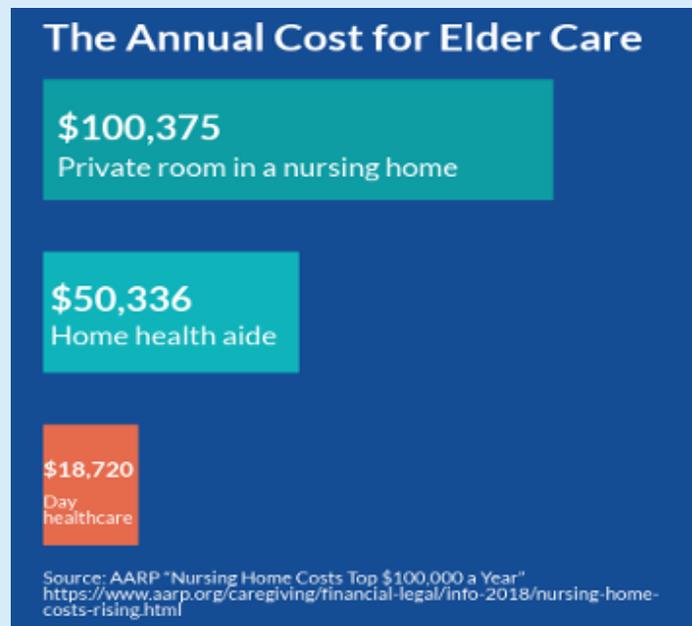
Chart 5: 10 States with the Lowest Number of Rural HHAs



Source: [New American Economy](#)

The occupational shortage in rural areas occurs because residents in rural areas tend to be older than those living in metropolitan areas. With a higher demand for home health services in rural areas and not enough health care workers located in those areas, worker shortages persist. If the shortage of health care workers in rural areas is not addressed, the rural elderly may not receive the health care services they need. Consequently, it is essential to articulate effective solutions for more workers, whether native or foreign-born, to join the home health care sector, especially outside of metropolitan areas.

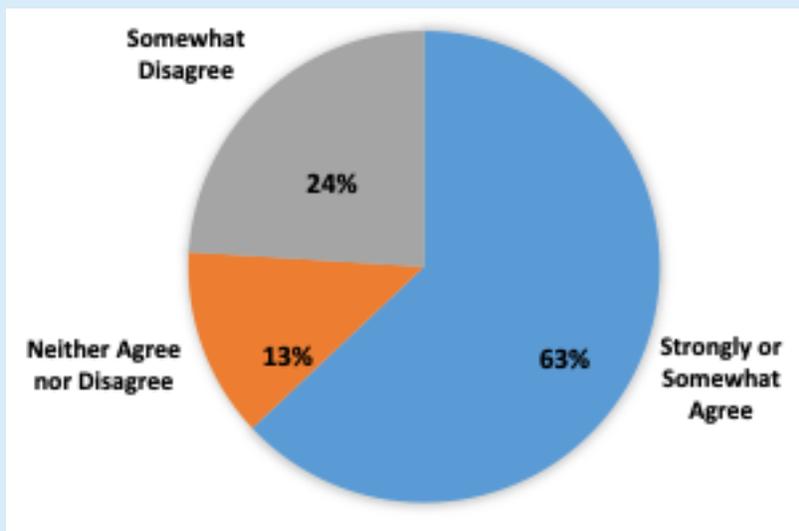
The high and increasing cost of long-term care underlines the need to fill vacancies in the home health care sector to prevent the cost of elder health care from rising dramatically in the next decades. According to the findings of a 2018 [Genworth Financial Inc.](#) study cited by [AARP](#), the average yearly cost of long-term care for the elderly varies significantly by type of care, be it in a nursing home, from home health aides, or through day health care- meaning daytime care and activities outside the home.



In 2018, the cost of long-term assistance increased 67% for assisted living facilities, and 54% for a private room in a nursing home, since 2004. The increase has not been nearly as steep for in-home health assistance. These increases were due largely to the shortage of skilled health workers, higher minimum wages, changes in overtime, high turnover rates, and the rising need for specialized care. It is important to note that home health care jobs are predominantly government-funded, with payments from public programs like Medicare and Medicaid making up 65% of the industry's revenue in 2016.

Life in assisted-living facilities can draw down the savings of elderly Americans and financially strain their families. They can also create situations of discontent among the elderly when forced to leave their homes and communities. A recent [AARP survey](#) found that most aging adults (63%) want to keep living in their current residence, and 68% would like to live in their community as long as possible. When nursing homes are not an option for the elderly, their care largely falls on the shoulders of their families or the federal government. In most cases, families try to find viable solutions to keep their elderly relatives at home. Home health care is accordingly an attractive alternative, as it respects the preferences of aging Americans determined to stay in their homes and communities while providing them access to needed care and assistance at a lower cost than nursing home care.

Chart 6: Share of Adults Who Wish to Remain in their Residence as Long as Possible



Source: [AARP](#)

While home health care is a good option for many, it is worth noting that individuals' needs are unpredictable. The duration and level of long-term care vary from person to person, with home health care needs regularly lasting for years.

- 70% of American adults need assistance for 3 years
- 20% of American adults need assistance for longer than 5 years
- Men need assistance for 2.2 years
- Women need assistance for 3.7 years

These facts speak clearly to the need to fill job shortages in the home health care sector and to expand the pool of qualified workers who could provide continuity of care for elderly Americans.

A. Immigrants and the Home Health Care Worker Shortage

Immigrants are already working in high numbers in the health care sector, including home health care. The Migration Policy Institute (MPI) [reported](#) that in 2018 immigrants accounted for 18% of the 14.7 million people working in the health care industry, and are [particularly concentrated](#) in home health care positions, making up 25% of personal care aides and 38% of home health aides.

Of the immigrants currently working in the health sector, 28% work in high-skilled health professions, 48% in middle-skilled, and 24% in low-skilled. The aging of the U.S. population and longer life expectancy has created worker shortages in the home health care sector that the U.S. native-born workforce will not be able to fill on its own. Accordingly, the share of immigrants in the home health care industry is only expected to grow since the demand for home health aides is projected to substantially increase. However, absent needed reforms to federal immigration policies, immigrant workers may encounter obstacles to filling these necessary low-skilled positions.

To some extent, the reliance on immigrant workers in the home health care sector would represent a continuation of current labor practices since 2.1 million immigrants are already working in the field. However, even though the sector is already highly dependent on a foreign-born workforce, the U.S. immigration system lacks temporary non-immigrant and immigrant visa categories designated for low-skilled home health care workers. Consequently, passing immigration reforms that consider the needs of the home health care sector is essential. Reforming our immigration



system by creating both non-immigrant and immigrant visa categories to attract and retain foreign-born home health care workers, including HHAs, NAs, and PCAs, would assist numerous American families in caring for their elderly relatives. Greater details about these new immigration visa categories will be outlined in the recommendation section of this paper.

In addition, while the largest need for immigrant workers will be in the area of direct care workers, there are other [health care workers](#) in middle- and high-skilled occupations that will also see significant growth in demand, such as medical assistants and registered nurses. Existing [shortages of physicians](#) in certain parts of the U.S. will likely only get worse. Immigration reform is essential to fill these gaps now and in the future.

Other countries facing shortages of health care workers are already enacting immigration reforms to address them. For example, Canada has recently launched a [five-year caregiver immigration pilot program](#) to provide home health care workers and their families a pathway to permanent residency. Finding effective solutions to fill job shortages in the U.S. health care sector, and specifically, home health care workers, would be beneficial in addressing the shortage and expanding the availability of long-term care.

B. Barriers to Filling Home Health Care Demand

Training and professional development will be essential in increasing the number of people available to address the healthcare worker shortage. Currently, HHS requires HHAs and NAs to undergo 75 hours of training. [No federal training standards for PCAs -exist](#). Instead, training standards for PCAs, where they exist at all, vary by state and by program.

PHI, a national non-profit organization promoting quality direct care, in 2013 released a [report](#) on training requirements in the 50 states and the District of Columbia and found:

- 23 states (45%) have no training requirements of any kind for PCAs.
- 27 states (53%) leave the sufficiency of PCA training to the agency-employer.
- 25 states (49%) specify required training hours for PCAs; however, of these, 14 (27%) require no more than 40 hours of entry-level training.

Training standards are important because they help ensure that the elderly are provided with a minimum standard of quality care. Federal training standards for all three occupations would help assure that the quality of care for the elderly is uniformly met across all states.

As training requirements increase, finances should not be a barrier for workers to get the training they need to enter the home health care sector. Workers facing training requirements may struggle to pay for them, especially HHAs and NAs who currently have a 75-hour training requirement. Federal support, like Pell grants, should be made available for workers required to take part in these types of shorter-term trainings – like the current 75-hour training required for HHAs and NAs or future training requirements put in place for PCAs. Grant eligibility for such trainings would help remove financial barriers for those interested in entering the home health care sector.

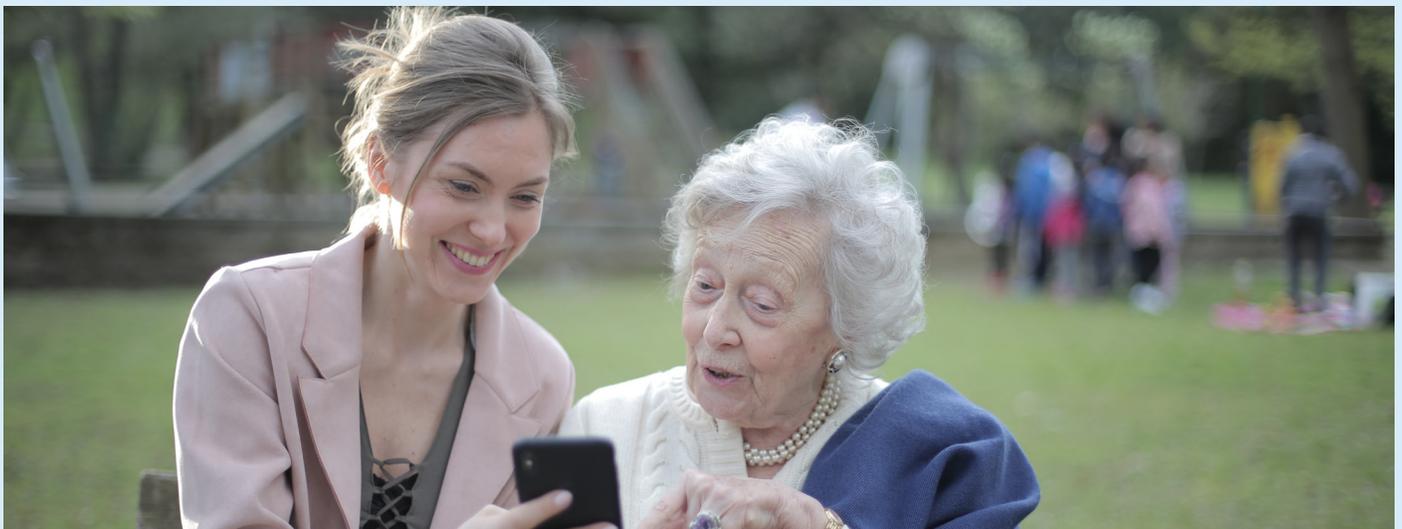
While immigrants share many of the same workforce challenges as native-born workers, some specific issues are unique to immigrants. English language proficiency is one such example. [Approximately](#) 21.2 million immigrants in 2017, representing 48% of all immigrants age 5 and older, were Limited English Proficient (LEP). Of all LEP individuals, 82% are immigrants, and the native-born represent 18% of LEP individuals.

[More than 78%](#) of the U.S. population speaks English at home, including the overwhelming majority of those needing home health care. English proficiency is therefore an important skill for working with those with home health care needs. English proficiency is important not just in terms of engaging with elderly patients but also in navigating the various health networks and other services necessary to provide health aid to the elderly. Immigrant health care workers particularly stand to benefit from programs that provide contextualized English language training. Such training helps to develop immigrants' vocabulary specific to their industry. Combining contextualized English language and technical skills training helps immigrants build both sets of skills concurrently.

The National Immigration Forum's [English at Work program](#) is one promising example of this type. It is a first-of-its-kind, industry-contextualized English training program aimed to help workers with limited English proficiency boost their English language skills, perform their jobs better, and increase access to career advancement opportunities. The program utilizes an original curriculum contextualized for each industry and customized for each employer, with 40% face-to-face instruction and 60% online learning. The face-to-face instruction is available in-person, either at the worksite or on a nearby campus, or remotely on our learning platform, in partnership with leading community colleges. With the onset of COVID-19 in 2020, the program has been delivered fully remotely and has retained the same high efficacy as our traditional model featuring in-person learning.

To date, over 1,500 workers were trained through the initiative. Participant success includes improved language skills, job satisfaction, internal promotion, and high business return on investment such as improved worker retention, customer interaction, and productivity. Such contextualized English language programs could be developed for the home health care sector. A focus on reaching rural areas with training will also need to be addressed to properly prepare enough rural home health care workers.

Digital skills are another area of particular importance for immigrants and native-born alike. A recent MPI report relied on data from the Organization for Economic Cooperation and Development (OECD) to show that 76% of immigrants “struggle with using digital technology and other communications tools to access, use, and communicate information online.” Digital skills



not only help people find work opportunities but also increasingly are the means by which new skills are learned and academic studies are pursued. Distance learning programs are one example, and with the ever-increasing speed of technological change, they will only continue to grow in importance. Accordingly, it is essential that immigrant home health care workers, including those who are LEP, are able to participate fully in job searches, education, and workforce training programs that rely on digital skills.

In pursuing these skills, such as specific training for home health care occupations or English and digital skills, it is important to also consider the barriers to completing such skills training. Nearly 25 percent of all community college students are immigrants, and the community college completion rate for full-time students is 57 percent, and even less, 39 percent, for all full and part-time students. Some of the most common barriers to completing higher education are childcare, transportation support, substance abuse treatment, and career-pathway navigation services. Addressing some of these barriers through legislation such as the [Gateway to Careers Act](#) would prove very beneficial.

IV. Recommendations

In light of the growth projections and workforce needs in the home health care sector, it is essential to articulate viable solutions, be they congressional, departmental, administrative, or otherwise, to fill shortages in both the short-term and long-term. These recommendations recognize the importance of encouraging both native and foreign-born workers to enter the home health care sector to help mitigate the shortages. While making home health care occupations appealing in terms of wages, working conditions, and health, safety, and labor protections, will help address the shortage of home health care workers, the recommendations below focus on addressing barriers relevant to immigrants. The recommendations also include immigration reform proposals, which are necessary to meet the growing demand for home health care workers.

A. Skills and Workforce Development Recommendations

These recommendations are focused on specific skills and workforce development objectives that will help in addressing the worker shortages in the home health care sector.

1. Provide Expanded and More Flexible Home Health Care Training and Education

To address the workforce shortage in the home health care sector, community colleges should increase and provide greater flexibility in course offerings to prepare workers to assist the elderly. For instance, in addition to developing new courses to reach workers in more remote areas, community colleges should develop shorter training modules to address particular situations, such as educational training on caring for patients with Alzheimer's, Parkinson's disease, and other long-term disabilities.

In addition, educational training should take into consideration the current profile of home health care workers, who are often women. For instance, community colleges and home health care agencies could implement flexible arrangements for courses, such as classes on the weekend and in the evening, online education programs, blended learning approaches, together with support services such as transportation and childcare.

2. Congress Should Pass the Gateway to Careers Act, S. 52

The Gateway to Careers Act, which was originally introduced in 2019, would create a competitive grant program administered by the U.S. Department of Education. The Department of Education would provide career pathway grants to eligible institutions, primarily certain public institutions of higher education, career, and technical schools, and create partnerships among educational institutions or agencies, community-based organizations, workforce development partners, and business associations.

The grants would cover support services and activities identified by institutions as most beneficial to their students' academic success. Some of the support services these grants could cover are childcare, transportation support, substance abuse treatment, professional development for faculty and staff, and career-pathway navigation services.

Passing the Gateway to Careers Act would allow higher education students to receive support services that are crucial to completing their post-secondary education and securing the skills and knowledge they need to fill the millions of vacant jobs, including in the health sector.

3. Congress Should Expand Pell Grants to Include Short-Term 75-Hour Credential Programs

Financial aid, such as Pell grants, to support the professional development of minimum wage workers would encourage these workers to consider continuing education to expand their health care knowledge. As the [Higher Education Act \(HEA\)](#) is currently up for reauthorization, there have already been proposals to expand Pell grants to [shorter-term programs](#) such as 150-hour programs. Congress should extend federal Pell grants to industry-recognized short-term credentialing programs in order to respond to the high cost of tuition for middle-skilled professional trainings. Short-term Pell grants should support professional programs offered by eligible institutions of higher education that meet certain quality standards. Another alternative would be to create a similar federal grant program for shorter-term credential programs such as truck driving, welding, skilled trades, and home health care services. This alternative grant program or extending Pell grants to include 75-hour credential programs would help increase the number of trained home health care workers.

4. Develop Federal Training Standards for PCAs

The U.S. Department of Health and Human Services should develop minimum training standards for PCAs. Unlike other direct-care occupations, such as NAs and HHAs, there are [no federal training standards for PCAs](#). Consequently, training standards for PCAs, where they exist at all, vary by state and by program. The lack of a federal training standard can lead to significant differences in the level of preparedness of these workers across the country—and within states.

[At least 25 states](#) already have established required training hours for PCA's, and 22 states have uniform PCA training requirements across all programs. HHS should review these state practices and standards, identify what is effective, and establish a federal training standard. Federal training standards would go a long way to equip a strong workforce that can work throughout a state and in any state, preparing them to address the profession's challenges and assuring quality care for the elderly and disabled.

5. Expand Contextualized English Language Programs

Congress and state governments should increase funding for [contextualized English language programs](#), especially to develop innovative contextualized English programs to prepare home health workers to meet the sector's needs. While there are some NGO and other innovative programs showing very positive results in certain industry sectors, funding through federal and state programs would help scale such programs and could be developed to encourage greater business involvement. Without sufficient English proficiency, caregivers face barriers in properly assisting the elderly. It is estimated that traditional English language programs meet [less than 4%](#) of the English training needs of adult learners.

6. Provide Digital Skills Training

[Digital](#) skills are central to how employers recruit and hire, and to how workers learn about work opportunities. A study by the [Pew Research Center](#) reported in 2015 that 90% of job applicants had looked for work using the Internet. It would, therefore, be advisable to expand the partnerships with libraries and community-based organizations to build the digital skills of immigrants to help them thrive in their job search. These skills are so essential that federal, state, and local government leaders and philanthropic entities should specifically fund libraries and community-based organizations to build out their digital training programs. Additionally, as technology is increasingly incorporated into adult education, from ESL programs to online post-secondary certificates, it will be critical to support immigrants in building their digital skills to advance successfully in the workforce. At all levels, education and workforce development leaders should collaborate with businesses and philanthropic entities that specialize in information technologies to pilot programs that build the digital skills of immigrants. Expanding digital skills training is important, and where possible such training should be integrated into [contextualized English language and occupational skills training](#).



B. Employment-Based Immigration Reform Recommendations

In addition, to increase the pool of available workers to fill home health care positions that are not filled domestically, Congress should [reform](#) our immigration system. That reform must address both non-immigrant visa categories – visa categories that permit individuals to come to the U.S. for a temporary period of time; and immigrant visa categories – visas that allow individuals to come and remain in the U.S. as their permanent place of residency. Expanding the availability of non-immigrant visas is a good place to start, providing needed home health care workers while ensuring that the U.S.-born population is encouraged to fill as many of the openings as possible. When the gap between supply and demand has been firmly established, immigrant visa categories can be increased to meet the long-term nature of home health care.

1. Create a Low-Skilled Non-immigrant Employment-based Visa

Congress should create a new temporary worker pathway specifically for HHAs. A non-immigrant HHA visa would help meet demand by expanding the pool of low- and middle-skilled health care workers. A new visa category is necessary because currently, there are no visa programs specifically for home health care workers.

In creating a new non-immigrant HHA visa, visas levels should be based on the unmet need in the home health care sector, after the U.S.-born population has been encouraged to fill openings. This new visa would provide an opportunity for prospective non-immigrant HHAs to fill job vacancies as demographics changes lead to further increased demand for these workers.

A new HHA non-immigrant visa could be structured much like existing non-immigrant visas. The employing agency, such as a U.S. certified home health agency, would be required to meet certain eligibility criteria in order to file a petition for non-immigrant health workers under the new visa program. Like other non-immigrant or temporary visas, it would be valid for a specified period of time, perhaps two years, and would be renewable to address the continuity of care needed by the elderly and other clients. Home health care workers willing to work in rural and remote areas of the country that have been dramatically affected by shortages of low- and middle-skilled health workers should be prioritized for these visas.

The U.S. immigration system has historically responded to labor shortages in high-skilled health professions with effective, temporary solutions, and a similar response should be pursued for the growing need for home health care workers.

2. Designate Home Health Care Aides as a “Schedule A” Shortage Occupation

[Schedule A](#) is a list of “shortage” occupations in which the Department of Labor (DOL) has determined that hiring foreign workers will not adversely affect the wages or working conditions of U.S. workers. Schedule A shortage occupations are positions in which there are not enough willing, qualified, and available U.S. workers for a sustained period. Those applying for employment-based immigrant visas for Schedule A jobs – which currently include RNs and physical therapists – do not have to receive a labor certification or an offer of employment. Instead of going through the labor certification process, green card applicants are fast-tracked if they meet certain shortage occupation certification criteria relevant to the position. DOL very infrequently updates Schedule A occupations, citing concerns about the lack of accurate data. The list was most recently amended in 2005. Given the ongoing shortages of home health care workers – shortages that will only worsen in the coming years, DOL should amend the Schedule A list to add home healthcare workers.

3. Create New Immigrant Status Opportunities for Home Health Care Workers

In addition, Congress should create an option for home health care workers to obtain immigrant status. Congress could accomplish this in multiple ways. If DOL added home health care to Schedule A, one option would be for Congress to exempt Schedule A occupations from the employment-based visa cap.

Alternatively, Congress could create a special employment-based visa category or carve-out to cover the full spectrum of home health care workers. This latter solution would be particularly useful for HHAs and other essential lower-skilled occupations, which do not fit well into current employment-based visa categories that tend to favor those with advanced degrees. A new immigrant visa category for home health care workers would yield additional benefits to a congested employment-based visa system, making room for other skill areas that have long backlogs. Properly structured, a new visa category that reflected market demand would ensure that as the need for home health care rises, immigrant workers would not compete with other high-demand occupations for visas and would not contribute further to the inefficiency of the visa system.

V. Conclusion

Labor shortages in the home health care sector will only get worse as the U.S. population ages, the native-born workforce seeks out alternative professions, and more seniors need long-term care and live longer. Significant numbers of immigrants already work in this sector, but if provided the opportunity, they could have a critical role in helping the United States address future shortages in home health care occupations. Addressing both workforce development and immigration policies to increase the number of immigrant home health care workers will help to mitigate labor shortages in the home health care sector.

Acknowledgements:

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