



**ELEVATING THE DIRECT CARE WORKFORCE IN  
LONG-TERM SERVICES AND SUPPORTS:  
CAREER PATHWAYS AND RECOGNITION AND  
APPRECIATION **IN BALTIMORE AND BEYOND****

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# INTRODUCTION

With support from the Abell Foundation, the Maryland Regional Direct Services Collaborative's latest initiative, titled "The Direct Care and Services Workforce: Improving Job Quality in Baltimore and Beyond," seeks to build on the organization's [March 2023 report](#) by taking a deeper dive into direct care workforce solutions and offering recommendations for Baltimore City and the greater Maryland region.

The foundation of this report is a series of webinars (see Box 1) that took place between January and June of 2024. Adding to this report is an examination of new and existing research, along with input from subject matter experts who contributed to the webinars.

This report refers often to direct care professionals, or DCPs. This term encompasses certified nursing assistants (CNAs)/gerontological nursing assistants (GNAs), home health aides, assisted living aides, and personal care aides.

Two topics are examined in depth in this report with regard to DCPs: 1) respect and appreciation and 2) viable and meaningful career pathways that support advancement in skills and pay.

## BOX 1: Watch the Maryland Regional Direct Services Collaborative Webinar Series

Jan. 19, 2024: Career Pathways for Direct Care and Services Workers in the Maryland Region: <https://youtu.be/2-SWkwZV0Kw>

March 22, 2024: Best Practices in Respect and Appreciation of Direct Care and Services Professionals: <https://youtu.be/v8pv7scxbbg>

May 8, 2024: The Home Care Workforce: Unique Challenges & Potential Solutions to Improving Job Quality: <https://youtu.be/rLXKF-9FU3g>

June 21, 2024: Nursing Home & Assisted Living Direct Care Professionals: Challenges and Potential Solutions: <https://youtu.be/8s9Q2aLq0bA>



As indicated by multiple experts appearing on the webinar series, addressing these topics are vital to solving the workforce crisis. That being said, one theme undergirding all dialogue relevant to the direct care workforce is pay and benefits.

As guest Jennifer Craft Morgan, PhD, director of and professor at the Gerontology Institute at Georgia State University, stated during the series, “Yes [DCPs] are intrinsically motivated to do this work, and we have to recognize and understand this. But if we don’t solve the extrinsic side—the pay and benefits—we are not professionalizing this workforce and that’s what we need to be able to do.”

Although it is no secret that DCPs have historically been paid very low wages, with many rates at or just below what are considered living wages (see Box 2), this is an important point to consider as this report examines the challenges faced by DCPs as well as employers in Baltimore. For example, a living wage in Baltimore City, for a single adult with no children, is \$20.43, while the minimum wage in Baltimore is currently \$15 per hour. (See Box 3)

## **BOX 2: Economic Indicators for Direct Care Professionals in Maryland and the District of Columbia**

### **Maryland**

Median Wage: \$16.38

Median Personal Earnings: \$ \$31,269

Low Income Household: 25%

### **District of Columbia**

Median Wage: \$17.06

Median Personal Earnings: \$ \$34,203

Low Income Household: 31%

*Source: PHI. “Direct Care Workforce State Index.”*

*Accessed Jan. 20, 2025: <https://www.phinational.org/state-index-tool>*



## FINDINGS AND HIGHLIGHTS

The initiative revealed the following themes:

- The importance of expressions of substantive respect and appreciation and their role in retention and recruitment cannot be overstated;
- Career pathways are vital to elevating the direct care profession, to improving quality care across settings, and to solving the retention and recruitment challenges;
- Two types of career pathways are vital to the workforce expansion and development and expansion: career ladders, which entail advancement opportunities to roles such as licensed practical nurse, registered nurse, administrator, and more, and career lattices, which entail additional training and education on clinical and nonclinical topics that are tied to a raise in pay, an elevation in title, and/or new responsibilities and recognition; and
- The development and implementation of career pathways is a form of respect and appreciation.

### **BOX 3: The MIT Living Wage Calculator**

The Living Wage Calculator was developed to help individuals, communities, employers, and others estimate the local wage rate that a full-time worker requires to cover the costs of their family's basic needs where they live. It was originally developed, in 2003, as an alternative to federal poverty standards by Dr. Amy K. Glasmeier, professor of Economic Geography and Regional Planning at the Massachusetts Institute of Technology's (MIT's) Department of Urban Studies and Planning (DUSP), and Dr. Tracey Farrigan, a graduate student at the time.

Today, the data featured on the calculator is produced and donated by the Living Wage Institute.

Explore the calculator (by state, city, and county) here: <https://livingwage.mit.edu>



## **Making Appreciation and Respect Meaningful**

Recognizing and demonstrating respect, in addition to showing appreciation for direct care employees, can be game changers when it comes to retention and recruitment, according to many of the guests who appeared on our webinar series.

Recent research from [Gallup](#), a global analytics and research firm, underscores these assertions. Employees who receive “high-quality” recognition are less likely to leave their jobs, the Gallup data found. The company’s own longitudinal data from 2022 to 2024 show that well-recognized employees are 45 percent less likely to have turned over after two years. Gallup cited its own [five essential pillars](#) of strategic recognition in the workplace as a solution to building “a culture that prioritizes and consistently delivers high-quality recognition.”

While recognition efforts may seem easy enough to implement, making them high-quality, accessible, and meaningful takes a bit more work, according to Nate Hamme, president and executive director of the Ceca Foundation, a nonprofit organization that works with employer partners to honor the work of exceptional caregivers. Ceca’s framework outlines how to build a recognition program for DCPs that is inclusive, mission-aligned, public, authentic, consistent, and timely. The organization’s research identified the following items that make DCPs feel disrespected and unappreciated:

- Lack of compassion or understanding from management
- Lack of a living wage
- Unrealistic expectations
- Management that lacks compassion for patients/residents
- Lack of teamwork or collaboration
- No or little effort on management’s part to get to know staff or encourage/enable them to get to know each other

*(Source: Ceca Foundation, New Mexico Health Care Association’s CMP Project Report, “Best Practices in Staff Retention: What Employees Really Want” by Patricia Whitacre, RN, director of quality and clinical services and Tracy Alter, BBA, senior director of member services.)*

Ceca's recognition model is aimed at helping partners succeed at increasing employee engagement, reducing turnover, and improving quality of care. "The more engaged your employees are, the more satisfied your patients will be, which ultimately affects your bottom line," said Hamme. "And recognizing your employees the right way is one of the best ways to get them more engaged." (See image above).



Sources: Ceca Foundation, Press Ganey Associates Inc. & ResearchGate

The National Association of Health Care Assistants (NAHCA) released its own data in 2023 underscoring the need to prioritize the value of expressing appreciation of DCPs. A national survey of its members identified "lack of appreciation and respect from supervisors" as one of the biggest challenges they face in their jobs. Nearly all (92%) said they wanted to continue as a CNA if the position came with additional educational opportunities, pay raises, and recognition.

Sharon Ward, EARN/youth program manager for the Baltimore Alliance for Careers in Healthcare (BACH), stated that she has received feedback from a number of DCPs that the CNA/GNA position is not respected. "They are often not heard and are overutilized in ways contrary to the direct training and credentialing they have received. This directly relates to retention and causes high turnover," she said.

Reeba McKenny, 1199 SEIU staff member, explained the reality of why recognition and respect are so important: "I was a CNA/GNA for about 22 years in long-term care. I was with a company for 14 years that was absolutely amazing," she said. She received a high level of respect from administrators and management above and beyond the typical employer-employee relationship. "It was like family," she said. "They heard and understood the voices of the workers and created events for residents and staff, such as carnival days, mock weddings, proms, employee of month/year with a free parking spot. If a unit experienced no falls, each worker was given a gift card. And the holiday parties were amazing. I spent 14 years there because of that type of environment. I loved coming to work every day. We all felt appreciated."

Lori Porter, CEO of NAHCA and guest on the January 2024 webinar, noted that she has seen the work of DCPs being pigeon-holed into what's known as "task talent" (a term that refers to an individual's specific ability to effectively complete a particular task or set of tasks), instead of recognizing that professional's ability across multiple areas, such as broader areas of direct care. "We have trapped individuals, who are talented professionals, into believing that they need to complete a set of tasks instead of empowering them to think and act in ways that help them, and their supervisors, deliver higher quality care."

Porter, who co-founded NAHCA 30 years ago, urged the audience to be aware that individuals who are credentialed as CNAs, HHAs, or PCAs do not appreciate being referred to as “workers.” In a world where words matter, she noted, the recognition that they are professionals has been lost, in part, due to the consistent references that they are called “workers.” Referring to such individuals as “professionals” or even “caregivers,” offers another way to elevate the direct care workforce that so desperately needs to be uplifted, through both words and actions, in substantive and legitimate ways, she asserted.

Jessica King, PhD, research and evaluation associate at PHI, a research organization that promotes quality direct care jobs, joined the March 2024 webinar to discuss her organization’s work on direct care job quality, including its “5 Pillars of Direct Care Job Quality”, an evidence-based framework for improving job quality (see Box 4).

### **Ladders and Lattices Essential**

As Georgia State University’s Craft Morgan noted, employers should “create career advancement [opportunities] that are transferable, stackable, and accessible.” It is essential, she said, to lifting up DCPs and professionalizing their work. “It’s our job to figure how to support these individuals and to acknowledge the skills they have.”

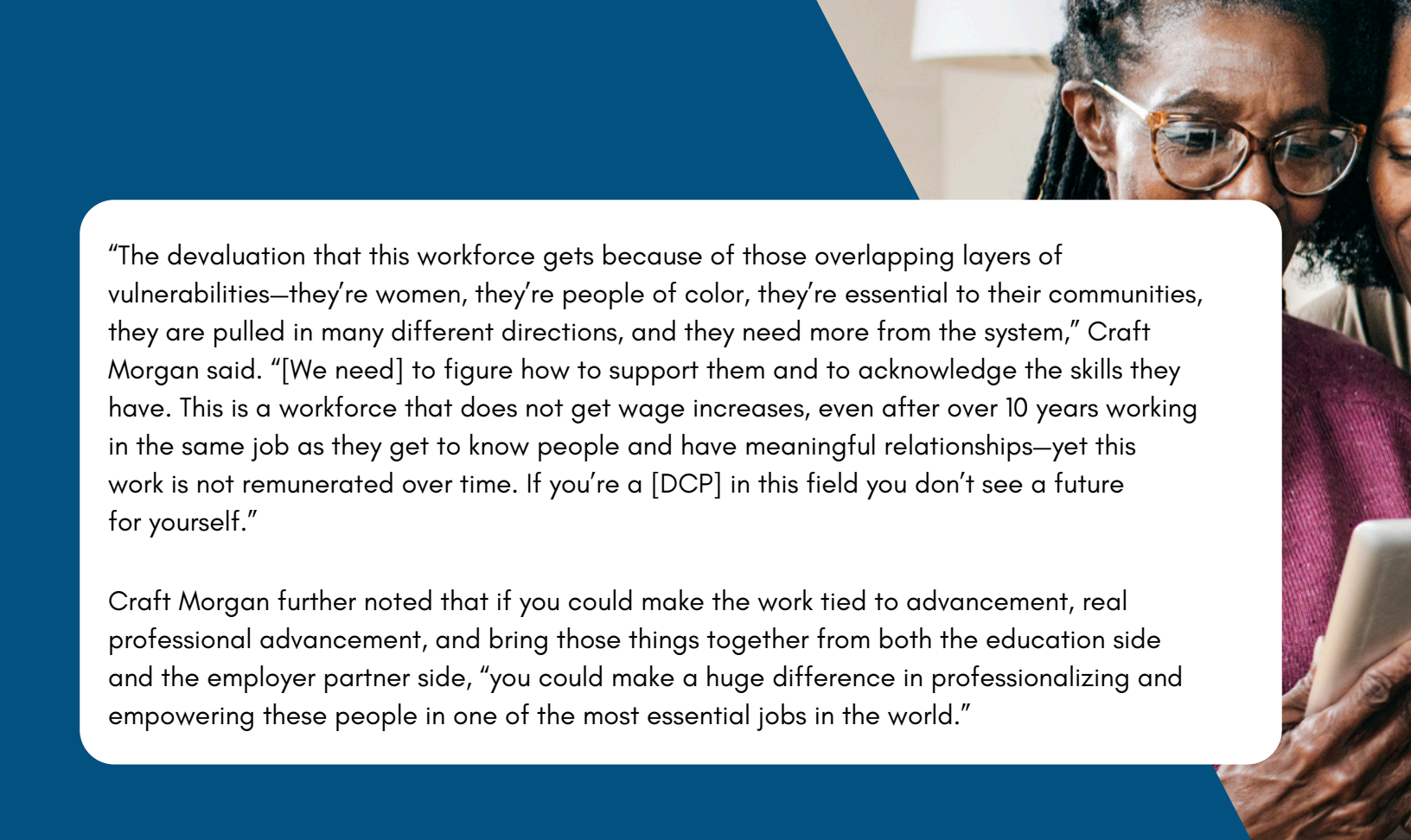
Research shows that DCPs get job satisfaction from the intrinsic motivation that they want to take care of people, support people with disabilities, and respect elders, Craft Morgan added. They want to do all the things that require meaningful and engaging relationships with their clients. “And that’s where they get the juice from; that’s what they get happy about. And the feedback from these relationships is why many of these women—they are largely women and largely women of color—are in this job and why they care about this job and are motivated to do it,” she said.

### **BOX 4: PHI Research and Reports**

Among PHI’s Five Pillars of Direct Care Job Quality is a list of items under the “Respect and Recognition” pillar, as follows:

- DCPs are reflected in the organizational mission, values, and business plans;
- Diversity, equity, and inclusion are formalized in organizational practices;
- Consistent feedback is given on work performance and retention is celebrated;
- Opportunities exist for DCPs to influence organizational decisions;
- There is clear communication about changes affecting DCPs, with opportunities for feedback;
- DCPs are empowered to participate in care planning and coordination;
- Other staff are trained to value DCPs’ input and skills; and
- There are career pathways that include ladders and lattices.

In PHI’s [Direct Care Workforce State Index](#), which was updated in August 2024, Maryland placed number 7 and the District of Columbia came in at number 6. This report offers a look at state policies that improve DCP compensation, training, and access to employment (via matching service registries).



“The devaluation that this workforce gets because of those overlapping layers of vulnerabilities—they’re women, they’re people of color, they’re essential to their communities, they are pulled in many different directions, and they need more from the system,” Craft Morgan said. “[We need] to figure how to support them and to acknowledge the skills they have. This is a workforce that does not get wage increases, even after over 10 years working in the same job as they get to know people and have meaningful relationships—yet this work is not remunerated over time. If you’re a [DCP] in this field you don’t see a future for yourself.”

Craft Morgan further noted that if you could make the work tied to advancement, real professional advancement, and bring those things together from both the education side and the employer partner side, “you could make a huge difference in professionalizing and empowering these people in one of the most essential jobs in the world.”

## BOX 5: Lattices and Ladders

Lattices are considered pathways that link higher wages and advanced roles to education and/or training in a subject area that is directly relevant to a DCP’s scope of work. Ideally, a lattice will offer DCPs the opportunity to have portable, transferable credentials that work across all LTSS settings.

Career ladders allow DCPs to move into other positions that are either directly related to their work or closely with that work. Ladders are linked to higher retention within an organization because they offer DCPs the ability to grow their skills beyond their current roles, be recognized for their achievements, and get paid more.

Following are some models from other states:

- Massachusetts’ [“Personal and Home Care Aide State Training”](#) (PHCAST) is a free online training to prepare individuals for the direct care workforce.
- Iowa’s [“Prepare to Care Model”](#) offers a clear pathway for direct care certification and advancements that cover a range of possible roles.
- Wisconsin’s [“WisCaregiver”](#) program is a comprehensive training, recruitment and placement, and retention program for nursing assistants run by state agencies and providers created in 2018 to address nursing home CNA shortages (in 2023 the state expanded it to include home care aides).





Both Porter and Craft Morgan acknowledged that DCPs are eager to be educated. “But it often doesn’t lead to anything,” Craft Morgan said. “Their work, their skills, and experience need to lead to intrinsically better jobs in order for it to be meaningful. Without that scaffolding there is no chance that all that education will lead to anything,” except disenchanted and disenfranchised employees who have invested in their own education and have nothing materially to show for it.

Porter described a lattice model for nursing home CNAs, called the Enclave Principle, that was created by NAHCA. It establishes a separate department for CNAs and a “Director of Certified Nursing Assistants,” or DNA, position for that department. “CNAs are ready to be leaders in their own profession,” she said, “and we need to free them from being under their employers to let to them grow where they are planted.”

Enclave has been piloted in five states and in nine nursing homes, where it is designed to focus on quality improvement and performance with measures and goals tailored to the work that CNAs do.

### **Career Maps that Work**

Multiple subject-matter experts throughout our series advocated for the creation of career maps with competency-based job tiers and educational opportunities that support lattices and ladders. Such maps should include an effort to identify employees early on in their career track for potential promotion and training for higher level positions, they suggested. Career maps help both incumbent and new employees understand how they can move their way up into positions where they are recognized and rewarded for their experiences and knowledge.

BACH’s Ward discussed the importance of painting a strong portrait of health care, as many of the new or aspiring CNAs and GNAs she works with don’t really know much about the field. “Many individuals are coming into these spaces, and this is their first time even approaching any healthcare career. They’re highly motivated but have limited knowledge of the field, the work they’ll be doing, and the skills and competencies they’ll need,” she said.

As Regional Coordinator for Employ Prince George's, Fahim Karim asked healthcare employees in the county about what kinds of people and skills they are seeking. The organization then created a career pathway document that is user-friendly and easy for people to visualize.

"So, if somebody wants to become a home health aide, a social worker, a pharmacy technician, or a registered nurse, they can picture themselves in the field and are motivated to pursue the necessary education and training," said Karim, adding that Employ Prince George's utilizes a career counselor who works with each person to identify their needs and desires with regard to the job and advancement.

### **Home Care Challenges**

The biggest challenge facing Maryland home care DCPs is low pay—especially for Medicaid-funded work, said David Rodwin, an attorney with Murphy Anderson in Washington, D.C. Adding to this problem is that many home care aides are misclassified as independent contractors. "If an agency controls your wages, you are almost definitely an employee," he said. "One reason why this is important is because it ensures those employees get minimum wage and overtime protections, as well as workers' compensation. And if you're misclassified as an independent contractor, you will have a harder time getting these protections."

Rodwin asserted that a recent final federal rule, "Ensuring Access to Medicaid Services," is a game changer for in-home DCPs. Finalized in April 2024, the rule requires that, in six years, states must "generally ensure a minimum of 80 percent of Medicaid payments for homemaker, home health aide, and personal care services be spent on compensation for [DCPs] furnishing these services, as opposed to administrative overhead or profit, subject to certain flexibilities and exceptions."

Rodwin and others throughout the series agreed that inadequate Medicaid reimbursement to both home care and nursing home providers are a significant obstacle in getting higher pay rates for this workforce.

Caitlin Houck, executive director of the Maryland National-Capital Homecare Association, agreed that low wages are the byproduct of historic underfunding of home care, adding that Maryland has a long history of not having a well laid-out mechanism

to determine what those rates should be, how they should be determined, and the frequency in which they should be evaluated.

What's more, Houck noted, the costs that are not covered by Medicaid cannot be passed on to the consumer. In addition, there are implications for employers because overtime is not a reimbursed wage. Overtime is 150 percent of the hourly reimbursement rate that an agency is paid, so any overtime compensation that an agency pays will produce a loss on every hour of care provided. This creates access-to-care issues and affects quality of care. "How can a home care agency provider be competitive if we have 2.5 dollars less to pay, compared with what a nursing home can pay," she said.

Jason Hafer, vice president of HomeCentris, a home care company that employs 1,450 caregivers in three states, including 1,000 in Maryland, noted that he has collaborated with Rodwin, Houck, and others to advocate for legislation that eliminates misclassification of workers in Maryland "because we believe it matters to our folks," he said. "It's about the old adage, 'a rising tide raises all ships.' If we can impact those who make the least amount of money and are marginalized the most, what that does for the industry is raise everybody up. By impacting and influencing what happens with our Medicaid, we're able to raise the industry."

Tonya Maynard, a home care/personal care aide in Baltimore, feels that home caregivers get very little respect. "I have been with the same company for 14 years. In that time, I have had only three clients. The only way I leave a client is if they pass away," she said. "[My employer] wouldn't give me the day off to go to a client's funeral. And 12 weeks later, my uncle died and I had to take that day off without pay." She added that she continues to do the work for her clients. "I don't know how many people can function with just \$888 every two weeks, not to mention that rent is \$1,000 and I have a car payment and gas to pay for." The only real appreciation or recognition she gets, she says, is through the relationships she has with her clients. "Every now and then they say 'thank you.' I know they depend on me."

Cynthia Neely, a nursing home CNA and home care aide, expressed disappointment in not having been warned about a new client that had a roach- and mice-infested home. "They give us \$25 gift cards. But that's not enough. When you get to a client's home and there are roaches and mice, it's uncomfortable, but you don't want to let the client down. I stay and help [but] it seems like that we are just bodies to employers. I would appreciate more support from my agency."



## Nursing Home Challenges

Like home care aides, the biggest challenges for nursing home CNAs are low pay and poor benefits. “When you see 40 percent of this workforce (in Maryland) receives some type of public assistance, it is a travesty for the workers and for of us who have worked on this field to try to change policy and practices,” said Robyn Stone, senior vice president of research at LeadingAge, and co-director of the LeadingAge LTSS Center @UMass Boston.

“We don’t support the workforce that does 60 to 80 percent of the work. If you want to produce quality you don’t need a rocket science degree to know that the people doing the work have to be trained, supported, heard, and paid well,” Stone said.

Holly Ward, a CNA at Keswick Multi-Care Center in Baltimore, highlighted the value of ensuring that CNAs feel appreciated and supported in their work. “All staff should help when residents need to be fed, including nurses,” said Ward. “We shouldn’t make residents wait to eat or get a cup of water, and anyone can help.”

“Sometimes we are their surrogate family,” Ward said, adding that the best outcome of this is better care for residents. She asserted that in order for the unit to run smoothly, “everyone has to work together. It’s already stressful enough, and you want employees to keep coming to work, so we are going to get in there and do what we have to do.”

Ward noted that Melody Nwokolo, a preceptor and CNA at Keswick, does get into the thick of it and is not afraid to ask others if they need help. “She comes in and is part of the unit that day. And that’s how it’s supposed to be.”

Nwokolo sees her role, and that of other CNAs on her team, as advocates for teamwork and retention. “Everybody here is a mentor and a leader, and we all must be doing that. We have to be able to take criticism from each other. It’s ok for a housekeeper to tell a CNA that something isn’t right.

## CONCLUSIONS AND RECOMMENDATIONS

Despite the indispensable role of direct care professionals and the acknowledgement of their value by nearly the entirety of the long-term services and supports community, the very real challenges to improving job quality remains.

Low wages, limited opportunities for career advancement, and insufficient recognition for their contributions continue to persist. Addressing these challenges requires holistic and collaborative efforts designed to elevate the status of direct care work by fostering greater respect and appreciation, as well as by creating clear and accessible career pathways.

By investing in the development of the “CareForce,” we not only honor the dedication of these individuals, but also strengthen the quality and sustainability of care for all. It is time to prioritize meaningful change and ensure that DCPs receive the dignity and opportunities they so rightfully deserve.

In addition to the recommendations found in the [Collaborative’s 2023 report on Long-Term Services and Supports in Baltimore](#), we support the following:

1. Encourage employers to set up hiring practices that groom employees for positions that are both within their own roles and outside of them—via career ladders and lattices. Such initiatives must be associated with internal and external career advancement that is meaningful, transferrable, stackable, and accessible. Consider utilizing the examples from other states as models to emulate in these efforts.
2. All direct care workforce stakeholders in Baltimore, as well as throughout the Maryland region, should consider joining together in education and training efforts that professionalize and recognize direct care professionals with the highest standards of training as possible, especially those that emphasize person-directed care.
3. Notwithstanding Maryland’s excessive budget deficit, legislators must consider the consequences of continuing to underfund Medicaid providers who serve older adults and individuals with intellectual and developmental disabilities. Continuing to enable wages that are significantly below living wages serves only to exacerbate the staffing turnover and retention challenges faced by providers, which worsens access to care as well as quality of care.



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