



**REPORT FOR CERTIFIED
NURSING ASSISTANTS (CNA) &
HOME AND COMMUNITY-BASED
SERVICES (HCBS)**

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State of California

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Background

Department of Health Care Access and Information

The Department of Health Care Access and Information (HCAI) was created in 1978 to provide the state with an enhanced understanding of the structure and function of its healthcare delivery systems. Since that time, HCAI's role has expanded to include delivery of services that promote equitable access to health care for all Californians. HCAI is a leader in collecting data and disseminating information about California's healthcare infrastructure, promoting an equitably distributed healthcare workforce, and publishing valuable information about healthcare outcomes. HCAI also monitors the construction, renovation, and seismic safety of hospitals and skilled nursing facilities and provides loan insurance to facilitate the capital needs of California's nonprofit healthcare facilities. Several boards and commissions advise these programmatic functions. HCAI serves as the building department for California hospitals and skilled nursing facilities. Its primary goal is to promote patient safety by ensuring that each facility remains functional during a natural disaster.

HCAI collects, analyzes, and disseminates information about hospitals, skilled nursing facilities, clinics, and home health agencies licensed within California. Examples of facility information include financial reports, service utilization data, and quality of care data. To promote a diverse and culturally competent workforce, HCAI analyzes California's healthcare infrastructure and workforce needs. HCAI addresses the state's healthcare workforce needs by providing direct grant funding to medical schools, nursing programs, and other healthcare training institutions. HCAI also offers scholarships and loan repayments to students and health professionals who agree to provide patient care in medically underserved areas. Scholarship and loan repayments are offered for allied health, nursing, behavioral health, dental, and other medical professions. The California Health Facility Construction Loan Insurance Program (known as the Cal-Mortgage Program) offers loan insurance to nonprofit and public health facilities to develop and expand healthcare services throughout California.

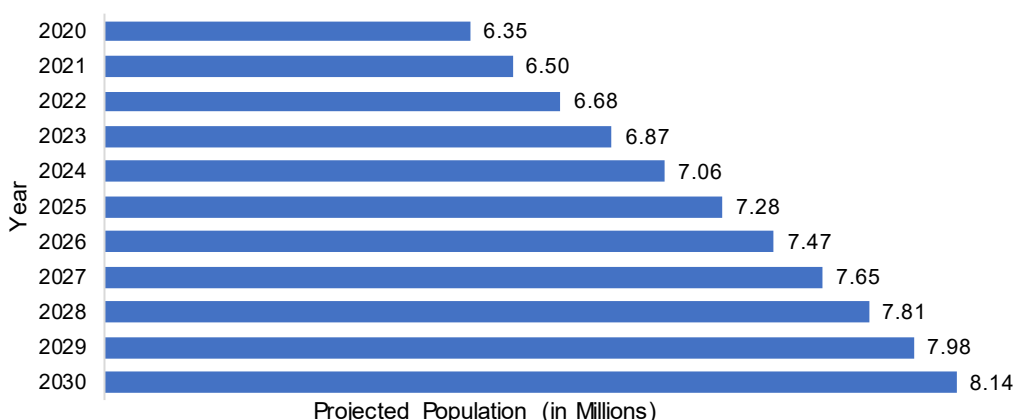
HCAI is also advancing healthcare affordability across the state. Established in 2022, the Office of Health Care Affordability (OHCA) analyzes California's healthcare market for cost trends and drivers of spending, enforces healthcare cost targets, and conducts cost and market impact reviews of proposed healthcare consolidations. The Health Care Affordability Board will advise on key activities and approve specific aspects of OHCA's work, with input from an Advisory Committee and the public. To drive toward a high-value system, in addition to cost targets, OHCA will measure and publicly report on quality, equity, adoption of alternative payment models, investment in primary care and behavioral health, and workforce stability.

Additionally, the state has established the CalRx Biosimilar Insulin Initiative in response to increasing prescription drug prices. HCAI will start by partnering to develop, manufacture, and distribute short- and long-acting types of insulin products.

Introduction

California has one of the largest elderly populations in the United States. In 2020, the 65+ population was 6.3 million, projected to grow from 6.5 million in 2021 to 8.1 million in 2030, an increase of 1.8 million (Figure 1; Table 1). With this dynamic increase in this age group, the demand for direct care workers such as Certified Nursing Assistants (CNAs) and Home Health Aides (HHAs) will also increase; CNAs and HHAs are critical in delivering person-centered care for the elderly in homes and the community.

Figure 1: Projected California Population, Aged 65+ Population (in Millions)



Source: California Department of Finance

Table 1: Projected California Population, Aged 65+ by Region

	Central Coast	Greater Bay Area	Inland Empire	Los Angeles County	Northern and Sierra	Orange County	Sacramento Area	San Diego Area	San Joaquin Valley
2020	404,826	1,379,715	624,562	1,607,182	315,182	524,101	391,154	543,059	556,603
2021	413,681	1,418,439	642,081	1,635,971	321,425	537,783	402,368	557,505	572,003
2022	426,094	1,464,559	662,384	1,671,622	327,704	554,573	411,097	574,815	587,189
2023	438,830	1,511,717	684,093	1,710,489	333,225	573,401	421,604	593,026	603,352
2024	450,970	1,560,526	706,765	1,750,239	338,270	593,195	432,846	611,255	619,255
2025	464,421	1,613,879	731,897	1,793,545	344,031	614,608	446,250	630,872	636,526
2026	475,376	1,663,553	755,583	1,828,409	348,799	634,623	459,301	647,942	652,738
2027	486,034	1,711,337	778,449	1,860,758	352,424	652,869	472,288	663,746	667,395
2028	495,121	1,758,511	800,141	1,889,423	355,333	671,023	485,051	678,475	680,970
2029	503,601	1,805,435	821,841	1,919,084	357,254	689,223	497,251	693,030	693,440
2030	511,266	1,850,777	842,529	1,948,146	357,821	706,091	508,369	706,462	705,302

Source: California Department of Finance

This report relies on the California Department of Public Health (CDPH) certification data for individuals working as Certified Nursing Assistants (CNAs) and Home Health Aides (HHAs). Certification data enumerates every professional within the workforce and

is collected as part of the administrative renewal process. Additionally, it profiles information on the overview of certification status, demographics, training and employment trends, geographical distribution, and adequacy needs as of October 1, 2023. Finally, this report will highlight HCAI's initiatives in attracting, retaining, and increasing professionals in the industry.

Key Findings

- The number of active Certified Nursing Assistants (CNAs) and Home Health Aides (HHAs) in California has remained steady between October 2022 and October 2023 ([Figure 3](#)).
- A large majority of direct care workers are women, of which HHAs (median age of 48) are older than CNAs with median age of 37 ([Figures 4](#) and [5](#)).
- A vast majority of counties within the Northern and Sierra Region (19 out of 23) have no accredited HHA training program providers ([Figure 6](#)).
- A majority of the CNA workforce that chose to disclose the type of facility they work in indicated their primary practice location is a Skilled Nursing Facility ([Figure 7](#)).
- According to the Bureau of Labor Statistics, employment rates were greatly reduced during the pandemic (2020-2021), however rates as of 2022 were beginning to return to pre-pandemic levels ([Figure 8](#)).
- The Inland Empire has the highest projected regional increase in the 65+ population from 2020 to 2030 ([Figure 1](#)); conversely, this region only has about 12 percent of the CNA/HHA workforce ([Figures 9](#) and [10](#)).
- There are no certified CNAs in Alpine County and no certified HHAs in Modoc, Mono, Sierra, and Trinity counties, all of which are located in the Northern and Sierra region ([Figures 9](#) and [10](#)).

Definitions of terms

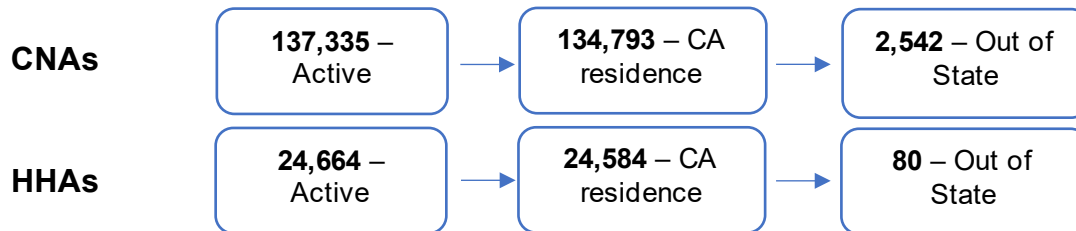
Direct care workers comprise the following health care professionals: personal care aides, HHAs, and CNAs that provide patient services for the care, safety, and protection of the elderly, disabled, or injured individuals (CDPH).

Home- and community-based services (HCBS) are types of person-centered care delivered in the home and community to address the needs of people that require assistance with everyday activities (US Department of Health and Human Services).

Overview of the Workforce

As of October 1, 2023, approximately 98 percent (134,793) of CNAs and 99 percent (24,584) of HHAs with active certifications reside in California (Figure 2). It is important to note that these values do not account for individuals holding both a CNA and HHA licenses, so may not represent unduplicated totals.

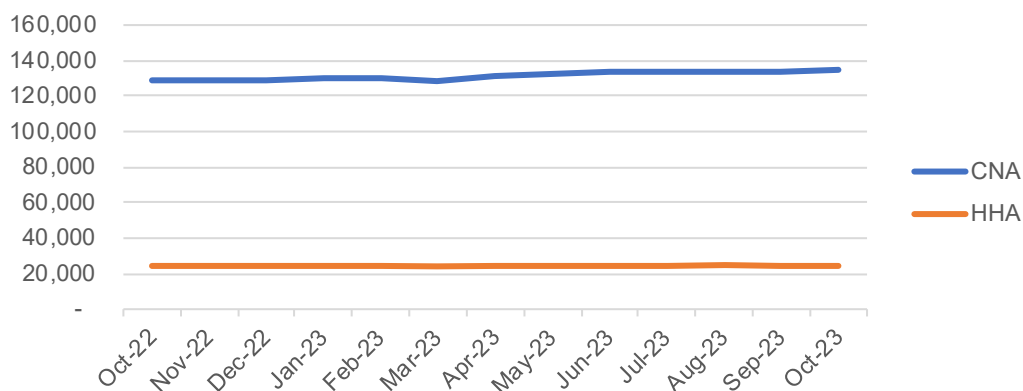
Figure 2: Certification Status



Certification Trends (Monthly)

HCAI began receiving certification data from CDPH in late 2022, so this report will only present data during that time period. From October 2022 through October 2023, CNAs and HHAs have maintained consistent active certification totals each month (Figure 3). CNAs peaked in October 2023 with 134,793 active certifications and HHAs peaked in August 2023 with 24,854 active certifications.

Figure 3: Monthly Active Certifications from October 2022-October 2023



A new or renewing certification is any active certification with an issue date that fell within the same month the data was collected. The data available does not provide differentiation between records from a renewed certification and those from brand new certifications; however, we hope to be able to make this distinction in future iterations of this report in order to provide a deeper examination of the incoming workforce.

Between October 2022 and October 2023, CNA and HHA new certifications and renewals peaked in December 2022 (Figure 3). Future iterations of this report will aim to identify what this trend may mean within the long-term care workforce.

Demographics

Gender and age characteristics differ by profession. Nearly 80 percent of CNAs and 79 percent of HHAs are female. Figure 4 shows that 29 percent of female CNAs are 20-29, with a median age of 37. In comparison, the median age for HHAs is 48 (Figure 5).

Figure 4: Age and Gender (CNAs)

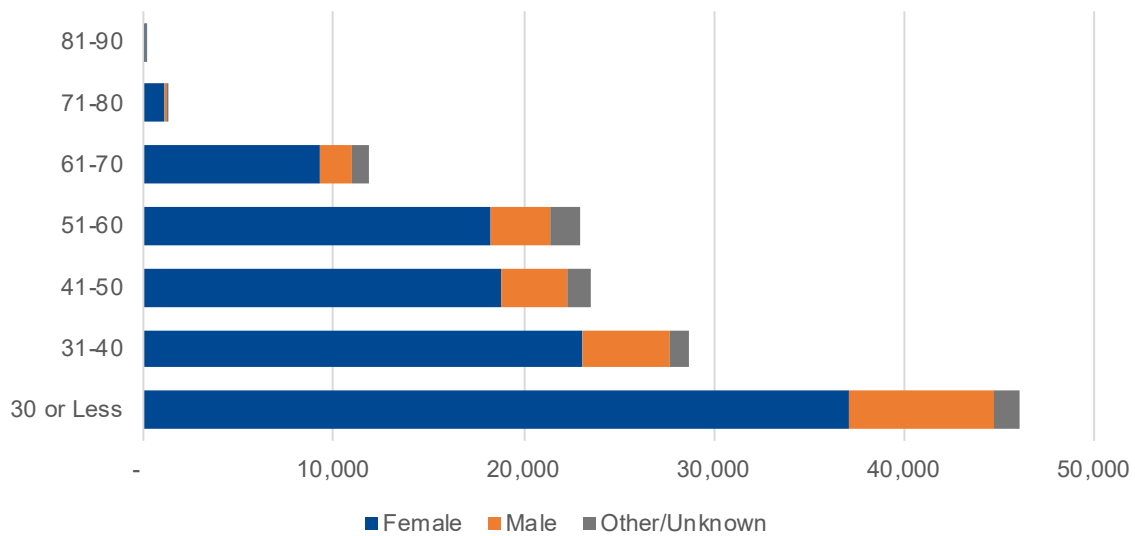
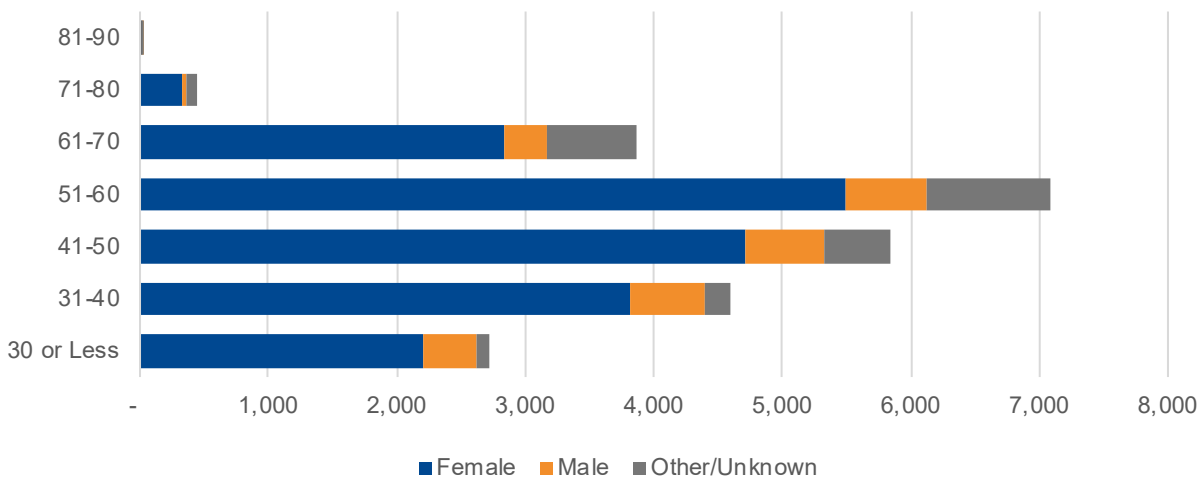


Figure 5: Age and Gender (HHAs)



Education and Training Programs

CNAs/HHAs typically study within the state, attending various CDPH-accredited training programs (Table 2) classified as:

- (a) HHA Training Programs (40-hour and 120-hour training)
- (b) CNA Training Programs

These training programs range from 4 to 12 weeks of instructional hours and clinical practice.

Table 2: Training Programs and Locations

CHIS Regions	Active Licensed Training Programs/Types				
	CNA Programs				HHA Programs
	ELF	SNF (INH)	SCH	ELS	HHP
Central Coast	0	14	34	4	12
Greater Bay Area	1	16	108	8	34
Inland Empire	0	6	95	5	27
Los Angeles County	0	4	222	15	60
Northern and Sierra	0	32	31	1	7
Orange County	0	3	59	4	7
Sacramento Area	0	9	40	4	7
San Diego Area	1	7	88	4	12
San Joaquin Valley	1	14	136	8	24
Total	3	105	813	53	190

ELF refers to eLearning Facility, SNF (INH) is Skilled Nursing Facility Program (inhouse), SCH is School training program, ELS are eLearning School, and HHP is Home Health Aide program.

The highest number of training programs (Figure 6) are in Los Angeles County (28.1 percent), Greater Bay Area (16.6 percent), and San Joaquin Valley (13.4 percent). A vast majority of counties within the Northern and Sierra Region (19 out of 23) have no accredited HHA program providers.

Only 42 percent of CNAs provided information on their primary workplace setting. Of those who responded, the majority of the CNA workforce work in Skilled Nursing Facilities (64.3 percent) followed by Non-Long Term Care Providers (21.4 percent) and Intermediate Care Facilities (6.9 percent; Figure 7).

Figure 6: Percent of Statewide Training Programs by Region

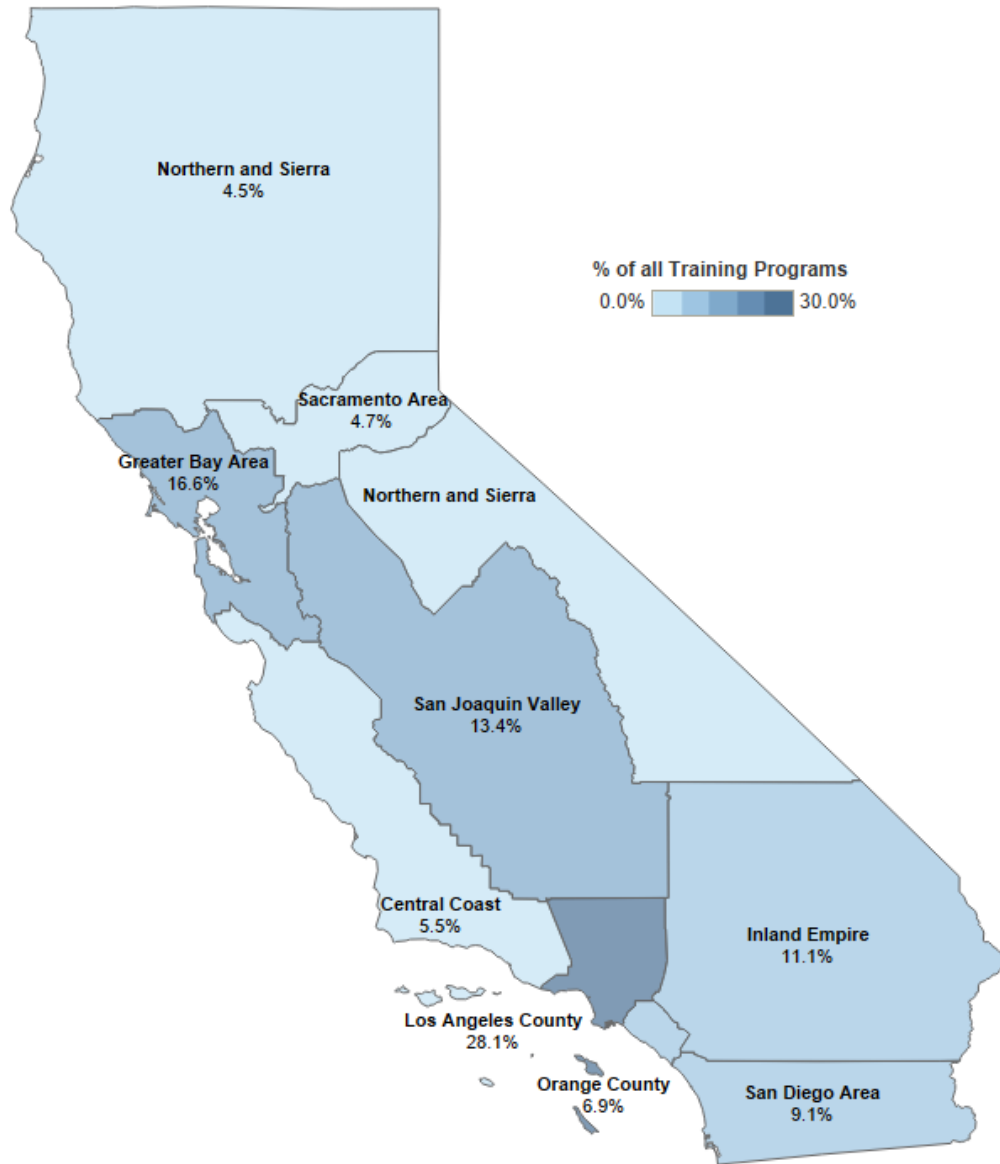
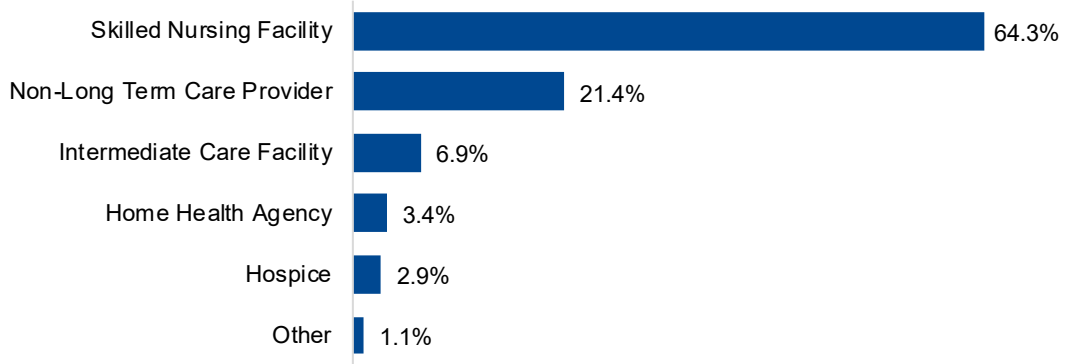


Figure 7: CNA Workplace Settings (%)

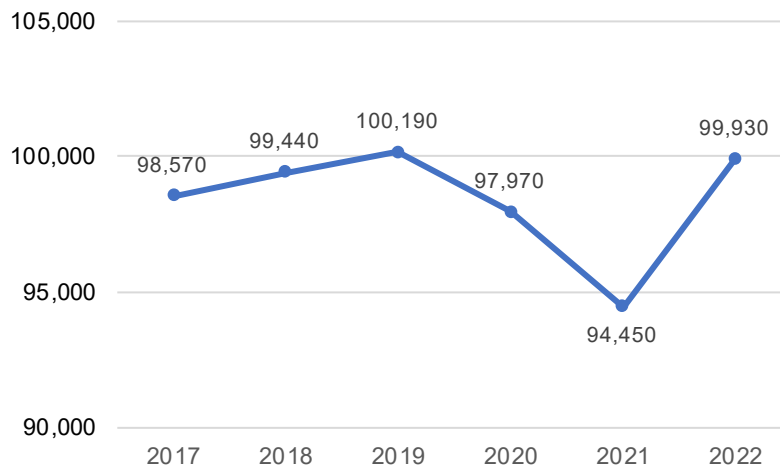


Note: These percentages represent 58,961 of the active CNA certificate records in California that elected to provide information regarding their primary workplace setting. These counts may include the same individuals across different workplace settings.

Employment Trends

CNA employment increased from 2017 to 2019 by 1.6 percent (Figure 8). However, employment decreased by 5.7 percent during the pandemic from 2019 to 2021. From 2021, job employment steadily rose, with a peak nearly reaching pre-pandemic levels (99,930) recorded in 2022. It is unclear what the cause of this increase may be, however it will be investigated in future reports.

Figure 8: CNA employment from 2017 to 2022



Source: Bureau of Labor Statistics

Regional Distribution

The CNA and HHA workforce have the highest concentrations in Los Angeles County (29.3 percent | 36.6 percent) and the Greater Bay Area (16.2 percent | 15.8 percent; Figures 9 and 10). In contrast, the regions with the highest percentage increase in elderly population by 2030 are the Inland Empire and Orange County (34.9 percent | 34.7 percent; Table 1).

Alpine County has no CNA health professionals, while Alpine, Modoc, Mono, Sierra, and Trinity Counties have no HHA health professionals. All these counties with no HHA health professionals are located within the Northern and Sierra region, which has the lowest expected increase in the elderly population by 2030.

Figure 9: Percent of Statewide Certified Nursing Assistants by Region

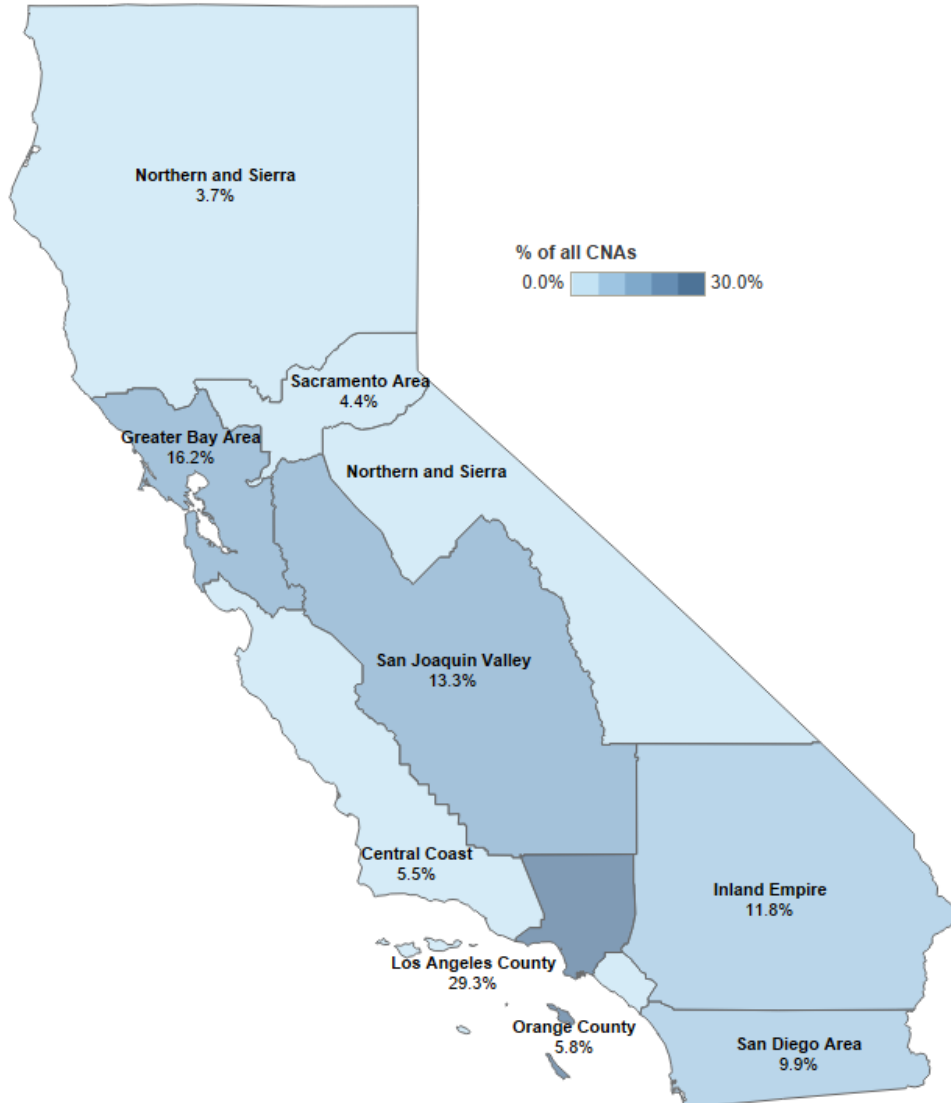
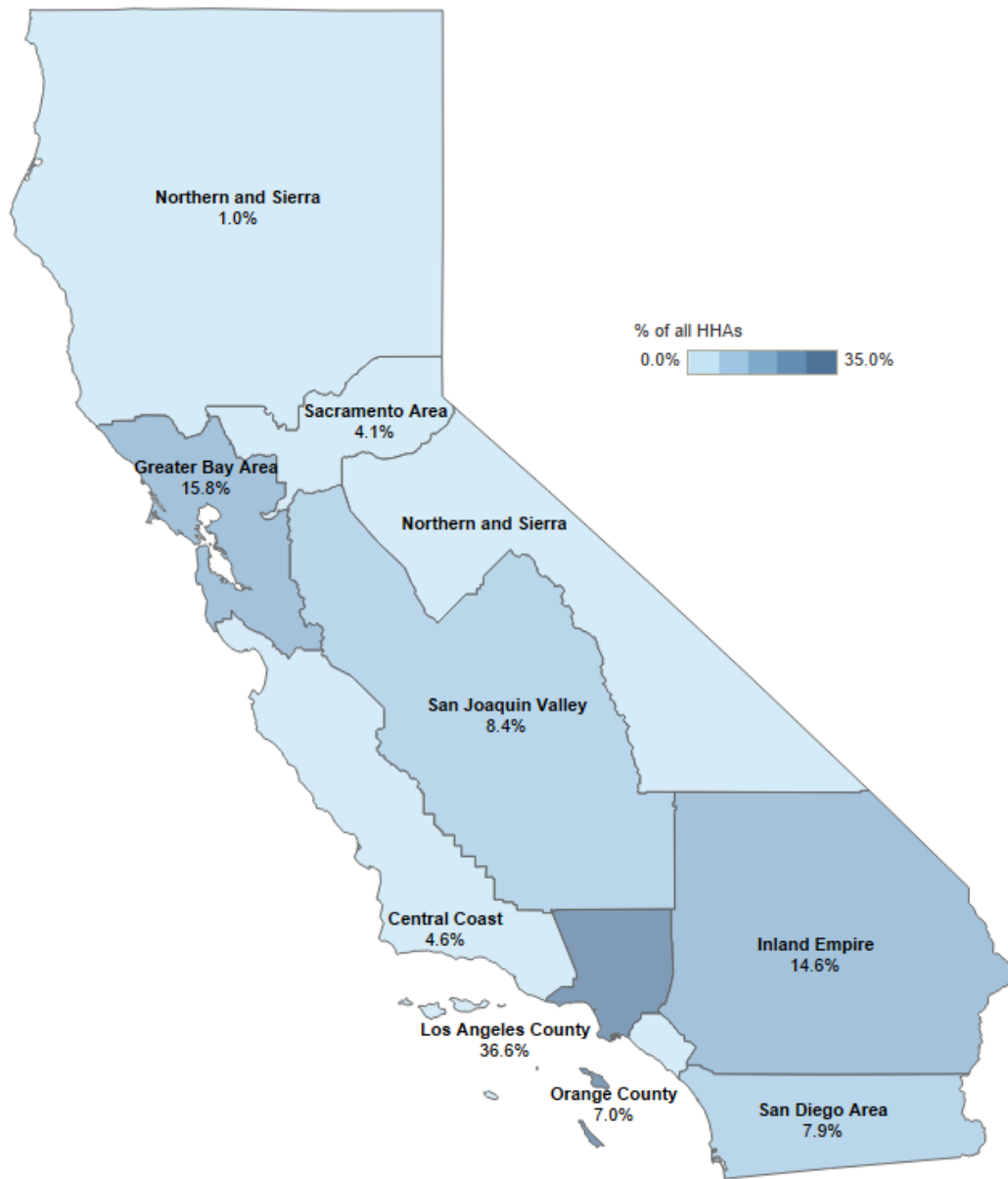


Figure 10: Percent of Statewide Home Health Aides by Region



HCAI's Initiative

The Department of Health Care Access and Information's Certified Nursing Assistant (CNA) and Home and Community-Based Services (HCBS) Initiative seeks to increase the workforce of Certified Nursing Assistants (CNAs) and Home Health Aides (HHAs) throughout California. As of December 2023, the following grants (Table 3) were awarded to attract, retain, and increase the number of CNAs and HHAs in California.

Table 3: CNA/HHA Awardees

Awarded	Project	Goal
Leading Age	The Gateway-In Project (2022-2025) \$25 million	<ul style="list-style-type: none"> • Add 2,700 CNAs and HHAs to the workforce through training and job placement.
Quality Care Health Foundation (QCHF)	Certified Nurse Assistant Program (2022-2027) \$26 million	<ul style="list-style-type: none"> • Increase the number of CNAs. • Provide pathways for advanced education and wage increases.
Empowered Aging	Health Career Pathway Program \$5 million	<ul style="list-style-type: none"> • Increase the number of CNA/HHA training sites across six counties.
Vista Unified School District	Poway and Escondido Adult School CNA program	<ul style="list-style-type: none"> • Add 99 CNAs to the workforce. • Employ three instructors.
Riverside City College	SON CNA program	<ul style="list-style-type: none"> • Add 1,140 CNAs to the workforce.

Gaps and Challenges

1. Limitation of the dataset

- a) The dataset only contains primary demographic and practice characteristics information, e.g., birth year, sex (optional), current employment (limited to one location collected at time of renewal), primary workplace address (optional), certificate issue date, and certificate expiration date. This limits the depth and scope of analysis.
- b) HCAI’s racial and language diversity goals are difficult to achieve (these variables are not available in the dataset).
- c) CNA and HHA licensees can have more than one license, i.e., an individual can have two certifications (CNA and HHA). It is impossible to identify the number of such individuals as both professions have different license numbers and insufficient information in our dataset to match individuals.

2. Duplication of records

- a) The CNA dataset has over 22,000 duplicated entries; these entries are completely identical with the exception of employment record and workplace setting. All duplicate rows were removed for this report to capture the total number of unique license numbers.
- b) Due to the nature of CNA employment and the data collection process, it is difficult to ascertain the most recent reported workplace setting of each certificate holder. For this report, totals under “workplace setting” ([Figure 7](#)) represent the total number of unique certificate holders reporting each setting

type. Additional records with identical certificate numbers were assessed for data quality and the most complete records were kept if they reported a different type of workplace setting. Due to this, the percentage values in Figure 7 are estimates only.

APPENDIX

Table 4: California CHIS Regions

Region	Counties
Central Coast	Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, Ventura
Greater Bay Area	Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, Sonoma
Inland Empire	Riverside, San Bernardino
Los Angeles County	Los Angeles
Northern and Sierra	Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, Tuolumne, Yuba
Orange County	Orange
Sacramento Area	El Dorado, Placer, Sacramento, Yolo
San Diego Area	Imperial, San Diego
San Joaquin Valley	Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, Tulare

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