

ILLINOIS PARTNERS

for

HUMAN SERVICE

March 2024

# Worker Well-Being Is Community Well-Being

*Why the Human Service Workforce  
Needs a Living Wage*



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# Letter from the Executive Director



Dear Reader,

What you are about to read is the final chapter in Illinois Partners' current series of reports related to sustaining the health and human services workforce. Support and investment in frontline workers have been the common thread of our advocacy over the last three years. It is the primary plot point in every story that health and human service organizations are telling throughout the state. In this report, alongside extremely compelling data, we offer a missing piece to this common narrative—the voices and real-life experiences of these essential workers, in their own words.

Their words provide the framework for an honest and, at times, scathing indictment of the way our government and society continually undervalue community-based human service workers. They shed light on just how few of our highly skilled and educated workers make a living wage and what surviving day-to-day looks like for those on the frontlines of caring for our communities. Over and over, respondents shared versions of the same story— one of being unable to make ends meet. Getting by on spoonfuls of peanut butter, risking well-being by delaying medical care, sorting bills by deciding which utilities are least likely to be shut off, and more. Yet, when asked why they stay in their jobs, the answer was almost universally the same—they love their work and their clients. So while this report also tells the story of a resilient and committed workforce, a key takeaway bears repeating: Resilience doesn't pay the bills.

Learning about these experiences should enrage you. It should remind you how thin the line is between those providing care and those receiving it. It should call you to action because it reiterates the inequities that continue to undermine the potential of women and people of color in our established systems. It should also concern you because the future of our sector is uncertain without bold and pragmatic policy decisions to sustain its workforce. The well-being of our communities is directly tied to the well-being of our human service workers. The consequences for failing to do so is a story yet to be told.

In Solidarity,

Lauren Wright, Executive Director  
Illinois Partners for Human Service



# Executive Summary



Insufficient reimbursement rates and inadequate state contracts impact the health and human services sector at every level. Previous Illinois Partners for Human Service research provides insight into how workforce stability is impacted by deficient funding, but a critical piece has been missing in the discourse. “Worker Well-Being is Community Well-Being: Why the Human Services Workforce Needs a Living Wage” fills that void by presenting new data through a lens rooted in the broader social and fiscal issues that shape our economy and is framed by the voices and experiences of people working on the frontline of services.

A literature review lays the foundation for this report and provides context for the economic and social issues that influence and undermine the potential for frontline human service workers to earn a living wage. Broadly, the review covers:

- Definition of a living wage and its history and impact on the American workforce;
- History of pay equity and perpetual earning gaps based on demographic factors such as gender, race and ability status;
- Research, policy initiatives, and statistics about human service workers by geography;
- Other economic factors that undermine growth for frontline worker wages.

The next section shares the methodology and findings from additional research to find out if community-based, full-time, frontline human service workers in Illinois earn adequate wages to support basic needs. In December 2023, Illinois Partners conducted a survey of frontline human service workers to ascertain answers to the following questions:

1. Are frontline workers for community-based health and human service providers currently making a living wage?
2. What are the real-life impacts of current wages on the frontline workforce?
3. What are the action-oriented policy solutions that would best reflect and respond to the lived experiences of the sector’s frontline workers?

More than 850 full-time frontline human service workers responded with salary and personal information to illuminate the everyday ramifications of the State’s chronic underfunding on their lives and families. We used two methods to determine whether or not they earn a living wage: first, a comparison of reported annual salaries with the annual salaries calculated using projections from the 2023 [MIT Living Wage Calculator](#); second, an analysis of self-reported responses to questions asking if participants believed their earnings amounted to a living wage.

## Key Findings:

- **82% of all survey respondents self-report not making a living wage.**
- Based on both the MIT Calculator and self-reported data, the highest percentages of non-living wage earners based on any single characteristic (outside of household demographics) is level of education.
- According to the MIT Calculator, the most common characteristics of individuals most likely to earn a living wage were for a White man, age 18-24, with a professional degree, working as a counselor.



- According to the MIT Calculator, the most common characteristics of individuals least likely to earn a living wage were for a Black woman, age 25-34, with a High School Diploma or GED, working as a direct service professional.
- The most common characteristics for individuals most likely to self-report earning a living wage were for a White man, age 18-24, with a professional degree, working as a social worker.
- The most common characteristics for individuals least likely to self-report earning a living wage were for a Black woman, age 35-44, with some college/trade/technical/vocational/associate's degree, working as an advocate or caseworker.
- 93% of workers in single income households with children, the majority of which are women, do not earn a living wage and 33% of all respondents with children struggle to afford childcare, even in households with two working adults.
- The supplemental income required to fully cover the cost of all basic needs is an average monthly increase of \$2,378.

## Recommendations:

### For Employers:

- **Increase paid time off** and flexible working week models whenever possible;
- **Cultivate open-door policies for staff and conduct annual compensation and benefit policy assessments;**
- **Collaborate on best practices** for basic need supports with other organizations, including child care solutions and pooled resources to increase health insurance buying power;
- **Enact pay transparency and policies that foster pay equity across racial, gender, and ability status;**
- **Offer clear career pathways**, including advancement opportunities, schedules and expectations for promotions, and professional development resources;
- **Support licensing and credentialing requirements**, pay fees, provide paid time off for exams;
- **Participate in advocacy efforts to elevate the health and human services workforce.**

### For Government:

- **Raise reimbursement rates and increase state contracts;**
- **Address student loan burdens and enact measures to alleviate debt;** allocate full funding for Human Services Professional Loan Repayment Program Act Appropriations [HB4601/SB3082](#);
- **Consider modifications to educational and licensure requirements;**
- **Ensure human service workers have access to medical debt relief, dental care, and mental health services;**
- **Adjust eligibility requirements for SNAP and CCAP** as a stopgap measure until state contracts and reimbursement rates reflect the living wage frontline workers deserve;
- **Ease administrative burden on Black and Brown-led, and smaller community-based health and human services organizations** by improving processes of state grant-making agencies and implementing legislation like the Community Partner Fair Contracting Act [HB5064/SB3457](#);
- **Enact/Expand Child Tax Credit Laws** at the State/Federal level, respectively;
- **Commit to understanding and eliminating the unique pay disparities in the human services sector** by enacting [HB4912](#), The Human Services Equitable Pay Act.



## Introduction

The Illinois human services sector is dedicated to building and sustaining the physical, emotional, and economic well-being of every Illinoisan at every phase of life. At the core of this essential purpose are hundreds of community-based health and human service organizations that employ a workforce of thousands of Illinoisans and serve every region of the state. For the last three years, Illinois Partners for Human Service has conducted research focusing on the sector’s workforce to better understand the ongoing challenges facing community-based health and human service providers in Illinois. With a continued focus on perpetual underfunding and insufficient rate reimbursement, three successive reports offered insight into the ways these issues undercut the sector’s capacity to bolster and sustain the workforce with competitive wages, benefits, and incentives. In 2021, we released our first report framed by the Covid-19 pandemic, “[More Than Essential](#).” This report explores systemic issues exacerbated by the pandemic, and identifies key factors that inhibit organizations’ capacity to expand services to meet increasing needs such as how persistently low reimbursement rates fail to account for the actual cost of doing business. It also begins to address the implications of the sector’s wages failing to keep up with the cost of living and emphasizes that matters of workforce must be a priority for the future of human services. Next came a deeper dive into how the ongoing ramifications of the global pandemic and economic shortfalls undermine efforts to stabilize the sector’s workforce. “[More Essential Than Ever](#),” released in 2022, demonstrates that high turnover, growing vacancy rates, and a shrinking pipeline of new workers coupled with an increasing demand for services are challenging providers like never before. The report also promotes solutions rooted in bold and ambitious legislative actions inspired and informed by providers on the frontline of services. In our most recent report, “[Gauging the Gap](#)” (2023), we sought to define the gap between capacity and demand for services, identify the factors causing the disparity between available resources and growing needs, and build on the recommendations from our earlier research to seek solutions through innovative workforce initiatives.

Each report expands on previous findings to paint a picture of how insufficient reimbursement rates and state contracts impact the health and human services sector at every level—but a critical piece is still missing in the discourse. “Worker Well-Being is Community Well-Being: Why the Human Services Workforce Needs a Living Wage” fills that void by presenting research through an entirely new and different lens, one rooted in the broader social and fiscal issues that shape our economy, but framed by the voices and experiences of people working on the frontline of service. More than 850 of these workers shared salary and personal information so that this report could offer a new perspective on the impact of underinvestment from the state by revealing the real-life and everyday implications of chronic underfunding for frontline workers and their families. The numerical data is both significant and disheartening, but it is the

words of the workers themselves that constitute the heart and soul of this research. These words tell the story of a highly educated and undervalued workforce, dedicated to their communities and the greater good, yet more often than not, struggling to make ends meet. They also force us to confront the reality of what it means to be a frontline worker in our sector—the existential costs, financial and otherwise, incurred to stay in their chosen field, and the rewards that come almost exclusively from the lives changed by their work.

The good news is that this workforce is also resilient and strong, deeply grounded in purpose and the belief that what they are doing truly matters—but resilience doesn't pay the bills. Measures must be taken to sustain the sector and its workforce by ensuring that community-based human service workers in Illinois can, at the very least, make a living wage to cover their own basic needs, take care of their families, and plan for the future. This research defines the challenges and offers pragmatic solutions to achieve that outcome through action-oriented policy recommendations that are informed by the voices of our frontline workforce. Student loan repayment, revised credentialing standards, and child tax credits are all part of the answer; but the most straightforward and impactful solution remains the same—we must secure state funding that actually accounts for the real cost of doing this important work.





# Literature Review



The health and human services sector, the third largest industry in the United States, is an important economic engine that runs on a workforce that is currently stretched to its limits. Worker compensation is low and, as a result, community well-being is impacted. In this review we offer context for some of the broader economic and social issues that influence and undermine the potential for frontline human service workers to earn a living wage. First, we will define a living wage and provide data and insight into what it means for workers, organizations, and economies when living wages are accessible to more segments of the workforce. Next, we will delve into matters of pay equity and discuss the history of engrained earning gaps that perpetually exist for some groups, especially for sectors in which a higher percentage of the workforce is women. From there, we explore pay equity and wages for human service workers across the country by looking at geography-specific research, policy initiatives, and employment statistics. Finally, we discuss other economic factors that influence frontline worker wages, including the overall financial health and prospects for the sector and external economic trends, such as inflation, that fuel the rising cost of living.

## Living Wage

A living wage is one that provides adequate income to ensure that a worker is able to meet their own basic needs. Basic needs, as defined by [MIT's Living Wage Calculator](#), include food, housing, health care, transportation, childcare, and other necessities such as clothing, home internet, educational opportunities, income tax, and additional essentials that contribute to well-being. In their 2022 analysis, projecting for 2023 compensation and adjusting for geography, MIT defined a living wage in the United States as \$25.02 per hour for each adult in a family of four with two working adults and two children, resulting in a pretax income of \$104,077 per year which reflects an increase of approximately one dollar per hour per person over the previous year. The wage for two working adults with two children in Illinois would be \$25.61 per hour per person or \$106,537 per year. Also in Illinois, one working adult would need to earn \$18.10 per hour for \$37,648 per year, and one adult working with three children would need to earn \$61.35 per hour for \$127,608 per year.

### *A note on housing in Illinois...*

The [National Low Income Housing Coalition \(NLIHC\)](#) found that one full-time worker in Illinois would need to work 65 hours per week at the 2023 state minimum wage of \$13, or \$43,940 annually, in order to afford a modest 1-bedroom rental. Based on the NLIHC research, [CNN reported](#), “there is no state, county or city in the country where a full-time, minimum-wage worker working 40 hours a week can afford a two-bedroom rental” in 2021. In fact, a full-time worker earning minimum wage can afford a 1-bedroom rental in just 7% of the counties in the US.

Policies to bolster living wage attainment have been linked to improved overall [health and well-being outcomes](#) for workers. Additionally, access to fundamental basic needs including housing, childcare, savings capacity, and medical care, is linked to a variety of physical and mental benefits such as [increased food security](#), [decreased rates of suicide](#), and [reduced hypertension](#). Employers also acknowledge tangible organizational advantages to offering employees a living wage such as [decreased absenteeism](#), improved employee morale, enhanced interstaff relationships, and elevated respect within their constituent communities.



## Minimum Wage

The federal minimum wage was first introduced via the Fair Labor Standards Act ([FLSA](#)) of 1938, and created a per hour wage floor of \$0.25, defined a 44 hour work week, and restricted child labor to those 16 and older. It constitutes the absolute minimum amount a worker can earn per hour and represents the first time wages were regulated to protect workers. This fundamental safeguard is significant, even today, as a measure of income security for lower wage earners, including those in the health and human services sector. The federal minimum wage rose over time, reaching its current value of \$7.25 in 2009. Adjusting for inflation, it peaked in 1979 at \$2.90, which equates to [\\$11.94](#) in 2023 dollars. Though the enactment of this new wage standard aimed to lift more workers out of poverty,

the initial [exclusion of certain sectors](#) in the new regulation, such as domestic and agricultural work, disproportionately affected workers in some of the lowest earning jobs, many of whom were people of color. As the federal rate has stagnated, many states have enacted higher minimum wages, including 12 states with a minimum wage of at least [\\$15 per hour](#). The ‘Fight for \$15’ movement, inspired by a 2012 McDonald’s worker strike, is powered by low wage workers engaging in direct action and community organizing to advocate for themselves. The movement promotes equitable policies and higher wages for low-wage earners, who are disproportionately Black and Latine. Even with the ‘Fight for \$15’ the minimum wage for [20 mostly southern states](#), remains at \$7.25 an hour.

Based on an Illinois Partners’ [survey of 180 human service organizations](#) in Illinois, the cost of raising the minimum wage from [\\$8.25 in 2019](#) to [\\$15 in 2025](#) for wages alone in the sector was estimated to be \$1.3B and \$4.6B with wage compression. The State of Illinois raised its minimum wage from \$14 in 2024, the second to last planned increase.

State of Illinois		City & County-Specific Ordinances	
2020	\$9.25 1/1 \$10.00 7/1	City of Chicago*	\$15.80
2021	\$11.00	Cook County Minimum Wage Ordinance**	
2022	\$12.00	2023	\$13.70
2023	\$13.00	2024	\$14.00 (along with State)
2024	\$14.00	Cook County Living Wage Ordinance***	
2025	\$15.00	2023	\$14.42 with healthcare \$18.03 without healthcare
		2024	\$15.00 with healthcare \$18.75 without healthcare

For more detailed information, follow these links:

\*[City of Chicago Minimum Wage Ordinance](#)

\*\*[Cook County Minimum Wage Ordinance](#)

\*\*\*[Cook County Living Wage Ordinance](#)

## Economic Impact of Living Wage Accessibility

Greater access to living wages for more people not only promotes greater financial stability for individuals, but it impacts the broader economy, as well. For instance, we learned during the pandemic era that [robust relief policies](#), including direct cash payments to individuals meeting a particular economic criteria, can undermine projected economic downturns. In this case, payments to workers making less than \$80,000 per year provided for basic needs and bolstered a fragile economy; the result of which was the shortest recession in history. The quick recovery is just one example of how direct payments can dramatically improve economic outcomes for workers, perhaps even more than other public benefit programs. Furthermore, [Center for American Progress research](#) shows that, “Wage increases—particularly for those at the bottom of the income spectrum—increase community-level economic activity and support local businesses; reduce

the amount by which taxpayers subsidize corporations for the low wages they pay; and reduce the pay inequalities for women and people of color that depress overall economic growth.”

CAP also provides valuable insight into the composite of the American workforce in demographic, as well as economic terms. Their [July 2023 report](#) shows that 25% of the working population in the US earns less than \$15 per hour. Delving further, 33% of Black workers, 33% of Latino workers, and 40% of Latina workers earn less than \$15 per hour. CAP further attests that living wages are critical to growing the American middle class, and their research shows that higher wages result in economic stability for millions of Americans, enhanced employee recruitment and retention, and more spending on consumables, while stimulating local economies nationwide.

## Economic Impacts: Post COVID-19

External factors exacerbated by the COVID-19 pandemic, such as student loan debt and the rising costs of housing, childcare, and medical care, also impact the ability of the human services workforce to attain a living wage. We must consider these factors and trends, as well as the broader economy, and how they resonate within the workforce and impact employee capacity to earn a living wage. For instance, in the post-COVID-19 era, [inflation has risen](#) rapidly and led to significant cost of living increases. These rises in the cost of living have echoed in other financial statistics, as well. [A recent survey](#) shows that only 44% of Americans report having the resources to cover an emergency \$1000 expense; over 60% say loss of primary income would undermine their ability to cover basic living expenses; and two thirds of those surveyed attribute their financial instability to inflation. In the last three years alone, the [Consumer Price Index](#) (CPI) has jumped 17.8%, a significant amount compared to the -1% to 2% per year changes from the previous decade. Also, in an effort to stabilize the economy, avoid a recession, and curb inflation, [the Federal Reserve has been steadily increasing interest rates since 2022](#). The result of which was a notably high [30-year fixed mortgage rate](#) that peaked at 7.76% in November of 2023, a value not seen since May of 2000.

In terms of how these economic uncertainties have resonated in Illinois, a few recent reports help us understand the correlation. In late 2022/2023, Heartland Alliance released [research](#) finding that in the aftermath of COVID-19, 39% of Illinoisans expressed difficulty covering “usual household expenses,” which include food, housing, car payments, medical expenses, and student loan repayments. The report’s findings reflect a disproportionate impact in Black and Latine communities, with 56% of Black and 53% of Latine individuals struggling to cover these costs while only 33% of White residents indicate having similar difficulties. The report revealed inconsistencies in some public assistance programs, as well. For instance, it found that individuals utilizing Supplemental Nutrition Assistance Program (SNAP) benefits report the aid falling approximately \$10 to \$20 short per person per week. Regarding housing, The Institute for Housing Studies at Depaul University found that [single-family home prices in Cook County increased by 34.9% since the beginning of the COVID-19 pandemic](#). In addition, [other data indicates that housing costs are outpacing wage increases](#), in some cases at double the rate, making it harder and harder for more Americans to attain home ownership. [A new report released by Harvard’s Joint Center for Housing Studies](#) shows a skyrocketing number of renters in the US to be overly cost burdened, as well.

## Pay Inequity by Race, Gender, and Ability Status

[Fields with higher concentrations of women](#) are broadly undervalued and consequently undercompensated as compared to male-dominated sectors. Care work is one field in which this discrepancy is most prominent and health and human services constitute a large portion of jobs in this sector. In the US, [80% of the care workforce is women, with employees on average, making 30% less](#) than male counterparts

with similar credentials employed in non-care sectors. Because sexism and gender-roles stereotype women as being more nurturing, all care-work carries the connotation of being “feminized” regardless of who actually works in care-centric roles. Consequently, research has found that regardless of gender identity, the value of all care-workers is downgraded and subject to pay inequity due to what is seen as [high feminization](#) of the field.

Pay gaps based on gender can be seen throughout sectors and economies worldwide. Women are historically and consistently paid less than men for the same work. In the United States, the [Equal Pay Act of 1963](#) (EPA) sought to correct this discriminatory practice by forbidding employers from setting earnings, such as salary, benefits, bonuses, or compensation of any kind, on the basis of gender. Most states have equal pay or anti-discrimination laws that go further than the federal EPA, one of the most comprehensive of which was enacted by [Illinois](#), “to secure for all individuals within Illinois the freedom from discrimination against any individual because of his or her race, color, religion, sex, national origin, ancestry, age, order of protection status, marital status, physical or mental disability, military status, sexual orientation, pregnancy, or unfavorable discharge from military service in connection with employment, real estate transactions, access to financial credit, and the availability of public accommodations.” Additionally, some states, including [Illinois](#), are [expanding their pay equity and anti-discrimination laws](#) to include pay transparency and data reporting requirements, protection from wage history disclosures for applicants, employer retaliation penalties, and mechanisms for employees to sue for damages. Even with federal and state initiatives to bolster equal pay acts and eliminate gender bias in compensation, based on hourly assessments, on average, [women in the US continue to make 82 cents for every dollar made by their male counterparts](#), a statistic that has remained largely static for two decades. Based on an assessment of [weekly wages](#), women make 78 cents for every dollar. In Illinois specifically, working mothers experience an additional 6% pay gap relative to working fathers. In their [March 2023 State by State Lifetime Wage Gap Comparison](#) the National Women’s Law Center found that, “Based on today’s gender wage gap for full-time, year-round workers, women stand to lose \$398,160 over the course of a 40-year career. For Latinas and Native American women, the losses are over \$1 million, and for Black and Native Hawaiian and Other Pacific Islander women, the losses are nearly \$1 million over a lifetime.” [Illinois ranks among the bottom 10 states](#), with the overall loss average amounting to over \$500,000 for all women, meaning a woman would have to work until the age of 70 to make what a man would make by 60. For Black women, [the retirement age would be 86](#), and Latinas would have to [work until 98 years of age](#).

The gaps extend beyond baseline salary discrepancies and into other forms of employee compensation, such as retirement savings. A [2021 Department of Labor study](#) found that testimony to the Advisory Council on Employee Welfare and Pension Benefit Plans “confirmed that women, and especially minority women, are more likely to have lower retirement benefits due to divorce, lower career earnings, lack of access to employer sponsored retirement plans, gaps in employment due to raising children and caring for elderly parents, lack of financial literacy, as well as the current fragmented retirement system.” The study also found that more than 50% of the American workforce has no access to employer sponsored retirement savings plans, which also disproportionately impacts women and people of color due to over-representation in lower paying sectors, part time, and contingent employment. The report cites statistics showing that [only 44% of Black and 32% of Latine workers have retirement savings, as compared to 65% of White employees](#).

When racial gaps are factored in, the wage gaps are more profound. Based on three year estimates from the most [Current Population Survey \(2017-2019\)](#) for the United States. [Differentiating national data further](#), Black women earn 70 cents on the dollar as compared to White workers, Latinas 65 cents on

the dollar, and Asian women earn ninety three cents. Research has also shown that [income for LGBTQ+ workers, on average, is 90%](#) of their cisgender, heterosexual counterparts. LGBTQ+ individuals identifying as Black, Indigenous, and People of Color (BIPOC), transgender men and women, and non-binary workers [make even less](#). In addition, a [2019 Census report](#) shows that people with disabilities also experience a notable pay gap, making 87 cents on the dollar as compared to nondisabled workers.

## Public Service Loan Forgiveness Program

The Public Service Loan Forgiveness program (PSLF) was implemented in 2007 to provide student debt relief to qualified public service employees, a program that could be significant to workers who are highly educated and choose to serve their communities instead of working in the for-profit sector. Applicants accepted into the program who make 10 years worth of on-time monthly payments have the balance of their federal Direct Loan forgiven by the U.S. Department of Education. As of November 2020, after 3 years of loan forgiveness processing, [3,776 applicants received forgiveness](#) with an average forgiveness of \$76,906, yet more than 98% of applicants had been denied relief. [Following a major overhaul of the program in 2021](#), 793,400 applicants have received relief amounting to \$56.7 billion. Student debt disproportionately affects women, and especially Black women. [Women hold two-thirds of student debt in the US, while Black women hold the largest amount, on average, of individual student debt](#), illustrating how debt forgiveness can be an important component of racial and gender equity.

## Surveying the National Human Services Wage Landscape

In a recent article published by [Deloitte Insights](#), policy advocates assess the current state of the health and human services workforce in our country, and they place emphasis on the essential nature of the services and our collective failure to ensure the well-being of the people doing the work. To investigate further, we have identified some geographic-specific studies that look into economic factors including how wage equity and lagging reimbursement rates impact the health and human services workforce. Many of the conclusions of these studies point in a similar direction indicating that, by and large, most states are in the same boat, and no states have fully enacted the necessary fixes to correct course.

Two recent relevant examples are [a wage equity study from the University of Washington](#) that focuses on Seattle and King County, and [an analysis from the Center for New York City Affairs](#) of poverty wages and the human services workforce. Both studies offer comparisons between the wages of human service workers with similarly credentialed workers in other sectors and industries; both studies are predicated on the indisputable premise that community-based human service workers are underpaid and overworked; and both cite a vast wage discrepancy not only with comparable sectors, but also with state and for-profit employees doing comparable work. In New York, for instance, researchers found that [frontline workers employed by nonprofit providers contracted by the state earned 30+% less than their counterparts doing the same work for state agencies](#). In addition, these studies further flesh out the entrenched racial and gender-based wage disparities within the sector and how undercompensation of frontline human service professionals disproportionately affects Black and Brown women in multiple geographies.

Another study, [Achieving Living Wages in L.A. County's Homeless Response Sector](#), released by Social Justice Partners LA, found that workers in the Los Angeles County Homeless Response sector were, themselves, experiencing housing insecurity because they do not make a living wage. The report states that for housing alone, a worker must make at least \$64,000 per year to afford the average rent for a one bedroom apartment in the county, while the maximum salary listed for these workers is just



\$57,000. It goes on to emphasize how wage inequity destabilizes the sector; causing high employee turnover, increased workforce stress, decreased quality of services, and diminished client outcomes. It also reiterates how these systems perpetuate racial injustice as a high percentage of the lowest wage earners are the sector's Black and Brown workers. Another [recent report](#) released by the Claude Moore Charitable Foundation aims to address the pending health and human services workforce crisis in the State of Virginia and focuses on recommendations to address workforce related challenges. These recommendations are based on the [foundation's findings \(as presented to the Virginia Association of Local Human Service Officials\)](#) in which they show that demand for service is outpacing available resources, an inadequate pipeline of workers currently exists, and insufficient funding models are undermining the sector's ability to retain and attract employees and deliver quality services. The findings further show that the median salary for these workers lags well behind that of the overall state's median wage, that credentialing requirements are often burdensome, and that without innovative solutions the problems are likely to continue or worsen.

Other states are implementing initiatives, legislation, and task forces to address issues of workforce, wages, and service delivery. Last year the State of North Carolina launched a [Caregiving Workforce Strategic Leadership Council](#) to address a 9% decrease in the number of direct care professionals in the state and to develop strategic approaches to curtail the problem. The group recently released [a report outlining recommendations to strengthen the nursing, direct care, and behavioral health workforce](#), in which they provide details of North Carolina's care work issues, profile solutions working in other states, and offer recommendations to bolster their workforce. In the Massachusetts state legislature, [a bill](#) has been introduced to ensure a living wage for human service workers by eliminating the pay disparity that exists between the salaries of human service workers employed by community-based human service providers and state employees who perform similar work. The governor there has also committed [\\$16B to a human service loan repayment program](#). [Similar initiatives](#) are gaining momentum within the sector and among legislators in Illinois, as well.

## Where Illinois Fits In The Picture

Illinois Partners for Human Service has a long history of conducting research to explore and understand issues facing the entire human services sector and to promote the sector as a valuable and significant resource for all Illinoisans. This research helps to paint a picture of the state of health and human services in Illinois and provides insight into the challenges and opportunities the sector faces. For instance, in 2016, the human services sector was a \$4.5B industry, as indicated in the report, [Human Services as an Economic Engine](#). Using the same criteria applied to that research, the 25% increase in CPI since then would suggest that by 2023 the industry value would have climbed to \$5.6B. However, despite proof of the sector as an economic catalyst, providers still continue to grapple with lagging reimbursement rates that fail to keep up with the cost of providing service. In [Failing to Keep Pace](#), a comparison was made between reimbursement rates and the consumer price index. Rates were found to be inadequate and, as a result, providers were finding it increasingly difficult to cover their operational costs. In fact, Illinois has been found to have lower reimbursement rates for most services than states of similar size and demographic characteristics. In the report, [Create a Better Illinois](#), we show that not only does Illinois rank low in most service area rates in comparison to ten of these states, but current rates fail to account for rising Cost of Living Adjustment (COLA) estimates, as well.

Additional challenges for the sector emerged in the wake of the Great Recession of the late 2000's and in the aftermath of Illinois' budget impasse of 2016 and 2017. As a result the idea began circulating that nonprofits, businesses, and particularly foundations, were not doing enough to fill the gaps created by lack



of government funding. In response to this suggestion, research we conducted found that a majority of philanthropy dollars are generated in urban areas with most of the money staying local, another large portion going to national or global causes, and a very small portion going to the remainder of the state. With further analysis of government funding, individual income and foundation data, charitable contributions, and tax policy, the conclusion from [Government is the Foundation for Well-Being](#) is simple and direct: State government must fully fund human services because no other entity can do so at the same capacity.

With the COVID-19 pandemic came a new and entirely different set of challenges for the health and human services sector. While rate insufficiency remained a concern, increasing demand for services, growing waitlists, and a waning, overworked, and underpaid workforce intensified existing pressure points, with community-based providers feeling the biggest squeeze. Our post-pandemic era research has focused on the impacts to community-based providers with particular attention paid to stressors for the human services workforce. [More Than Essential](#), [More Essential Than Ever](#), and [Gauging the Gap](#), each drill down on different aspects of insufficient funding on service provision as the sector simultaneously grapples with how to sustain its workforce and create a worker pipeline for the future. These reports also put forth a variety of solutions to address these issues including legislative actions, wage equity initiatives, and workforce pilot programs.

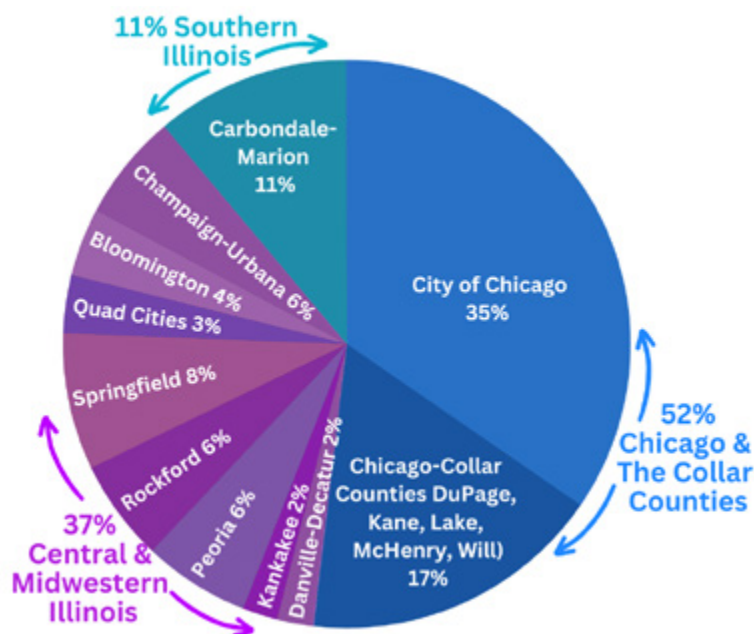




## Survey Description and Purpose

In December of 2023, Illinois Partners for Human Service conducted a survey to ascertain whether wages for community-based, full-time, frontline human service workers adequately support their basic needs and ability to thrive. We distributed survey invitations via email, our monthly Fast4ward newsletter, and social media. [Topics](#) included demographics, employment information, and questions to determine if wages are meeting basic needs. More than 850 frontline human service workers from throughout the state of Illinois completed surveys. The geographic distribution of participants is shown in Figure 1.

Figure 1



The survey was designed to ascertain answers to the following questions:

1. Are frontline workers for community-based health and human service providers currently making a living wage?
2. What are the real-life impacts of current wages on our frontline health and human services workforce?
3. Based on the recommendations of our survey respondents, what are the action-oriented policy solutions that would best reflect and respond to the lived experiences of the sector's frontline workers?

A living wage is one that provides adequate income to ensure that a worker is able to meet their own basic needs. Basic needs, as defined by [MIT's Living Wage Calculator \(MIT Calculator\)](#)<sup>1</sup>, include food, housing, health care, transportation, childcare, and necessities such as clothing, home internet, educational opportunities, income tax, and other essentials that contribute to well-being. For this research, we chose to use the MIT Calculator as a basis of comparison for analyzing survey data due to its geographic specificity, detailed expense profiles, twelve categories for household makeup, and longevity. The MIT Calculator calculates living wage information based on geography (state, metropolitan statistical area (MSA), and county) for families with up

1 Projections for 2023 were used for the calculations in this research which corresponds to the year the living wage survey data was collected.

to three children and households with one or two working adults. For households with multiple working adults, the MIT Calculator estimates the living wage as the hourly amount each adult would need to make at a full-time job based on the assumption that all adults are earning the same amount. Some results based on the MIT Calculator are reported as broad geographic areas, however the living wages identified at the MSA level were used in all analyses.

Two methods were used to explore whether or not full-time frontline human service workers earn a living wage. The first was to compare the reported annual salary to the annual salary calculated using the living wage projected by the MIT Calculator for 2023. The second method was from analyzing a self-reporting question asking respondents if they believed their earnings amounted to a living wage.

## Survey Limitations

Some survey responses reflect households with three or more adults. Since the MIT Calculator identifies living wages based on up to two adults, these larger households were categorized by number of children and the situation that most closely approximated the number of adults. For example, a household with two children and three adults (one working) would be categorized as two children and two adults (one working). Likewise, households with more than three children were classified as having only three children. These scenarios likely result in understated living wage projections since one or more non-working individuals are excluded from the estimate. Also, while the MIT Calculator is a well-thought out model that can be used as a tool for the general population, it is not a panacea, and we found that it does not account for some financial challenges, such as student loan and medical debt, which are inherent to and reported by multiple respondents in this survey.

## Additional Considerations

Basic needs were separated into two categories, which, together, are the components of a living wage. “Basic needs” were limited to the most basic of essential needs: food, housing, healthcare, childcare, and transportation. “Additional basic needs” were defined as clothing, home internet service, educational expenses, pets, and other necessities that contribute to sustained well-being.

For the question regarding how much additional income would be needed per month to meet basic needs, responses of \$10,000 or more were considered to be annual, not monthly, additions. To arrive at the revised estimate, we divided the figure by 12 to represent a monthly distribution of funds. Responses to this question with values greater than the person’s annual salary were considered to be a desired annual salary. The difference between the two was divided by 12 to obtain the monthly difference. The same approach was employed to address similar responses to the additional amount of money needed per month to meet other basic needs.

Due to a small number of responses in Danville and Decatur, results were calculated based on their MSA then combined for MSA-level reporting.

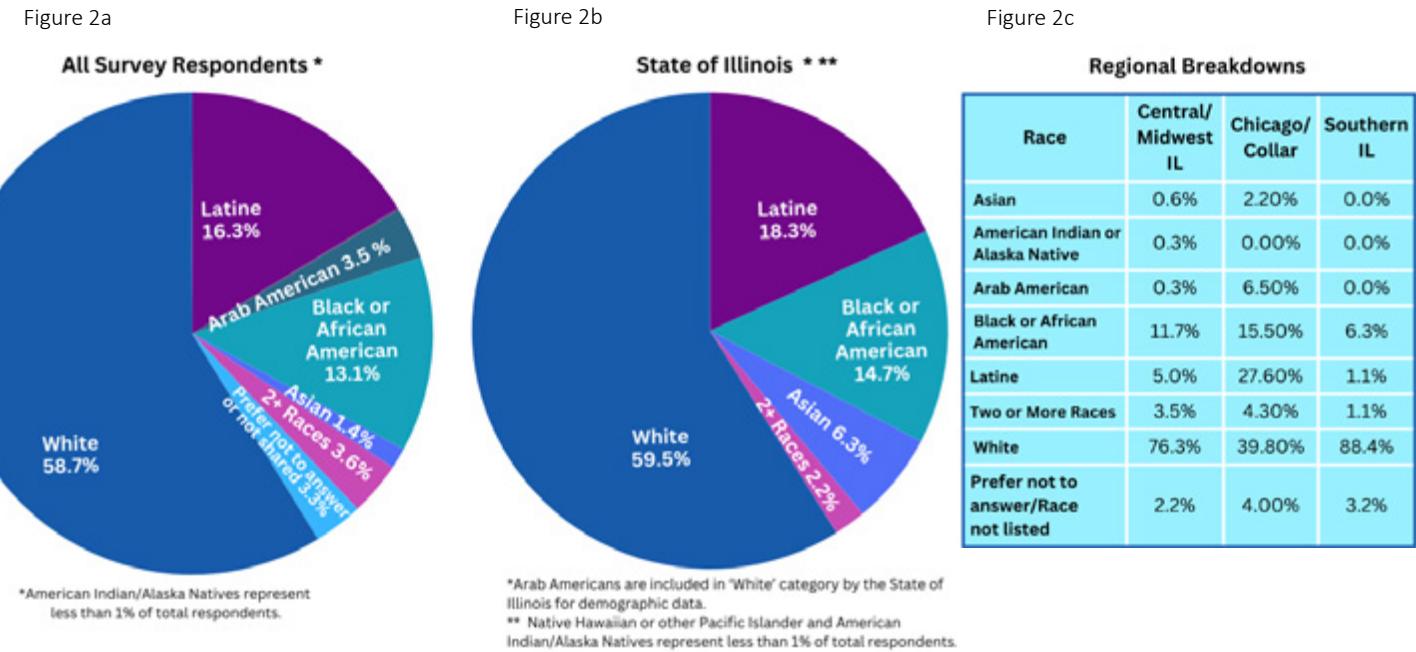
Survey data was collected in 2023 when the state minimum wage was \$13/hour. Data analysis was based on the assumption that a worker’s salary corresponds to 2,080 hours per year which correlates to the MIT Calculator formula. A threshold was set at \$20,000 to approximate the salary for those who work full-time at minimum wage. Since the survey was meant for community based, full-time, frontline workers, submissions from respondents failing to meet this criteria were considered outliers and were excluded from our results.

# Research Results

## Survey Respondent Demographics

### Race and Ethnicity

The overall race demographics of our survey respondents, as depicted in Figure set 2, are a reasonable reflection of the population of Illinois. Regional information also aligns with the demographic composite of each area. For a more detailed accounting of this demographic data including the breakdown by geography, see Figure 2c.



### Gender, Age, and Longevity in the Sector

Survey results show that 86% of our respondents identify as women. This represents a higher percentage than identified in our [More Essential than Ever](#) report where 79% of 3,000+ employees classified as Service Workers were women, yet is in line with [findings](#) from the Center for Economic and Policy Research showing that women represent 85% of the frontline workforce nationally. Also, more than 65% of respondents are under the age of 45, and the most represented age range among survey participants is 25-34 at 35%.

“I have had an almost 20 year career and it is absolutely ridiculous that with the cost of living increasing and basic needs increasing that our wages are not. How can we help people if we can not take care of ourselves and our families?”

On average, workers surveyed have worked in the sector for nine years and have spent approximately five years with their current employer. 70 respondents have worked in community-based human services for 25 years or more, 34 of whom report service of 30 years or more years, and eight have been employed in the sector for at least 40 years.

Figure 3

	Years in Human Services	Years At Current Employer
Average	9.2	4.8
Median	6	2.5
Standard Deviation	8.8	5.9

## Education

Illinois human service workers are highly educated. Over 70% of survey respondents hold bachelor's degrees, 31% of whom have gone on to complete graduate and/or professional degrees, as well. In Illinois, 38% of the general population have bachelor's degrees with just 15% holding higher degrees. Also, Illinois human service professionals outpace national workforce data showing 25% of workers holding undergraduate and 16% with graduate or higher level degrees.

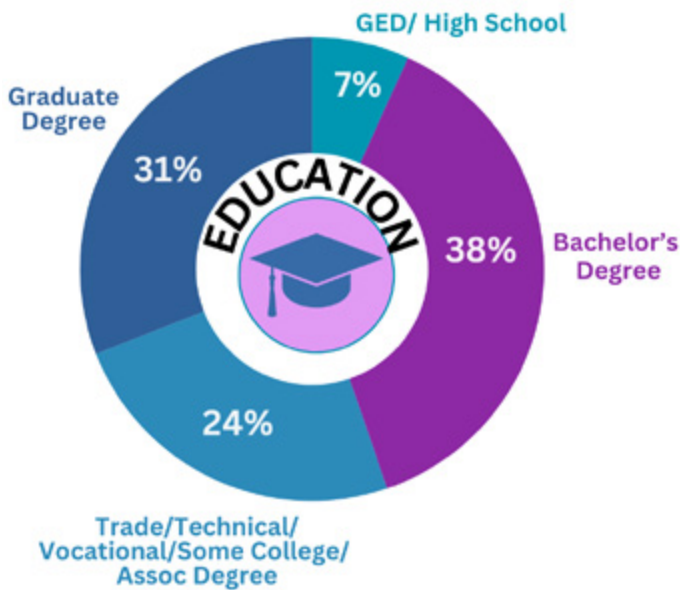


Figure 4

"I am going into debt as a nonprofit attorney. I never hoped to get rich doing this essential work, but I don't even break even. Having the money we need to do more than just survive would be life changing."

"I have spent thousands of dollars on my education to be a licensed professional with a master's degree, and I am making a salary that is comparable to entry level positions in the American workforce. I believe there should be opportunities for master's degree students to receive increased salary and/or financial assistance for paying off loans. I began my master's level position making the same salary I had with my job with my undergraduate degree."

## Role Representation

The majority of workers surveyed spend at least three quarters of their time working directly with clients, with 40% being client facing 75% of the time, and 36% report working in direct services 100% of the time. The most common roles represented by our survey respondents are advocate, caseworker, counselor, and direct service professional, each with a share between 12 and 18% of the total responses. The most common occupations specified in the "other" category included: administration, adoption specialist, caseworker assistant, case manager, home visitor, manager, outreach, preventionist, program director, and residential support specialist. A list of trainings, certifications, and degrees required for various human service roles is provided in Appendix A.

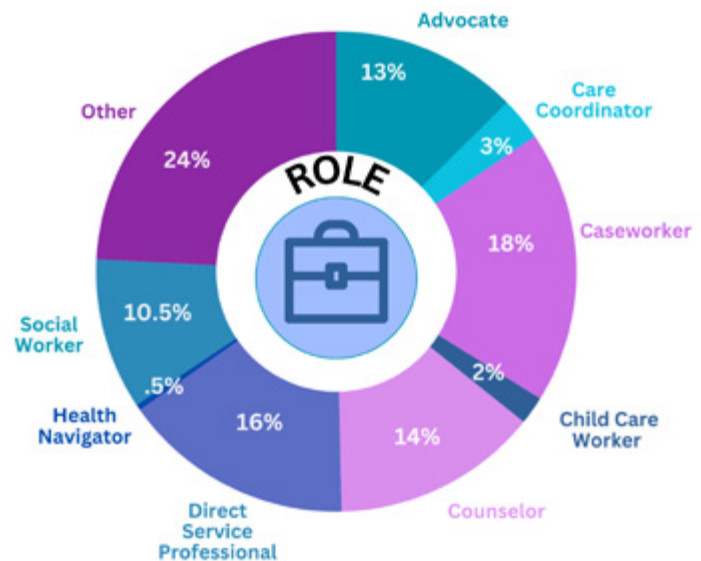


Figure 5



## Annual Salary

The average annual salary for survey participants is \$47,872 with a mean of \$45,000. Figure 6 shows the average annual salary by MSA. With 52 responses, Champaign-Urbana has the lowest average at \$40,506, while the Collar Counties (DuPage, Kane, Lake, McHenry, Will) with 148 responses, having the highest average at \$53,464.

"I feel like the lack of wages directly influence the burnout and high turnover rate in community mental health settings. I could make more money working at a factory, and some fast food settings than what I make currently with three degrees and a state license."

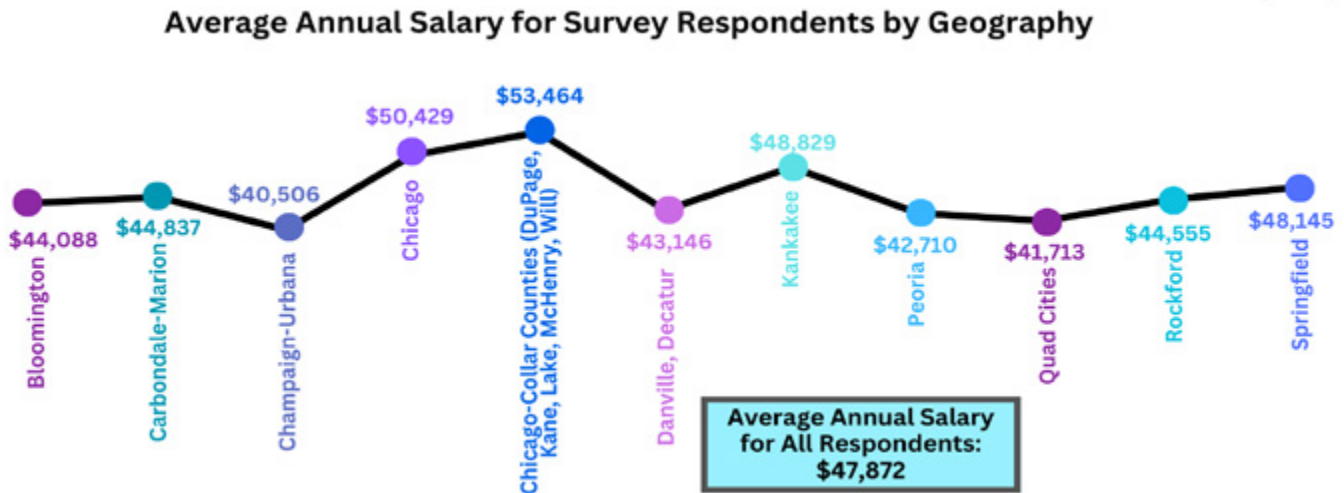


Figure 6

## Living Wage Characteristics

**82% of survey respondents self-report that they do not make a living wage.**

Two methods were used to assess whether or not a worker earns a living wage, the MIT Calculator and self reporting. Based on the MIT Calculator, 378 out of 857 respondents (44%) do not earn a living wage. With self reporting, 548 workers (64%) indicated that they are not earning enough to cover their families' most basic needs—food, housing, healthcare, child-care, and transportation. An additional 153 respondents (17.9%) report that while they can cover their families' most basic needs, their wages are insufficient in covering the cost of clothing, home internet, eating out, and other amenities included in the living wage determination formula.

As such, 701 workers (82%) self-reported that they do not make a living wage. We believe the discrepancy between the MIT Calculator and self-reported numbers to be attributable to limitations in the MIT formula for our respondent group, mainly due to its omission of corollary financial burden information such as student loan repayment and medical debt expenses. Student debt consideration is particularly relevant to the community-based human services sector where, as we have cited, a very high percentage of employees hold one or more college or advanced degrees.

"I am passionate about my work but can barely maintain a livable wage. I feel sometimes the private sector or different career path would provide more stability and less stress."

"I also believe that the living wage line refusing to consider personal debt from things like education and healthcare is a glaring oversight as so many Americans struggle to get out from under these oppressive drains on livelihood."

## Wage Earner Profiles

In Figure 7, living wage status was categorized by various characteristics, including gender, age, and education.



## MIT Living Wage Calculator Data

% Earning a living wage **56%** **44%** % Not earning a living wage

### Overall

Women **56%** **44%**  
Men **60%** **40%**  
Non-binary\* **75%** **25%**

Asian\* **75%** **25%**  
Arab American\* **30%** **70%**  
Black/African American **47%** **53%**  
Latine **61%** **39%**  
White **60%** **40%**  
2+ Races **48%** **52%**  
Prefer not to answer/Not Listed\* **36%** **64%**

18-24 **77%** **23%**  
25-34 **64%** **36%**  
35-44 **46%** **64%**  
45-54 **48%** **52%**  
55-64 **56%** **44%**  
65+\* **50%** **50%**

High School/GED **33%** **67%**  
Trade/Tech/Voca/Some College/Assoc **40%** **60%**  
Bachelor's **60%** **40%**  
Graduate **70%** **30%**

Advocate **56%** **44%**  
Case Coordinator\* **48%** **52%**  
Case Worker **54%** **44%**  
Childcare Worker\* **31%** **69%**  
Counselor **71%** **29%**  
DSP **43%** **57%**  
Social Worker **68%** **32%**  
Other **57%** **43%**

Gender

Race

Age

Education

Role

## Self Reported Data

% Earning a living wage **18%** **82%** % Not earning a living wage

### Overall

Women **17%** **83%**  
Men **60%** **40%**  
Non-binary\* **75%** **25%**

Asian\* **67%** **33%**  
Arab American\* **17%** **83%**  
Black/African American **12%** **88%**  
Latine **16%** **84%**  
White **20%** **80%**  
2+ Races **13%** **87%**  
Prefer not to answer/Not Listed **10%** **90%**

18-24 **24%** **76%**  
25-34 **18%** **82%**  
35-44 **15%** **85%**  
45-54 **16%** **84%**  
55-64 **20%** **80%**  
65+\* **35%** **65%**

High School/GED **17%** **83%**  
Trade/Tech/Voca/Some College/Assoc **10%** **90%**  
Bachelor's **18%** **82%**  
Graduate **26%** **74%**

Advocate **14%** **86%**  
Case Coordinator\* **4%** **96%**  
Case Worker **14%** **86%**  
Childcare Worker\* **19%** **81%**  
Counselor **18%** **82%**  
DSP **18%** **82%**  
Social Worker **20%** **80%**  
Other **25%** **75%**

\*indicates a samples size of <5%" of the total number of respondents.

## Household Profiles

The most significant factor shown to impact the adequacy of a worker's wage in fulfilling basic needs is the number of people residing in a household, further differentiated by the number of children, the number of adults, and the number of working adults in the home. 60% of respondents report living in households that do not include children. Of the 40% of respondents with children, one third struggle to afford childcare, even in households with two working adults.

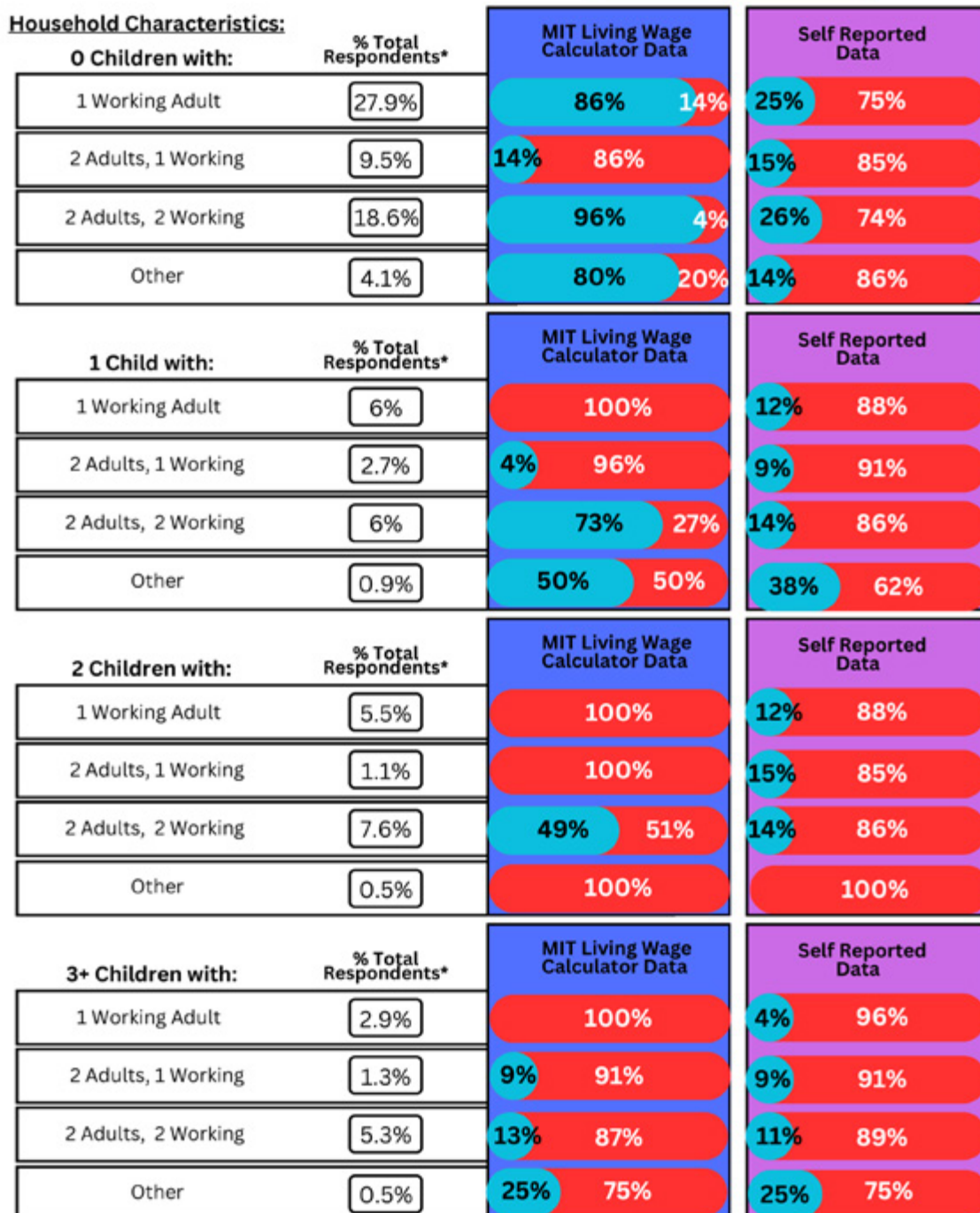
Single income households with children represent nearly 20% of surveyed respondents, and among these households, 92% do not earn a living wage. Additionally, 93% of the employed adults in single income households are women. The financial impact of having children in a household is significant, with [the cost of raising a child in Illinois](#) estimated to be between \$15,000 and \$17,500 per child, per year.

"The pay does not support single parenthood. Most single mothers at the office rely on State Aid/Benefits/Insurance to support their family, or work two jobs, yet, have a college education."

% Earning a living wage

% Not earning a living wage

Figure 8



\*Values rounded to the nearest tenth.

Further analysis of the data fleshes out other key findings regarding the most common characteristics of respondents earning a living wage versus respondents who do not. The results are differentiated into two separate reporting groups. The first set conveys findings based on results from the MIT Calculator; the second set reflects self-reported respondent data; both exemplify broader gender and racial inequities with White men most likely and Black women least likely to earn a living wage.

#### **Based on the MIT Calculator:**

- The highest percentages of non-living wage earners based on any single characteristic (outside of household demographics), is education.
- 67% of respondents with a General Equivalency Diploma (GED)/High School Diploma do not earn a living wage.
- 60% of respondents with some college/trade/technical/vocational/associate's degree do not earn a living wage.
- The most common characteristics of individuals most likely to earn a living wage were for a White man, age 18-24, with a professional degree, working as a counselor.
- The most common characteristics of individuals least likely to earn a living wage were for a Black woman, age 25-34, with a High School Diploma or GED, working as a direct service professional.

#### **Based on Self-Reported Data:**

- The highest percentage of non-living wage earners based on any single characteristic (aside from household demographics) was education.
- 90% of respondents with some college/trade/technical/vocational/associate's degree reported not earning a living wage.
- The most common characteristics for individuals most likely to self-report earning a living wage were for a White man, age 18-24, with a professional degree, working as a social worker.
- The most common characteristics for individuals least likely to self-report earning a living wage were for a Black woman, age 35-44, with some college/trade/technical/vocational/associate's degree, working as an advocate or caseworker.



# Living Without a Living Wage: Challenges Faced By Frontline Workers



"Our job is to help others. If we are worrying about our own eviction, disconnection notice, or having to choose between buying gas, dog food, or toilet paper this week while we eat the cheapest most highly processed foods imaginable to survive, how are we supposed to help a client in front of us with even less resources resolve a similar issue?"



## Meeting the Most Basic Needs

Survey respondents repeatedly shared financially-based worries about housing, nutrition, and medical care. Of the 701 workers who self-report not earning a living wage, 56% struggle to keep up with housing costs and say that finding and securing affordable options is their number one priority. 50% report difficulty affording food for themselves and their families with the biggest concern being meeting children's nutritional needs. Finally, 51% of respondents report healthcare costs to be among their biggest challenges, including affording prescription medications and ongoing issues related to debt incurred from past medical treatments. From the self-reported data, the average additional income needed to fully cover the cost of housing, food, child care, health care, and transportation is \$1,263 per month. Of note, though all respondents are employed full-time, 17% are currently on or have been on Medicaid in the past, and 10% qualify for SNAP benefits. Comments indicate that many respondents believe the minimum income for these essential benefits should be revisited because current requirements disqualify them from eligibility. Expanded access would better enable them to meet their families' basic needs.

"I constantly have to make the decision to pay a bill or feed my children, or get my son the pair of shoes he needs so desperately."

Survey respondents often reported being "a paycheck away" from real financial peril and getting by on "spoonfuls of peanut butter" in place of meals. To compensate for insufficient income, several strategies and life decisions were shared for making ends meet, though many run counter to ensuring that basic needs are met, including:

- Living at a parent or family member's house or having one or more roommates;
- Cutting down on food portions, skipping meals entirely, making inexpensive and/or less healthy food choices, and utilizing food pantries;
- Implementing supplemental employment and income options such as taking on second jobs and selling plasma;
- Curtailing transportation costs by walking to work;
- Delaying or avoiding medical care, putting off dental procedures, down dosing or not taking prescribed medications at all;
- Not having a child;
- Shuffling work hours to avoid childcare costs;
- Considering which bill payments can be postponed based on what services are the least likely to be turned off;
- Emptying savings accounts, taking out loans, accumulating credit card debt, and borrowing money from friends.

"We also deserve a decent life."

## Meeting Additional Basic Needs

Human services work can be physically difficult and emotionally draining. Respondents report experiencing vicarious trauma as a result of the visceral nature of their work which is compounded by anxiety about their own capacity to thrive. Feelings of failure and shame emerge as frontline workers grapple with the need to seek the same goods and services they counsel clients to utilize. On top of all of it, there is a pervasive sense of

being undervalued by society in a demanding job that may or may not pay enough to cover basic needs. While 548 of our survey participants self-reported challenges with covering the cost of their most basic needs, 701 respondents, or 82%, self-reported challenges with affording other necessities that are also integral to sustained well-being such as in-home internet, clothing, pet ownership, self care activities and services, educational pursuits, and planning for the future. From the self-reported data, the average supplemental income needed to cover these costs is \$1,115 per month and includes expenses such as:

- Financing savings, retirement, or emergency fund accounts;
- Completing necessary car maintenance;
- Securing renters or homeowners insurance;
- Tackling home repairs or improvements;
- Paying down debt, including student loans and medical bills;
- Making a downpayment on a car or house;
- Enrolling kids in extracurricular activities;
- Taking vacations or enjoying other entertainment, like movies or going out for meals;
- Maintaining self-care priorities such as therapy, fitness, or hygiene products.



When the supplemental income required to fully cover the cost of the most basic needs (\$1,263) is combined with the extra amount needed to fully cover additional basic needs (\$1,115) the result is an average monthly increase of \$2,378.

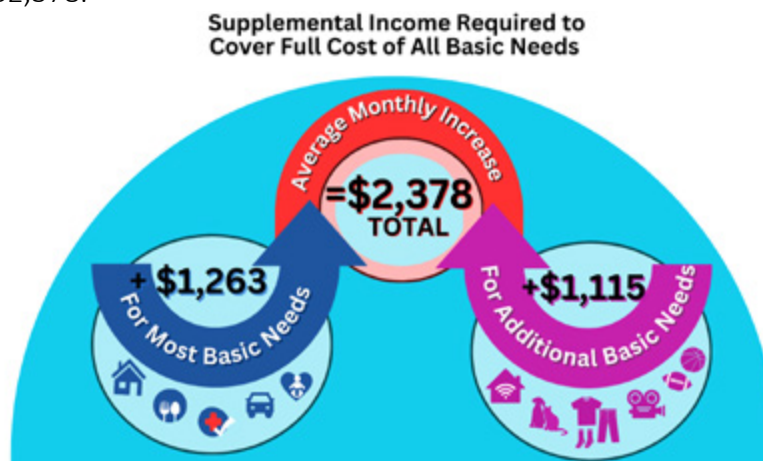


Figure 9

The average annual salary for self-reported non-living wage earners was \$46,177. This amount equates to:

- \$1,695 less annually than the overall respondent salary average of \$47,872, and
- \$13,399 less than the average salary of \$59,576 for respondents who self-report earning a living wage.



## Impact of Earning a Living Wage

Earning a living wage would decrease stress, diminish the impact of vicarious trauma, alleviate fear of the future, allow individuals to breathe, have a baby, make memories with family, eat healthier, be stronger physically, emotionally, and mentally, be free to laugh, enjoy, and live. Survey respondents shared how they would use extra money if they were able to truly earn a living wage. Figure 10 is a summary of their responses.

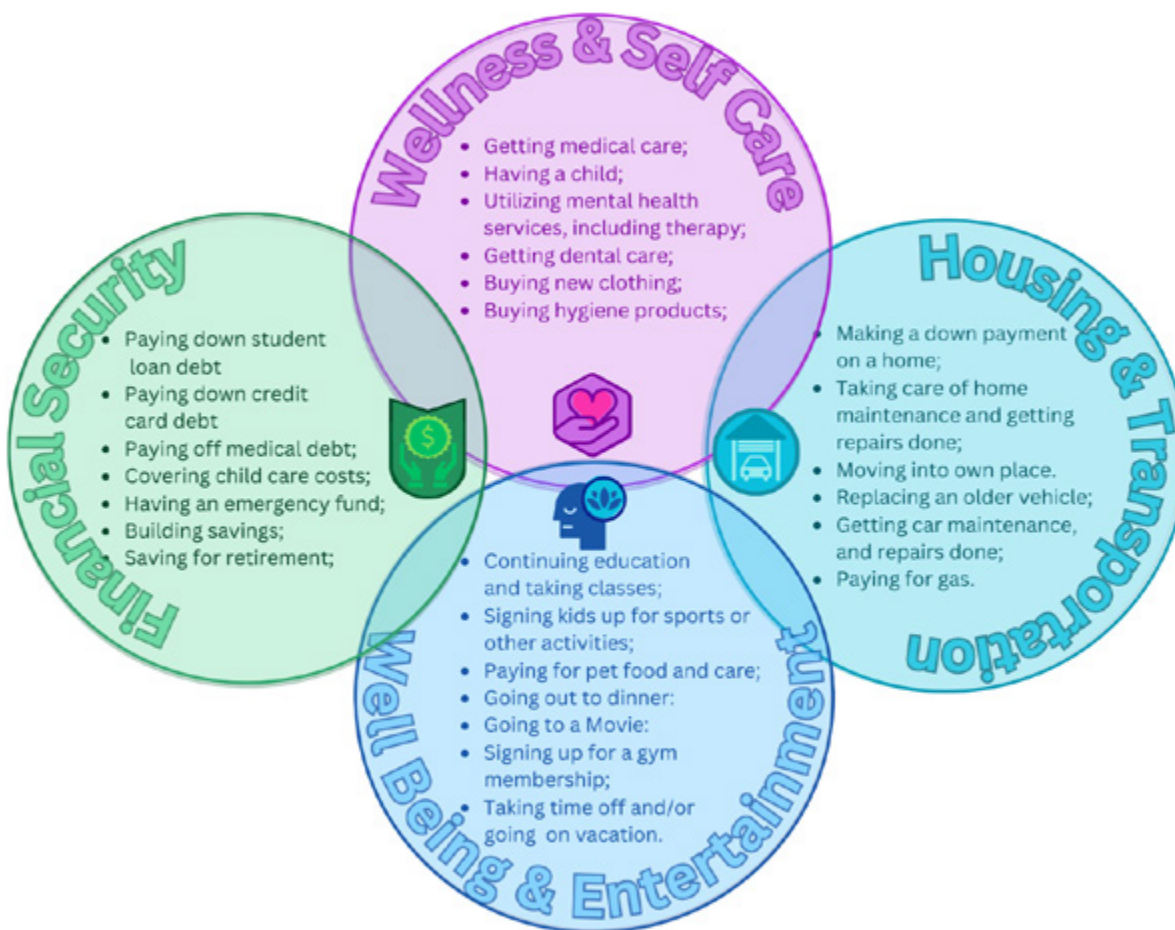
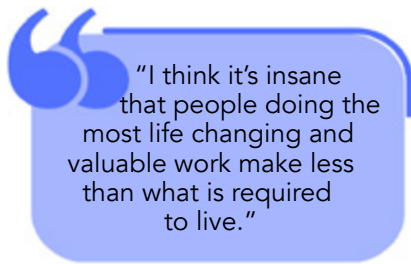


Figure 10







"I think it's insane that people doing the most life changing and valuable work make less than what is required to live."



## Exploring the Stories of Frontline Workers in Illinois

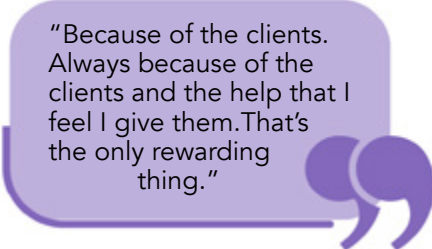
### Why Have You Considered Leaving?

Two-thirds of workers surveyed reported that they have considered leaving the community-based health and human services sector. The need to make more money was almost universally cited as pertinent to the decision, as well as the desire to prioritize mental health and/or achieve a healthier work/life balance. Answers as to why respondents have considered leaving their current position fall into the following categories:

- Insufficient compensation and benefits that fail to keep up with the rising cost of living, including ability to afford childcare and insurance payments;
- Failure to make a wage that allows for any breathing room or longer term personal financial stability;
- Feeling undervalued by the state and society, in general, despite being highly educated and doing crucial work in communities;
- Burdensome caseloads coupled with increasing staffing shortages and a growing number of clients in need of services;
- Inability to reconcile the ongoing stress and vicarious trauma experienced on a daily basis with the low wages, long hours, and lack of flexibility;
- Knowledge that state-run agencies, for-profit private sector jobs, and positions with union affiliation offer higher wages as well as systems designed to better advocate for workers;
- Recognition that comparable or higher wages are available in sectors with shorter hours and far less stress.

### Why Have You Stayed?

When asked why they stay in the work despite the existential and financial challenges, responses boil down to one simple sentiment—they truly love what they do. As a matter of fact, the word 'love' was used in hundreds of responses. They are committed to their clients and the rewards come from knowing they are making a real difference in people's lives. They thrive on the ability to help others, feel called to the work, and speak passionately about their belief that the work is about humanity—theirs and the clients they serve. For example:



"Because of the clients. Always because of the clients and the help that I feel I give them. That's the only rewarding thing."

- "I realized that the places where I am the happiest, the things that fulfill my life, are when I'm helping people enjoy the small moments of life that they otherwise wouldn't be able to enjoy without me... If I can help one person enjoy one thing in their life, then that's what I'm here for... Pay be damned, I wanted to work directly with people with disabilities so I could help them enjoy their lives. So that's why I've stayed in this field."
- "I am great at what I do and the clients we serve deserve an experienced, strong, knowledgeable, and compassionate advocate."

- “I love providing care to patients.”
- “I love helping my community and seeing the stresses lift away from our clients after they leave our office. It truly makes the work we do so worth it and that’s why I choose to keep going despite the low income.”
- “Working with clients was also very rewarding for me, and it was fulfilling being able to work in a career that made a difference in people’s lives.”
- “I choose the job, because the thought of impacting people’s lives with positivity and compassion is what I need daily. That is what I can wake up to every morning and choose to say, ‘I love my job’ and actually mean it. I’ve worked in a fast paced, money chasing, go getting environment and it burned me out, mentally and physically. I never loved it, and it never loved me back. And this job, I knew I loved it from the first day, and I feel the love every day. I choose to stay, because I must.”

## Centering Workers’ Voices

Respondents were asked to share personal experiences working in human services, perspectives on living wages, and/or solutions for supporting human service workers. Their responses were both plentiful and profound. While shedding additional light on their struggles and frustrations, they also proposed straightforward, pragmatic solutions, offered with compassion and conveying unrelenting commitment to the communities they serve. On this and the following pages, as well as throughout this report, is a sampling of some of the responses we received, shared in the respondents’ own words.

“I wish people viewed my profession with the same heroic reverence we reserve for firemen, first responders, or servicemen. On a daily basis, I work with clients and issues that make other professionals quake in their boots. I am told constantly by people I meet that “I could never do what you do.” I go the distance, stick it out, and provide service with care and compassion. And yet, as I come home at the end of the day, I still have to carefully stretch to make ends meet. I wish I were paid according to the incredibly valuable work I do.”

“I’m exposed to a lot of vicarious trauma every day but I can’t afford weekly therapy to cope. I’ve developed PTSD from this job and can’t afford to upgrade my insurance plan. This leaves me having to pay out of pocket each session at \$100. I’m starving and out of money and food a week after I get paid and have no choice but to suffer.”

“We risk being homeless or being without food or transportation. We are only a paycheck away from being in the population that I serve on a daily basis. Each month we struggle to put food on our table and gas in our car and to purchase the prescription meds we need.”

“If someone gave me an extra \$20 a month, I would cry with relief. That’s how stressed out I am every day about paying my bills.”

“As a single parent, having this additional money would mean I don’t have to work 2 jobs and can spend more time with my child.”

“I don’t care what kind of human service worker you are, this field is not even close to minimum wage work. We take care of people and put our heart and soul into this work and it really, really sucks to know how little value that work has to the state of Illinois and American society as a whole.”

“We give our all for the community even putting extra time without pay. It would be nice to see more attention from the community that may not need our support to recognize what we do and how important what we offer does for the community as a whole.”

"The support that is needed must come from federal and state levels. We need more funding, health coverage that provides mental health services, free or pro bono mental health and support services for human service workers, more staff to help the work load, and job security with competitive benefits and retirement, for a start."

"I avoid doctor appointments for myself, and I cut back my food so my children can eat."

"I have considered leaving due to the lack of financial support that the field in general receives. I see so many other fields that are for profit that do much less good for the world and communities. The stressors and secondary trauma that we experience on a daily basis does not equate to the pay that we receive."

"People will continue to leave this field because we can't survive on the pay."

"We take on working extra hours for little to no pay to make sure that we are supporting our community."

"For necessities (clothes, travel, school/educational pursuits, CEUs, etc.), people in our fields must be paid more or we will continue losing people. There is a hiring and employee retention crisis currently; in a few years, it will be much worse."

"I generally have a sense of embarrassment due to the fact that it was taught to us to go to school and get an education and to always help others. then someone can work retail/fast food right out of high school and bring home more than I do with an education. Obtaining a living wage in this field has been very challenging for me. It almost feels as though Human services workers are taken advantage of because they have big hearts."

## Centering Workers' Voices

"Human Services and care work are not valued in American society and that's a choice. Government policy needs to set the standard for how we value this care-work that is done and that is NECESSARY. If the state is willing to pay an employee a certain wage, why would they not fund a community organization at the same level so they can pay the client-facing employee a living wage?"

"It is cheaper to support current workers than a revolving training of staff. Our work is gravely undervalued; we want to afford to live not be rich. I loooooove what I do. It's taken me years to acquire my skills-many people leave to take what they've learned and make more profit... people who NEVER wanted to leave left because they couldn't afford to stay."

"I decide which bill to pay by who won't turn us off this month."

"I feel the Department gets paid so much more than we do for less work. This is across the board due to them being unionized."

"I remember a time when I was helping clients get community resources for paying utilities, rent and food while at the time I almost couldn't do the same. I made too much to be eligible for assistance. I had to use a debt payment company to avoid bankruptcy or being pulled into court cases/jail because my paycheck couldn't keep up with the debt."



"There is a lot asked of people working in human services. These are not 8 hour a day jobs. Many require on-call times, often unpaid. No one expects to get rich, but we should be able to afford a roof over our heads in a safe neighborhood. We should be able to pay our bills, so they are not one more thing to worry about. I feel that we are mistreated because we are nurturers and will go above and beyond without requiring a pat on the back. Because we are helpers, we are often asked to do more and more without compensation."

"The never-ending stress and trauma of living in this way often puts us in a mental state that is extremely difficult to manage, making us highly susceptible to even more vicarious trauma from the experiences we have at work every day, thus making it a vicious cycle with seemingly no end."

"Living wages are tough, keeping skilled experienced clinical staff is hard. We are not talking about a few thousand dollars, many peers I know make \$20,000 to \$30,000 more than I do for less work and stress. Better health insurance is a must."

"[With additional money] I would be able to live and not just survive. It would increase my mental health as well as my physical health. I would also be able to pursue further education and focus more on my clients. Often times if I have to utilize a resource in the community I am hesitant because I would not want to encounter a client. Also when I hear of new resources I have to listen in for my clients as well as for myself."

## Centering Workers' Voices

"The clients are complex and need a lot of time and attention. Our wages do not match the amount of work we have to put in for the client to be successful."

"I am frustrated. I know the problem of low pay is not limited to social services, but it's hard feeling valuable when I have to live like a college student to feel secure. I am living in a 4 bedroom house with 4 adults splitting costs. Having a child would push me into poverty. Adding my spouse to my health insurance would double my deductible and add almost \$500 to my premiums. Same for a child. I can't support a family without plunging into total insecurity financially."

"It's interesting working in this field, trying to help others not to be homeless, but as a worker in this field also trying to navigate the SAME exact thing that our customers and clients are facing. We live paycheck to paycheck and struggle to make ends meet on a regular basis... It's a struggle and it really messes with your mental health and anxiety levels."

"The fact that in the NASW code of ethics we are bound by, it says in short, that we should give away our services. Why are we being required to work for little to no pay? We are just as important as any other sector yet, we are seen as disposable. The wage crisis in social work is not going to be solved until we are seen as equals"

"In the field of sexual assault burnout is real, and financial pressures have been a reason we lose great staff. I have been on call 24 Hours-like that of first responders but our pay is not even in the same range."

"The primary reason I have considered leaving is salary. I have around 8 jobs/responsibilities at my small nonprofit. I have seen positions out of this sector that pay six figures for just one job aspect of the 8 that I am doing now."

"I have to choose between paying a bill or eating."

"I believe those of us who want to continue direct work should be able to do so without worrying about making enough money to scrape by. We should be able to make a living impacting lives directly. Changes need to start at the state. Reimbursement rates and minimum pay for human service workers needs to increase."

# Discussion



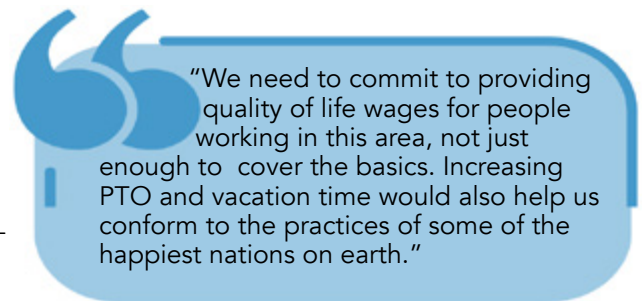
The results of this report exemplify the reality of a workforce composed of many educated, full-time workers earning less than a living wage and unable to afford the costs of their own basic needs. The results reflect, on average, an increase of \$2,378 in supplemental monthly income to fully cover these costs, and lift more workers to a living wage. Many factors contribute to that dollar value, but all suggest the need for a multi-pronged, nuanced approach to alleviate the strain on workers to ensure their well-being and, consequently, that of communities across Illinois.

Recommendations to reach this ultimate outcome include strategies for employers to consider to support their workers and government actions to bolster both community-based human service providers and frontline workers. They fall into the following categories:

- Measures to accommodate and/or minimize debt—student and medical;
- Best practices to promote and facilitate well-being for the frontline workforce;
- Reconsideration of credentialing requirements;
- Legislative actions to support the sector and sustain the workforce.

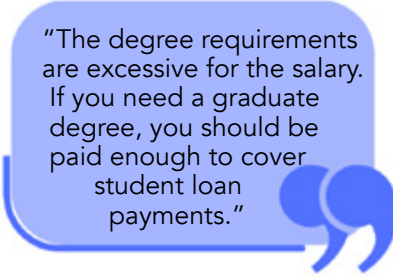
## How Can Employers Support the Workforce?

Employers can implement organizational practices and policies to accommodate the unique circumstances of their frontline employees and prioritize well-being. With acknowledgement that service providers may have limited time and capacity, there are targeted actions, collaborations, and coalitions that can be leveraged to increase organizational influence to achieve more positive workforce outcomes. The types of possible actions include restructuring of vacation and PTO policies, more flexible work schedules, looking for resources to learn best practices as administered by other organizations, and engaging in targeted advocacy efforts that include and reflect the voices of employees. Employers should also take action to internally address any employee issues similar to those the sector is working to resolve by promoting transparency and enacting policies that foster racial, gender, and ability pay equity.



## How Can Government Support the Workforce?

Government action at both the state and federal level is essential to addressing the most significant issues facing the health and human services workforce. In consideration of the most pressing concerns raised by respondents, government entities must center the priorities of frontline workers and promote action-oriented solutions that are only possible through government-led interventions and initiatives.



"The degree requirements are excessive for the salary. If you need a graduate degree, you should be paid enough to cover student loan payments."

### Student Loan Relief

Community based frontline human service workers are highly educated, yet that education comes at a cost. For example, [social work graduates](#), on average, accumulate \$29,000 of student debt for obtaining an undergraduate degree, \$30,000 for a masters degree, or \$59,000 for both, yet the average starting salary for social workers in community-based organizations is \$41,000 per year. If funded, Human Services Professional Loan Repayment Program

Act Appropriations [HB4601/SB3082](#), will provide financial respite for many workers and bolster their ability to remain employed in community-based settings. By focusing on professionals working at state grant-funded service providers this program has the potential to improve employee retention rates, bolster workforce stability, and ensure continuity in service delivery for clients receiving human service supports.

## Educational and Licensure Modification

In our [previous research](#), providers lamented not being able to offer salaries that were competitive and in line with a worker's credentials and merit, which resulted in workers leaving community-based human services to earn higher salaries with the state or the for-profit sector. Survey responses reflect the continued lack of competitive wages, and also revealed these other aspects of graduate degrees and licensure requirements:

- Requiring a degree over valuable lived experience and skills;
- Obtaining a master's degrees before the degree was required for licensure and now being required to sit for the licensure exam;
- Not earning enough money to pay off student loans;
- Desiring the salary be commensurate with a master's degree education;
- Making more money in the for-profit or government sectors.

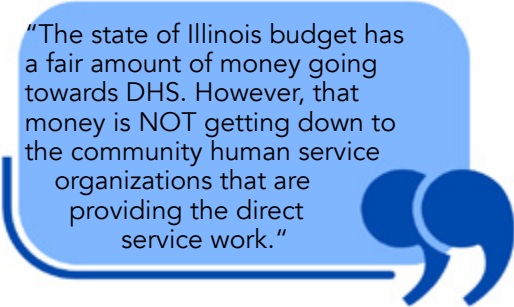
Modified credentialing requirements will allow for more employer flexibility in hiring. With the input of community-based providers, certain roles can be revisited to ascertain which degree and certification requirements could be altered without undermining the quality of the services delivered. In addition, this initiative could help address student loan concerns. If some roles no longer require graduate degrees, fewer students coming into the field would be saddled with higher levels of debt and, perhaps, more students would choose to enter the field.

## Healthcare and Medical Debt

A significant number of survey respondents reported concerns related to the cost of healthcare as well as managing the debt they carry from past medical expenses. As a result, their ability to reach a living wage is compromised as they face tough decisions around their own health and that of their families. They are delaying procedures, skipping routine care altogether, and prioritizing their children's day to day needs over their own health concerns as a means to make ends meet. Several respondents expressed the desire to seek mental health support-often due to the emotionally demanding nature of their work, but feel unable to utilize these services due to the costs, as well. Access to adequate healthcare with manageable premiums, reasonable deductibles, and a full range of services, including behavioral health resources, is essential to well-being. Also, future medical debt can be minimized when preventative services and diagnostic procedures are available and affordable through a worker's insurance.

## Reimbursement Rates

While many strategies can help reduce financial burden for frontline human service workers, the one that offers the most direct way to get to the heart of the issue is increasing reimbursement rates. State reimbursement rates continue to lag behind the necessary level to sustain the sector and must be adjusted to ensure that they fully cover the true cost of delivering services and providing employees a living wage. Many community-based organizations get a significant portion of their funding by way of state grants and these rates are a critical component in wage determination and ensuring the sustenance of both the organization and its workers. State utilization of capacity grants for the explicit purpose of supporting general operations is another initiative that could alleviate the heavy reliance



"The state of Illinois budget has a fair amount of money going towards DHS. However, that money is NOT getting down to the community human service organizations that are providing the direct service work."



on reimbursement rates to cover everything. These funds could be earmarked for other operating expenses thus allowing a higher percentage of reimbursement rates to go towards augmenting employee wages.

## Child Tax Credits



"Staff were literally working to pay for daycare."

Results from this research show that the number of children in a household has a significant impact on whether the working adults earn a living wage. Childcare is expensive, and qualitative responses to the survey indicate that the cost may impact the structure of their household and in some cases, a parent's ability to work outside the home. Not earning a living wage can also lead to adults not having a child for fear of facing even more financial insecurity. One means of addressing this stressor is through Child Tax Credits (CTC), both the federal expansion and the pending bills in Illinois. State and federal Earned Income Tax Credits (EITC) can also benefit workers with low to moderate incomes (less than \$63,398 and dependent on filing status) and are graduated based on the number of children in the household.

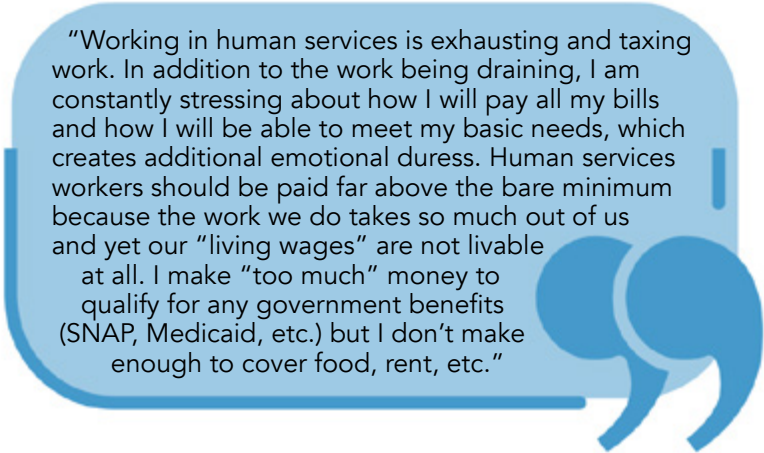
Illinois does not currently offer a state-level CTC. In 2023, lawmakers introduced [HB3950](#), which would create a permanent state CTC valued at \$700 per eligible dependent. The bill is in the House. In 2024, [HB4917 was filed for a lesser amount](#), \$300, though the amount proposed is adjusted for inflation in subsequent years. Enacting a CTC in Illinois would provide some relief to those with children.

Illinois does not currently offer a state-level CTC. In 2023, lawmakers introduced [HB3950](#), which would create a permanent state CTC valued at \$700 per eligible dependent. The bill is in the House. In 2024, [HB4917 was filed for a lesser amount](#), \$300, though the amount proposed is adjusted for inflation in subsequent years. Enacting a CTC in Illinois would provide some relief to those with children.

In addition, Congress is currently considering an increase and expansion of the federal CTC through the [Tax Relief for American Families and Workers Act of 2024](#) which has passed the House. If approved, [the bill](#) would change some eligibility parameters and increase the maximum value of the CTC from \$1,800 per child for tax year 2023 to \$1,900 for tax year 2024, and \$2,000 for tax year 2025. While enacting this bill into law would help, it falls shy of the expansion made in 2021 during the COVID-19 pandemic, when the CTC value was raised to \$3000. [Research](#) shows that the expansion during the pandemic resulted in a 44% reduction of childhood poverty.

## SNAP and Childcare Assistance Program

Survey responses indicate that a portion of the full-time workforce is unable to afford adequate food without relying on food pantries or other supports and would benefit from access to public assistance, such as SNAP and the Childcare Assistance Program (CCAP). Comprehensive wage adjustments and legislative action are needed to ensure that full-time, frontline human service workers are able to make a living wage without the need for public benefit programs to augment their income. However, accomplishing this outcome will take time as systemic solutions work their way from inception to implementation. Though we firmly believe that all full-time workers, particularly those fulfilling roles that directly serve and support their communities, should earn a wage sufficient enough to meet all basic needs, something must be done in the meantime. To effectively target critical deficiencies, adjusting the minimum salary and eligibility requirements to qualify for SNAP and CCAP would allow more workers to provide adequate food and childcare for their families.

A blue speech bubble with a white outline, containing a quote. The bubble has a tail pointing towards the top left.

"Working in human services is exhausting and taxing work. In addition to the work being draining, I am constantly stressing about how I will pay all my bills and how I will be able to meet my basic needs, which creates additional emotional duress. Human services workers should be paid far above the bare minimum because the work we do takes so much out of us and yet our "living wages" are not livable at all. I make "too much" money to qualify for any government benefits (SNAP, Medicaid, etc.) but I don't make enough to cover food, rent, etc."

## Compensation Parity

Community-based human service providers face challenges with workforce recruitment and retention due to state contracts that make lower rates of pay inevitable. There are significant pay disparities between state agencies, managed care organizations, and community-based human service providers, though the work is comparable. This pay disparity was brought to light through several powerful comments from survey respondents, including:

- “State agencies need the private, community-based workers to function—it seems like they could be paid near the same rates and they might save money in the long run when workers don’t leave because they can’t afford to exist.”
- “I have always found it a kick in the teeth that I make 1/2 or less than my same position peers at the state.”

Illinois does not have a standardized [methodology](#) to set reimbursement rates that include consideration of increases in the cost of living or any successful attempts to determine the actual costs of doing business for human service providers across the state. Additionally, the challenges of both retaining and recruiting workers is exacerbated by this wide disparity between salaries for state employees and employees doing similar work for community-based nonprofits. In response, Illinois Partners for Human Service has proposed [HB 4912](#), The Human Services Equitable Pay Act, to address these difficulties through the elimination of the existing pay disparities. This proposed legislation provides for:

- The commission of a human services compensation study amongst workers across different employment settings;
- The establishment of a task force that will provide the state with recommendations to enable effective workforce recruitment and retention initiatives;
- An action-oriented approach to address pay disparities;
- Setting a schedule to eliminate pay disparities amongst providers who are performing similar work by July 1, 2029.

Workforce shortages and related difficulties for community-based providers are persistent and well documented. If unaddressed, they could have ripple effects throughout the system, potentially causing program closures and loss of services in some communities. This legislation must be passed to remedy current state contracts that reinforce these economic disparities and systemic inequities regarding how the state values work differently depending on where it is done and who performs it.



# Recommendations



## Employer Actions to Support the Workforce and Promote a Living Wage

Survey results indicate the following strategies and organizational policies would better support worker well-being:

- **Increase paid time off**, including vacation time and flexible or atypical working week models where possible;
- **Regularly check-in with workers** to stay apprised of their needs, including annual assessments of compensation and benefit policies;
- **Collaborate with others to develop and share best practices** for basic need supports, including exploring on-site or nearby child care options and pooling resources with other organizations to increase health insurance buying power for more reasonable premiums and deductibles;
- **Enact transparency and policies that foster racial, gender, and ability pay equity**;
- **Create clear career pathways** and offer opportunities for advancement and professional development;
- **Support the fulfillment of licensing and credentialing requirements** through measures such as paying fees and allowing time off for study and exams;
- **Participate in advocacy efforts and opportunities to elevate the health and human services workforce.**

## Government Actions to Support the Workforce and Facilitate a Living Wage

Survey results indicate the following State actions and policies would better enable workers to earn a living wage:

- **Raise reimbursement rates and increase state contracts** to cover the actual costs of providing services and promote a living wage;
- **Address student loan burdens and enact measures to alleviate debt by allocating funds to fully actualize Human Services Professional Loan Repayment Program Act Appropriations [HB4601/SB3082](#)**
- **Consider modifications to the educational and licensure requirements** to increase eligible candidate pool and lessen student loan debt;
- **Ensure human service workers have access to medical debt relief, dental care, and mental health services**;
- **Adjust eligibility requirements for SNAP and CCAP as a stopgap measure** until state contracts and reimbursement rates reflect the living wage frontline workers require to meet their basic needs and provide adequate food and childcare for their families without these additional supports;
- **Enact/Expand Child Tax Credit Laws** at the State/Federal level, respectively;
- **Commit to understanding and eliminating the unique pay disparities of the human services sector by enacting [HB 4912](#), The Human Services Equitable Pay Act.**


# Conclusions

By and large, the frontline community-based human service workers who participated in this research are overworked, undervalued, and grossly underpaid. They share, in their own words, the daily challenges they face physically, emotionally, and financially. They highlight their devotion to their communities and their love of helping others live their best lives. Now is the time for the state to take bold steps to ensure that these essential workers can live their best lives, too.

It would be easy to characterize the challenges of our frontline workforce as purely financial in nature.

However, it is shortsighted to suggest that the problems are solvable through pay raises alone and not also tied to the broader systemic issues that are undermining the core values of our sector and compromising its capacity to address workers' basic needs. Though we quantify the wage gap for our respondents in terms of a financial sum, the figure represents more than additional income needed. It stands as a symbol of a moral deficit in our collective consciousness, too. Full-time workers who, day in and out, work in service of the greater good, who contribute to and sustain the very systems designed to ensure that individuals and communities can thrive, should, at the very least, be able to thrive, as well. Simply put, they should earn a true living wage. What if instead of balking at the dollar amount it would take to get us there, we consider ways to chip away at the figure through action-oriented and pragmatic problem solving? How can we ease financial burdens for the entire sector and community-based service providers while prioritizing the well-being of every human services worker in Illinois?

To understand what approaches will have the greatest impact every day and in real time, this report provides an important new perspective in the discourse—the voices of frontline workers themselves, telling us exactly what they need to thrive. What we see through almost every data point is a workforce for whom the numbers just are not adding up and pushing some beyond their means and, consequently, out of the sector. What we hear in every comment, thought, and suggestion is a universal desire for their work to be acknowledged as essential to communities and worthy of wages proportionate to their value. Additional income is certainly part of the solution, but so too are responsive policy initiatives, progressive legislation, debt relief, and long term commitments to workforce development programs. Solutions must involve a true reckoning with systemic inequities and centering our values to ensure that the people on the frontlines of taking care of our communities are fully empowered to take care of themselves and their own families. These workers know what they do matters, but we, as a society, must demand that our values are reflected in concrete government actions demonstrating their well-being is our collective priority.



"When we see little to no change at the state and federal level to fix things, compounded with the growing amount of need in the community and the depleting amount of resources available to help them and/or the growing restrictions on services and high rates of inflation, then we go home to struggle in the same way when we have a "good job" that should keep us stabilized, it becomes increasingly difficult to maintain hope and purpose in these positions."





# STATE POLICIES, FUNDING & RESOURCES

## RECRUIT & RETAIN EMPLOYEES

Career advancement opportunities and educational pathways

Tuition reimbursement and loan forgiveness

## SUPPORT & STABILIZE EMPLOYERS

Increased reimbursement rates and flexible state contracts

Reduced administrative burden in grant application and reporting processes

## BUILDING A STRONG HEALTH AND HUMAN SERVICES WORKFORCE

Pay equity across gender, race, and ability status

Transparent policies regarding salary and promotions

Equitable pay for all types of human service provision

Funding that keeps pace with the cost of doing business

Expanded eligibility for public benefits

Competitive wages that reflect and ensure a true living wage

Licensing and credentialing reforms

State conducted assessment of pay disparities

Collaborative efforts to build and enhance employee well-being

Work/life balance, mental health support, paid leave

Commitment to promote the value of community-based human services

Efficient contract and grant systems with timely payments

## IMPACT: COMMUNITY WELL-BEING





# Appendix A. Common Trainings, Certifications & Degrees Requirements



<b><u>Abbreviation</u></b>	<b><u>Training/Degree</u></b>	<b><u>Degree Requirements, if applicable</u></b>
40-hr CIT	40-Hour Crisis Intervention Training	n/a
40-hr DV	40-Hour Domestic Violence Training	n/a
40-hr SA	40-Hour Sexual Assault Training	n/a
60-hr ICASA	60-Hour Child Sexual Abuse Training	n/a
CPR	Cardiopulmonary Resuscitation Training	n/a
CDVP	Certified Domestic Violence Professionals	n/a
CNA	Certified Nursing Assistant	n/a
CWEL	Child Welfare Certification	n/a
CPI	Crisis Prevention and Intervention Training	n/a
DSP	Direct Support Professional Training	n/a
DRSS	Disaster Recovery Certified Specialist Training	n/a
First Aid	First Aid Training	
HUD HC	Housing and Urban Development Housing Counselors Training	n/a
-	Mandated Reporter Training	n/a
CRSS	Recovery Support Specialist Certification	n/a
RBT	Registered Behavior Technician Training	n/a
SOAR	SSI/SSDI Outreach, Access, and Recovery Training	n/a

### **Certifications and Degrees**

<b><u>Abbreviation</u></b>	<b><u>Training/Degree</u></b>	<b><u>Degree Requirements, if applicable</u></b>
CADC	Certified Alcohol and Drug Counselor	AS, BS
CSW	Clinical Social Work Degree	BSW, MSW
LCPC	Licensed Clinical Professional Counselor	MS, MA, Psy.D
LCSW	Licensed Clinical Social Worker	MSW
LPC	Licensed Professional Counselor	BA, MS
LSW	Licensed Social Worker	BSW, MSW
MPH	Master of Public Health	MS, MPH
MSW	Master of Social Work	MSW
NP	Nurse Practitioner	BS
PA	Paralegal	AS, BS
PMHNP	Psychiatric-Mental Health Nurses	AS, BS
QIDP	Qualified Intellectual Disability Professional	BHS
QMHP	Qualified Mental Health Professional	MHP, MS, MA
RN	Registered Nurse	BSN

### **Degree Abbreviations**

AS - Associate's Degree, BA - Bachelor of Arts, BS - Bachelor of Science, MA - Master of Arts, MS - Master of Science, Psy.D - Doctor of Psychology

BHS - Bachelor of Human Service, BSN - Bachelor of Nursing, BSW - Bachelor of Social Work, MHP - Master of MPH - Master of Public Health, MSW - Master of Social Work

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