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WORKFORCE DEVELOPMENT GUIDE 2026

The immigration crackdown has forced long-term care providers to manage a shrinking labor pool, even as demand for services continues to grow.

A long-term care staffing crisis on their shoulders

Page 2A

INSIDE

A vulnerable staffing situation

Harsh immigration policies have made many workers feel uncomfortable going to work. How are long-term care providers keeping workforces and cultures intact?

Tough restrictions on immigration — from deportations to TPS terminations — have hurt many of the very workers that long-term care providers rely on.

Photo: Getty Images; photo illustration by *McKnight's*

BY DONNA SHRYER

When immigration policy shifts, long-term care feels it first — and hardest.

A KFF analysis of 2023 American Community Survey data found immigrants make up 28% of the direct care workforce in long-term care services — more than 820,000 workers — including about 32% of home care workers, 24% of residential care workers and 21% of nursing facility workers. It's not just clinical roles: foreign-born workers comprise more than 30% of housekeeping and maintenance staff in nursing homes, according to LeadingAge.

Recent Trump administration policy actions have hit this critical labor pool head-on. The termination of Temporary Protected Status and humanitarian parole programs has significantly affected direct care workers from Cuba, Haiti, Nicaragua and Venezuela, triggering revoked work authorizations and immediate risk of deportation for some. Other policy changes have upset professional pipelines, with H-1B visa changes making it thousands of dollars more expensive to hire foreign-trained doctors and

nurses — a cost that smaller providers and rural systems cannot afford.

Amanda Mead, director of workforce policy at LeadingAge, summed up the scope of the disruption succinctly:

"Every setting, every service line and nearly every job category is feeling the squeeze. The result is reduced capacity, higher costs and growing concerns about access to services for older adults."

And, for the first time, up-to-date, legitimate paperwork no longer provides a shield, pointed out Rob Liebreich, president and CEO of Goodwin Living.

"I have team members who are really fearful and are so brave to come to work," he said. "They're legal. They shouldn't have any concern. One of my team members who became a US citizen is saying, 'My kids, they're scared.'"

"It is a very fluid situation when it comes to immigration," added Ashante Abubakar, vice president of workforce development at Argentum. "On any given day or any given week, you never know what might happen next."

Beyond the numbers

The data establishes the scope and scale of the situation. But they don't capture the intangible value immigrants provide to long-term organizations. These are not interchangeable bodies filling shifts. They are the workers who stay, provide consistency and — research shows — improve residents' quality of life.

"As an employer, we see them stay on with us. They have longer tenure, they are more committed to the organization," said Liebreich, noting that 40% of Goodwin Living's 1,450 employees are foreign-born. Research backs up the loyalty data: nursing homes with higher shares of immigrant staff had lower turnover and more stable staffing during the COVID-19 crisis.

Their impact goes beyond retention. A 2024 Harvard Medical School study found that when immigrant worker numbers rose in an area, nursing home residents became less depressed and less anxious — and less likely to be on antidepressants or antianxiety medications. The effect was strongest in facilities already short-staffed. Researchers also found that language barriers posed minimal obstacles to daily care, while cultural diversity helped residents from similar backgrounds feel less isolated.

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This is the percentage of immigrants in long-term care direct care roles.

- KFF

"Immigrants make up a significant portion of our assisted living and greater long-term care workforce," said LaShuan Bethea, executive director of the National Center for Assisted Living. "We could not do what we do every day without these hardworking, caring individuals."

Direct care workers: when protections vanish

Immigration policy changes have done particular damage to the direct care workforce — specifically workers from Cuba, Haiti, Nicaragua and Venezuela. The termination of Temporary Protected Status, which allowed nationals from specific countries facing extraordinary conditions to temporarily reside and work legally in the United States, removed one layer of protection. The end of humanitarian parole programs, which let certain foreign-born workers legally work in the US and fill critical staffing shortages, removed another layer.

These lost protections are not restricted to new arrivals, Mead explained.

"Members are losing valued staff who have worked legally for years but are now suddenly unable to work or too fearful to continue reporting to their jobs," she said.

The losses are immediate and concrete. Liebreich described what happened on one Goodwin Living campus.

"In July, we had to let four team members go — all in our dining services side. They had humanitarian parole from Haiti." He added that the replacement process has been painful. "When they left, it took us a long time. Cooks in particular are extraordinarily hard to find."

The disruption extends beyond those who lose authorization. LeadingAge reports that some employees have stopped coming to work even before their documents expire — paralyzed by confusion and fear surrounding stepped-up enforcement actions. The pipeline is drying up: too, the association said: fewer applicants, experienced staff leaving voluntarily and a growing reluctance among workers to pursue new roles.

This all translates to reduced services. Goodwin Living, for example, is limited in its hospice and certified home health offerings — not for lack of demand, but for lack of nurses qualified to work independently in patients' homes.

Providers respond

Some providers aren't accepting the new reality so easily. Goodwin Living has supported nearly 230 employees on their path to citizenship — and extended the program to family members.

"We recognize the importance of being a place of intentional welcome," Liebreich said, "and giving pathways to citizenship for the long-term generational impact."

At Ingleside, an operator of three continuing care retirement/life plan communities in Maryland, Virginia and the District of Columbia, residents have become part of the solution. Volunteers tutor employees preparing for citizenship exams, walking applicants through the process.

"It can really help transform the trajectory of someone's life," said Doug Myers, president and CEO of the Westminster Ingleside Foundation. He noted retention rates above 80% for Ingleside immigrant workforce.

Mead pointed to other provider adjustments, from hiring immigration attorneys to offering financial assistance during documentation transitions — efforts she described as providers doing "everything within their power to retain staff and stabilize their workforce."

Effect on international nurses

While direct care workers face immediate displacement, the pipeline for international nurses is being squeezed from a different direction. The administration imposed a $100,000 fee on new H-1B petitions in September and announced in December that the random H-1B lottery would be replaced by a wage-weighted system effective Feb. 27, 2026.

The change puts long-term care at a stark disadvantage. Larger medical facilities are typically more able to absorb the additional fee, giving internationally trained nurses better odds of landing a hospital job than LTC positions. Facilities that were already struggling to recruit are competing with one hand tied behind their back.

And visa processing has slowed to a crawl.

"There are lines upon lines upon lines," noted Mark Sanchez, chief operating officer of United Hebrew in New Rochelle, NY, in an Associated Press report. "And now they're saying, 'I'm going to go to Canada' and 'I'm going to go to Germany,' and they're welcoming me with open arms.'"

Many organizations are stepping up.

"Providers are leaving no stone unturned to find dedicated, qualified caregivers to help stop and reverse the caregiver shortage in our nation," Bethea said, "and that includes looking for nurses across the globe who wish to work here in the United States."

Looking ahead, Goodwin Living developed a paid internship playbook targeting high school and college students — converting interns into hires.

"We have two nursing students going to Georgetown University, but they're also working in our life enrichment department," Liebreich noted.

Wages are part of the strategy too. Goodwin raised its base pay floor from $11.75 in 2019 to $20 an hour — a 70% increase designed to compete for a shrinking labor pool.

On the policy front, providers are pushing for structural fixes. AHCA/NCAL supports the Healthcare Workforce Resilience Act, which would recapture unused visas from previous years for doctors, nurses and their families. Argentum is advocating for something more fundamental: a dedicated visa category for senior living and assisted living.

"That recognition would go a long way," said Abubakar .

Collision course?

While the supply side is being tested, the demand side for LTC is not abating. Roughly 70% of Americans turning 65 today will require some form of LTC. By 2034, adults 65 and older will outnumber children under 18 for the first time in United States history. PHI projects the country will need 9.3 million direct care workers by 2030 — not only to meet new demand, but to replace the steady stream of workers leaving the field.

Given the needs on supply and demands, the collision may already be here, according to providers and advocates.

"The aging population is a straight line up," said Myers. "The workforce to care for them? Flat. We have all this growing need — and no growing workforce to meet it."

Immigrants are the answer, Bethea said.

"Our nation is aging, and the younger generation is not keeping pace," she said. "When it comes to meeting the needs of our aging population, we need to think beyond our borders."

A human story at heart

Ultimately, immigration in long-term care isn't just about numbers or policies — it's about people. It's the Haitian cooks who lose work authorization with weeks' notice, leaving kitchens understaffed and residents asking where they went. It's the aides studying for citizenship exams with residents down the hall. It's the nurses from the Philippines who chose the US over Canada, now wondering if they made the right call.

In 2026 and beyond, the immigration knot will continue to unravel. The question is whether the essential people who care for America's aging population will still be here.

"The time is fraught with challenge," Liebreich said. "Just lamenting doesn't help reach a solution. We are solution-oriented as an organization, and I think we're called to try to figure it out." ■

The crackdown's impact on aging in place

Three-quarters of Americans age 50 and older want to remain in their own homes as they age, according to AARP's 2024 Home & Community Preferences Survey. Only 11% say they'd choose a nursing home if they needed long-term care.

It's often the home health aide who makes aging in place possible, with 41% of this workforce foreign-born, according to a November 2025 analysis from the National Foundation for American Policy.

Research shows the connection is causal, not coincidental. When the Secure Communities immigration enforcement program removed hundreds of thousands of foreign-born people from the United States, elderly Americans were nearly 7% more likely to end up in institutional care — because home health aides became harder to find. Conversely, areas with higher immigrant workforce growth between 1980 and 2000 saw 10% more elderly residents able to remain at home.

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2034

By this year, adults 65 and older will outnumber children under 18.

- PHI