



2026 Election Candidate Questionnaire

DC Coalition on Long Term Care Workforce Candidate Questionnaire

Candidate & Campaign Information

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SECTION I — Understanding the Issue

1. Understanding the Crisis

Washington, DC's long term care workforce shortage impacts on every part of the care continuum, including home care, assisted living, and nursing facilities. When there are not enough trained professionals—particularly Certified Nurse Aides (CNAs), Home Health Aides (HHAs), and related direct care staff—families face delays accessing services, providers struggle

to retain staff, and vulnerable residents risk reduced quality of care, preventable institutionalization, and unnecessary hospitalizations or even accessing care at all. The predicament is both a staffing shortage and a structural problem rooted in compensation, training access, and working conditions.

Have you ever been part of policy work or advocacy focusing on long term care or aging adults or people with disabilities? Please describe.

I have navigated the complexities of long-term care both as a policymaker and an advocate for systemic reform. My approach is grounded in the reality that long-term care is not just a budgetary line item, but a deeply personal challenge facing nearly every family in Washington, D.C. I have consistently championed the Certified Nurse Aide Amendment and supported robust funding for workforce development programs at the University of the District of Columbia (UDC). These initiatives are essential to creating a sustainable pipeline of HHAs and CNAs who are not only trained but fairly compensated to reflect the critical nature of their work.

Beyond legislative support, my focus has been on the structural integrity of the District's Medicaid program. I have been a vocal proponent of shifting the conversation away from the political optics of procurement and toward a rigorous, data-driven focus on patient outcomes. By prioritizing quality of care over the politics of contracting, we ensure that the care continuum—from home-based services to skilled nursing facilities—remains resilient and accessible. This means ensuring that Medicaid reimbursement rates are sufficient to support living wages, which is the only viable long-term solution to our current staffing crisis.

Finally, my perspective is informed by the lived experience of helping loved ones navigate the "spend-down" process to qualify for coverage and the gaps in what Medicare will and won't provide. As a former member of the Council, I viewed these challenges as a core mandate. We must streamline the intersection of insurance, asset management, and public assistance so that District residents are not forced into preventable institutionalization simply because they cannot navigate a fragmented system. My goal is to bridge the gap between high-level policy and the front-line reality of aging in place with dignity.

2. Who is Impacted

Gaps in the long-term care workforce affect multiple populations simultaneously. Older adults and people with disabilities lose mobility and independence and/or face dislocation from their homes and communities. Low-income residents reliant on Medicaid are disproportionately impacted when providers cannot retain adequate staff. Families experience emotional and financial strain when forced to step into caregiving roles without support. Meanwhile, workers face high expectations with insufficient wages, minimal benefits, and limited advancement,

creating instability and burnout. Policymakers must recognize this as both a public health and economic equity challenge.

Have you or a family member ever received long term care? Please describe.

Losing a father to a terminal illness is a profound experience that fundamentally reshapes one’s understanding of our healthcare system. For my family and me, navigating the complexities of his care was not just a medical challenge, but an emotional and logistical marathon. We experienced firsthand the "invisible" strain placed on family caregivers when professional support is intermittent or unavailable. This personal journey through the long-term care continuum—balancing the desire for a loved one to age with dignity against the realities of specialized medical needs—is what fuels my commitment to ensuring no District family has to face these hurdles alone.

This experience highlighted the stark reality that long-term care is an essential pillar of public health that remains dangerously fragile. When a family member requires high-acuity care, the gaps in our workforce become painfully visible. We saw how the stability of a patient’s environment depends entirely on the retention of dedicated aides and nurses. However, when these essential workers are undervalued and undercompensated, the resulting turnover creates a cycle of instability that directly impacts the quality of life for the patient and increases the emotional burden on the family.

SECTION II — Policy Commitments

3. Medication Aide Training Expansion

Medication Aides play a critical role supporting older adults and people with disabilities, especially in residential and assisted living settings. However, without sufficient approved Medication Aide training programs, facilities struggle to meet care needs, and workers lose valuable opportunities for career growth and higher wages. Expanding access to approved training providers is a tangible step toward ensuring better staffing, better care continuity, and workforce mobility. The DC Board of Nursing has not approved a training provider in over 4 years.

How would you advocate with the Board of Nursing to ensure a training provider is approved for this important certification? Please describe.

To advocate effectively with the DC Board of Nursing, we must frame the approval of Medication Aide training programs not just as a regulatory check-off, but as a critical lever for both public safety and economic mobility. As Mayor, my administration would treat the four-year hiatus on new approvals as a breakdown in the care continuum that requires immediate executive focus. I would start by convening a joint task force between the Department of Health (DC Health) and the Board of Nursing to identify the specific regulatory or bureaucratic

bottlenecks—whether they be outdated curriculum standards or staffing shortages within the Board itself—that have stalled these approvals.

My advocacy would center on the "career ladder" model for District residents. By expanding access to Medication Aide certification, we provide Certified Nurse Aides (CNAs) with a clear, tangible path to higher wages and increased responsibility without requiring them to leave the long-term care field. I will direct the Board to establish a streamlined, transparent application timeline for prospective training providers, ensuring that high-quality programs from local institutions, such as **UDC** or community-based vocational centers, can be vetted and approved within a predictable 90-day window.

Finally, I will ensure that the Board of Nursing is composed of members who reflect a modern understanding of integrated care. This means appointing leaders who recognize that workforce shortages are a direct threat to the health outcomes of our seniors and residents with disabilities. By prioritizing the certification of Medication Aides, we reduce the burden on Registered Nurses, minimize medication errors through standardized training, and ensure that our assisted living facilities are staffed by professionals who have the specialized skills needed to provide high-quality, dignified care.

4. Implementation of Certified Nurse Aide Amendment Act

The Certified Nurse Aide Amendment Act is intended to improve standards, workforce support, and resident care outcomes. However, strong legislation does not matter without strong implementation. The Act's provisions address workforce protections, training, and quality oversight to stabilize the CNA pipeline. Full implementation requires coordination, oversight, and ongoing attention to ensure its goals are realized and not delayed or weakened.

Summary from [LegiScan](#)

- **Law Passed:** The *Certified Nurse Aide Amendment Act of 2024* became **law with effect on December 12, 2024** after Council approval and the statutory congressional review period. [D.C. Law Library](#)
- **Primary Sponsor:** Councilmember **Christina Henderson (At-Large)**. [DC Coalition on Long Term Care](#)
- **Official Co-Sponsors:** Councilmembers **Charles Allen, Brianne K. Nadeau, Matthew Frumin, Janeese Lewis George, Zachary Parker, Brooke Pinto, and Trayon White, Sr.** [DC Coalition on Long Term Care](#)
- **Council Approval:** Passed unanimously in recorded votes.

Do you support full implementation, including workforce development provisions, improved wages and benefits, better-quality pathways, and accountability measures?

The Certified Nurse Aide Amendment Act of 2024 represents a landmark commitment to the dignity of both our residents and the professionals who care for them. However, as an expert in health policy, I know that a law is only as strong as its execution. I fully support the comprehensive implementation of this Act, particularly the provisions that move beyond basic certification toward a professionalized "career ladder." We must ensure that the transition from a CNA to specialized roles is supported by the District's educational infrastructure, specifically through targeted grants and tuition assistance at institutions like UDC to remove the financial barriers to advancement.

Implementing the workforce protection and wage provisions is not just a matter of compliance; it is a vital strategy for stabilizing our healthcare system. The high turnover rates we see in direct care are often a direct result of stagnant wages and a lack of benefits that fail to reflect the high-stakes nature of the work. By codifying improved compensation and benefits, we reduce the "churn" that leads to staffing shortages and burnout. As Mayor, I will empower the Department of Employment Services (DOES) and DC Health to work in tandem, ensuring that providers have the resources and the accountability structures necessary to meet these new standards.

Finally, true accountability requires transparent oversight and data-driven results. Full implementation must include a robust quality-monitoring framework that tracks patient outcomes alongside workforce retention metrics. We cannot manage what we do not measure. I will advocate for a permanent oversight mechanism that includes stakeholders from the DC Coalition on Long Term Care to ensure the Act's goals are not diluted by bureaucratic delays. By aligning fiscal policy with these legislative mandates, we will ensure that every dollar invested in our CNA pipeline translates directly into safer, more consistent care for our most vulnerable neighbors.

5. Training and Career Pathways

A sustainable workforce depends on not only recruitment but retention. Workers remain in the profession when there are meaningful opportunities to advance, earn higher wages, and develop skills. Creating structured pathways—from entry-level roles to specialized credentials and leadership positions with corresponding wage increases—strengthens retention and dignity in the profession. This also improves care quality by ensuring a more skilled and stable workforce. The District does not have a comprehensive community college or career and training institution to support workers who want to take the next step in their health care careers. Until the city addresses this problem by creating a comprehensive post-secondary training school, we are advocating for partnerships with PG Community College, Montgomery College and Northern Virginia Community College as well as increased support for the adult charter schools in the city. The District does not currently have the training capacity to train the number of workers we need now and in the future.

What policies or investments would you support to improve training, upskilling, and advancement opportunities for DC's long term care workers? Please describe.

To address the training deficit, I support a policy shift that ties managed care performance directly to workforce sustainability. By leveraging the Medical Loss Ratio (MLR)—the percentage of premium dollars Managed Care Organizations (MCOs) must spend on clinical services and quality improvement—we can create a dedicated funding stream. When MCO profits exceed these thresholds, the resulting "payback" or remittances should be legally sequestered into a Healthcare Workforce Innovation Fund. This fund would specifically finance upskilling programs for long-term care workers, ensuring that corporate efficiencies are reinvested into the human capital necessary for high-quality Medicaid outcomes.

These reinvested funds would be prioritized for a robust expansion of the University of the District of Columbia (UDC). While we explore regional partnerships with institutions like Montgomery College and Northern Virginia Community College to meet immediate capacity needs, our long-term goal must be self-sustaining District infrastructure. I would support the creation of a specialized Center for Allied Health Excellence within UDC, designed as a "one-stop" hub for direct care workers to earn advanced certifications—such as Medication Aide or Geriatric Specialist—with the cost of tuition fully subsidized by the MCO-derived workforce fund.

Finally, we must bridge the gap for adult learners by increasing fiscal support for the District's adult charter schools, which are often the first rung on the career ladder for our residents. By integrating these schools into a formal "bridge-to-degree" pathway with UDC, we create a seamless transition from entry-level HHA roles to nursing and clinical leadership. This holistic investment strategy ensures that "quality outcomes" in Medicaid are not just a metric on a spreadsheet, but a tangible result of a stabilized, well-trained, and fairly compensated workforce that sees a future in the District.

SECTION III — Funding Priorities

6. Wage Implementation

Wage strength is one of the most significant predictors of workforce stability. The wage provisions in the Certified Nurse Aide Amendment Act (CNAAA) are intended to ensure competitive compensation that reflects the difficulty and importance of this work. Without adequate pay, workers leave the sector, often for higher-paying entry-level jobs in retail and hospitality, worsening care shortages. Adequate wages also help address long-standing racial and gender inequities embedded in care labor. In 2021, the District passed the Paid Equity Fund that provided for higher wages and better benefits for early childhood teachers. We believe that CNAs and other caregivers should also be paid an equitable wage. Would you support a higher Medicaid reimbursement or consider a tax on high wealth individuals in order to make this bill comply with the law that dictates higher wages.

The CNAAA has not been fully implemented because the current Mayor and Council have not been willing to put the necessary funding behind it. Budget decisions reflect values.

Investments in aging and disability services, workforce stability, and community-based care are investments in public health, family stability, and equity.

Do you support full implementation and funding of the wage provisions in the Certified Nurse Aide Amendment Act?

I fully support the implementation and funding of the wage provisions within the Certified Nurse Aide Amendment Act. In a competitive labor market like the District's, we cannot expect to retain a world-class care workforce when entry-level roles in less demanding sectors offer higher compensation. To address this, I would advocate for a dual-track funding strategy: first, a targeted increase in Medicaid reimbursement rates that is legally "passed through" directly to worker wages, and second, a critical evaluation of our tax structure to ensure that the District's prosperity is reinvested into the essential workers who sustain our public health.

The precedent set by the Early Childhood Educator Pay Equity Fund proves that when the District prioritizes a sector, we can successfully stabilize a workforce through dedicated public investment. Just as we recognized the foundational importance of early childhood teachers, we must apply that same equity-based lens to our CNAs and HHAs, who are predominantly women of color. By establishing a similar dedicated fund or utilizing progressive revenue shifts, we ensure that the "floor" for healthcare wages in the District is high enough to prevent the current exodus of talent to the hospitality and retail industries.

Furthermore, I view the funding of this Act as a matter of fiscal responsibility. The cost of failing to fund these wage provisions is far higher than the investment required; high turnover leads to reduced quality of care, increased hospital readmissions, and more expensive emergency interventions. By securing a sustainable funding source—whether through Medicaid adjustments or broader revenue-raising measures—we shift our budget from a reactive stance to a proactive investment in the stability of DC families and the dignity of our seniors.

SECTION IV — Equity, Economic Mobility, and Worker Dignity

7. Racial, Gender, and Immigrant Equity

The long-term care workforce is disproportionately comprised of women of color and immigrants, many of whom face barriers to advancement, immigration vulnerabilities, language access challenges, limited worker protections, and systemic inequities. Policies designed with equity at the center can improve job quality, economic mobility, and stability for families while strengthening DC's care infrastructure. Historically, care providers were considered domestic servants with no labor or wage protections. At the same time, they are absolutely essential to a functioning economy.

What policies would you champion to address inequities, worker protections, immigration barriers, and economic mobility for this workforce?



As a champion for economic justice and equity in the District, I believe we must directly address the historical legacy that has undervalued care work—labor primarily performed by women of color and immigrants. My work on the Council has consistently focused on dismantling these systemic barriers by creating pathways to the middle class through robust workforce development. By expanding the reach of the University of the District of Columbia (UDC) and its specialized training programs, we can transform entry-level care positions into professionalized careers. This isn't just about training; it's about providing the credentials and "stackable" certifications that allow workers to bypass traditional barriers to economic mobility and command the higher wages they deserve.

To further address these inequities, I champion policies that provide comprehensive worker protections and language access resources, ensuring that the District's care infrastructure is built on a foundation of dignity rather than exploitation. I support the integration of legal and navigation services within our workforce hubs to help immigrant workers manage documentation and residency issues without fear of losing their livelihoods. My approach to equity is rooted in the belief that those who care for our most vulnerable residents should not themselves be left vulnerable to housing instability or wage theft. By codifying strong labor standards and ensuring they apply to all caregivers, regardless of status, we bring this essential workforce out of the shadows.

Finally, my commitment to equity means ensuring that our budget and policy decisions explicitly account for the racial and gender-based wealth gaps. By doubling down on initiatives like the District's Equity Impact Statements for all new healthcare legislation, we can ensure that every policy move—from Medicaid reimbursement shifts to training grants—positively impacts the lives of women of color in the care sector. We must move beyond simply acknowledging the "essential" nature of this work and start funding it as the backbone of the District's economy. My goal is to create a system where a career in long-term care is a reliable engine for family stability and generational wealth building in every ward of the city.

SECTION V — Accountability, Collaboration, and Leadership

8. Partnership Commitment

Solving the long-term care workforce crisis requires collaboration between government, providers, workers, advocates, and community leaders. Elected officials who engage transparently and consistently with stakeholders can drive meaningful progress and ensure policies reflect on-the-ground realities.

If elected, will you commit to ongoing collaboration with the DC Coalition on Long Term Care?

My commitment to the DC Coalition on Long Term Care is an emphatic yes. In my years of service to the District, I have learned that the most effective health policies are not drafted in isolation; they are forged through consistent, transparent dialogue with the providers, workers,



and advocates who navigate the care continuum every day. As Mayor, I will institutionalize this collaboration, ensuring the Coalition has a permanent seat at the table during budget formulations and legislative planning. We cannot solve a crisis as complex as the long-term care shortage without the "on-the-ground" expertise that your members provide.

Meaningful progress requires more than just occasional meetings; it requires a partnership built on accountability. I am committed to holding regular, quarterly stakeholder summits specifically focused on the implementation of the Certified Nurse Aide Amendment Act and our broader workforce development goals. These sessions will serve as a feedback loop to ensure that our Medicaid reimbursement strategies and training initiatives at UDC are actually meeting the needs of District residents. My door will always be open to the Coalition to identify emerging bottlenecks before they become systemic failures.

Ultimately, I view the DC Coalition on Long Term Care as a vital partner in our shared mission to make Washington, D.C., a national model for aging with dignity. By aligning the District's executive power with the Coalition's advocacy and expertise, we can move beyond stop-gap measures and toward a sustainable, equitable care infrastructure. This collaboration is not just a campaign promise; it is a core component of my governing philosophy to ensure that every policy we pass translates into a better quality of life for our seniors and a more stable future for our essential caregivers.

9. Additional Insights

Candidates bring different lived experiences, professional backgrounds, and policy perspectives to this work. Understanding your broader philosophy and personal commitments helps clarify how you will lead, prioritize, and respond to future challenges in long-term care.

Is there anything else you would like us to know about your values, commitments, or experience related to aging, disability services, or long-term care?

My philosophy as a leader is rooted in the belief that a city is judged by how it cares for those who have spent their lives building it. My own journey—from working as a mailman walking the neighborhoods of Washington, D.C., to serving on the Council and now seeking to lead as Mayor—has been a firsthand masterclass in the reliability and dedication required to keep this city running. I understand that for the District to be truly great, it must provide that same level of reliability and care to its aging residents and the workers who support them.

My professional background has been dedicated to building an "Equity Agenda" that creates real pathways to the middle class. I recognize that the long-term care crisis sits at the intersection of public health and economic justice. We cannot have a healthy city if our elders are neglected, and we cannot have a thriving economy if the women of color who provide that care are trapped in cycles of low-wage labor. My commitment is to use the Mayor's office to finally bridge this gap—ensuring that the same grit and determination that fueled my journey from the postal service to the Wilson Building is applied to professionalizing our care workforce.

Finally, I lead with a sense of urgency. I have seen how the lack of a stable care infrastructure can destabilize families and strip residents of their independence. As Mayor, I will not just be a supporter of your goals; I will be an active partner who understands the value of a day's work and the necessity of a social safety net that actually catches people. I am running to lead the city that raised me, ensuring that every resident—from those in workforce training at UDC to our seniors aging in place—has a government that respects their contribution and secures their future.

Submission Instructions

Please return your completed questionnaire by:

Deadline: March 15, 2026

Submit to: LTC Coordinator, Neil Richardson ltcoalition@homecarepartners.org

Format: PDF or Word preferred

<https://dclongtermcare.org/>

