State of Care: Minnesota’s Home Care Landscape

Robert Espinoza, Vice President of Policy, PHI
Quality Care Through Quality Jobs

Work with employers, policymakers, and other stakeholders across the care continuum to support direct care workers to deliver person-centered care.

25 years, 360-degree perspective
How Does PHI Make Change?

Complementary Lines of Service

- Curriculum Design
- Organizational Development
- PHI Coaching Approach®
- Policy Research and Analysis
- Recruitment and Retention
- Training and Advancement
STATE OF CARE
Minnesota's Home Care Landscape

BACKGROUND INFORMATION AND DEFINITIONS

Home care workers provide the majority of hands-on support to older adults who wish to remain in their homes and communities. Two official occupations comprise the home care workforce: personal care aides and home health aides. Each occupation requires different levels of certification and provides distinct levels of care and assistance.

In Minnesota, personal care aides (PCAs), called personal care assistants locally, help people maintain independence in their homes and communities by helping with activities of daily living, such as eating, bathing, dressing, and toilet use; and some health-related tasks. These services are provided through personal care agencies, which are not required to have a state license but must be accredited as Minnesota Health Care Programs providers.

Individual PCAs must pass a criminal background check and complete and successfully pass an online training course.6

Home health aides (HHAs) provide medically-oriented tasks at a person’s place of residence in order to maintain health or aid in the treatment of illness. These tasks include assisting in administration of certain medications; supporting ambulation and exercise; assisting with instrumental activities of daily living, such as managing medications, meals, transportation, and finances; and providing hands-on personal care. These services are provided through Medicare-certified home health agencies, while individual HHAs must be certified by the Minnesota Department of Health (MnDOH).7

For a list of PCA employment and enrollment requirements, see Appendix A.

6. Some state-certified programs, as outlined on the following page, allow consumers to conduct their own training, rather than see live online training.
7. Tasks are considered “medically oriented” if they are expected to maintain the recipient's health or to facilitate treatment of an illness or injury and have been ordered by a physician.
Background
Research methodology

- Published data and individual interviews
- Interviewed between December 2015 and April 2016
- More than 30 stakeholders, 17 different groups
  - Provider organizations and associations (7)
  - City and state agencies (5)
  - Advocacy groups (5)
Definitions

Personal Care Aides

- Daily living activities
- Personal care agencies
- State license not required
- Minnesota Health Care Programs provider
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Personal Care Aides
- Daily living activities
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Home Health Aides
- Medically-oriented tasks
- Medicare-certified home health agencies
- Certified by Minnesota Department of Health
Growing Elder Population, Insufficient Care
Minnesota’s Older Population

2030: 1 in 5 Minnesotans will be age 65+  
14% of state residents are age 65+  
- Rural: 20% are age 65+
Minnesota 65+ population

Source: Minnesota Population Projections by Age and Gender, 2015-2065. Minnesota State Demographic Center, August 2015
Growing Elder Population, Insufficient Care

Health and LTSS Services, Families

85% active physicians work in metro areas
73% of home health agencies are in Twin Cities
1950s: 3.2 family members per elder couple
• Today: 1.9 family members
Growing Elder Population, Insufficient Care

**Home Care Workforce**

Labor pool shrinking: Women, ages 25-54

Shrinking unemployment rate

Increased competition for candidates

Low-wage, high-turnover industry model
Non-Rural Minnesota Care Gap

Source: Minnesota State Demographic Center. (2014, March). Minnesota County Population Projections by Age and Gender, 2015-2045
Non-Rural Minnesota Care Gap

Source: Minnesota State Demographic Center. (2014, March). Minnesota County Population Projections by Age and Gender, 2015-2045

Rural Minnesota Care Gap

Source: Minnesota State Demographic Center. (2014, March). Minnesota County Population Projections by Age and Gender, 2015-2045
“Number one issue”
“Terrifying.”
“Untenable.”
“Using every means available.”
“Everyone is having difficulty finding someone.”
Addressing Minnesota’s Care Gap
Insufficient Capacity

1 in 5 agencies report gaps in PCA services as one of top 3 challenges
• Reimbursement rates, recruitment and retention, shortage of trained staff

Workforce shortage = “Crisis”
Rural Minnesota
Aging Population

- 2030: 115,000 people age 65 and older will need some form of long-term care
- Most older people want to live at home
Addressing Minnesota’s Care Gap

Rural Challenges

LTSS less available in rural areas
Reasons: distance, transportation
Fewer workers
People age 65 and older in rural areas live with incomes 200% below the federal poverty line.

People age 65 and older in the Twin Cities live with incomes 200% below the federal poverty line.
Quality of Jobs, Quality of Care
Minnesota Home Care Workers

93,000
Home care workers in Minnesota
Minnesota Home Care Workers

93,000 Home care workers in Minnesota

- 80% Women
- 37% People of color
- 21% Immigrants
- 29% Completed high school

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Minnesota’s Home Care Delivery Landscape • May 1, 2017
### Minnesota Home Care Workers

- **80%** Women
- **37%** People of color
- **21%** Immigrants
- **29%** Completed high school
- **$12,500** Median annual earnings
- **$11.36** Median hourly wage

93,000 Home care workers in Minnesota
Quality of Jobs, Quality of Care

Poor Quality Jobs, High Turnover

• Low wages, part-time and inconsistent work, limited benefits

• Inconsistent training, inadequate supervision, few advancement opportunities

• High turnover
Training Landscape, Tested Innovations
Training Requirements, Approaches

- Home health aides: 75 hours
  - 16 in clinical experience
- Personal care assistants: 24-hour orientation, competency evaluation
  - No federal training standard
- Mixed reviews on personal care training
PHI’s Homecare Aide Workforce Initiative (HAWI), 2013

- Three NY home care agencies
- 600 people trained as home health aides
- High retention rates:
  - 88% of trained HHAs at 3 months vs. 76% among non-trained HHAs
  - At 6 months, 76% vs 64%
Recommendations
Elevating the Role of the Aide

Home care workers = frontline
Tied to client's health outcomes
Multi-pronged approach:
  • Training
  • Supervision
  • Workplace supports
Recommendations

Other Interventions

Recruitment
Entry-Level Training
Communications skills and supervision
Advanced Roles
Advanced Roles

**Peer mentors** support newly hired aides.

**Care Connections Senior Aides** coach home care workers and report client information from the home to interdisciplinary care teams.

**Care Transitions Senior Aides** support home care workers, families, and care teams when a client returns from the hospital.
Advanced Roles

**Assistant trainers** support entry-level training.

**Specialty aides** provide high levels of care for clients with complex and chronic conditions.
Rural Solutions

- Overcoming geographic spread: company cars, mobile technologies
- Groups in rural areas = workforce development hubs
- Community colleges and high schools
Recommendations

**Employer Programs, Policy Reform**

Supporting Local Programs
- Providing vehicles, mobile technology

Policy reforms
- Wages, training, state funding,
  reimbursement rates, data collection

Public education
AMERICA HAS A CAREGIVING CRISIS.
JOIN PHI AS WE LOOK FOR ANSWERS.

60CaregiverIssues.org | #60CaregiverIssues
New Initiative to Tackle Caregiver Crisis, Influence Public Policy

By Alana Stramowski | February 7, 2017

A nonprofit organization focused on supporting the direct care workforce as well as the home care industry has launched a new campaign in hopes of influencing policy to help solve the growing shortage of health care workers.

New York City-based Paraprofessional Healthcare Institute (PHI) launched its “60 Caregiver Issues” campaign this week to bring awareness to the industry’s need for five million caregivers in the next seven years.

Every few weeks until the end of 2018, the organization will focus on one of 60 caregiver issues it has identified through its research. The hashtag
Finding Solutions to the Growing Caregiver Crisis

The new #60caregiverissues campaign will share research and insights

February 7, 2017

By Jodi M. Sturgeon

Part of the TRANSFORMING LIFE AS WE AGE SPECIAL REPORT

We are facing an extraordinary demographic shift that will create new challenges for our society and demand new policy solutions. Each day, 10,000 boomers turn 65 and over the next 30 years, the population of older adults will nearly double — growing from 48 million to 88 million, with the largest percentage increase among those 85 and older. This shift will profoundly impact families all across America.

How will we manage the care and support of our parents, grandparents, aunts and uncles? How will we manage the care of our friends and neighbors who perhaps don't have children, or at least not in close proximity?
The elderly and the disabled wait desperately, helplessly for care that isn’t coming
In 2017, PHI began identifying the most pressing policy issues facing direct care workers. Our research, unique industry expertise, and partnerships with state and national leaders aptly position us to address a worsening concern: direct care workers are walking away from this sector at a time when we need critical supports to age in our homes and communities. In turn, families and the agencies that serve them are left with few options.

60 CAREGIVER ISSUES. ONE IDEA AT A TIME.