



# WHY QUALITY JOBS FOR DIRECT CARE WORKERS = BETTER CARE FOR EVERYONE

## MINNESOTA'S DIRECT CARE WORKFORCE: A STATISTICAL SNAPSHOT

**129,850**

Total Workers

**\$13.51**

Median Wage

**\$19,900**

Median Annual  
Earnings

**42%**

In or Near  
Poverty

**40%**

On Public  
Assistance

**214,800**

Projected Job Openings  
2016-2026

In states around the country, home care workers and nursing assistants provide critical support to older adults and people with disabilities, assisting them with daily tasks such as dressing, bathing, and eating. Unfortunately, these direct care jobs are often poor in quality, which has created a recruitment and retention crisis that threatens the entire sector—consumers, workers, and employers alike. **How should states respond? We present three considerations and one solution for Minnesota.**

**1** The demand for direct care workers grows continuously—and older people living in rural areas are distinctly affected. The growing number of older people has put pressure on the direct care workforce to respond appropriately. For older people living in rural counties—which have limited health and aging services—the shrinking supply of direct care workers is particularly concerning.

**2** Direct care workers are positioned well to support older people with their daily needs, yet poor job quality leads to high turnover. Direct care jobs are limited by low compensation, minimal training opportunities, and few career paths, among other challenges. Of note, the inflation-adjusted median hourly wage for Minnesota’s direct care workers was \$13.29 in 2008 and \$13.51 in 2018—virtually stagnant.\* Together, low wages and irregular schedules spiral many of these workers into poverty.

**3** States have a special role in reforming policy and launching workforce innovations that dramatically improve these jobs. States are gradually enacting policy reforms and creating new programs that raise compensation levels, strengthen training requirements, create advanced roles in direct care, and much more. While this trend holds promise for the future, state leaders will need to significantly raise their investment in this workforce to ensure all consumers have quality care.

#### HOW WE ARE HELPING TO SOLVE THESE DILEMMAS IN MINNESOTA

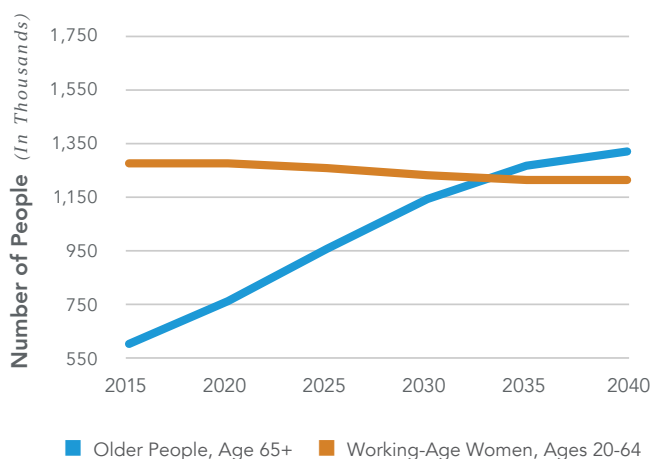
PHI is working with three leading home care providers to transform home care jobs in Minnesota, improving care for residents statewide. This multi-year initiative will:

- Create advanced roles for workers
- Strengthen entry-level training programs
- Provide supervision training for managers
- Tailor recruitment and retention strategies
- Pilot a cost-effective e-learning approach
- Evaluate what works and why

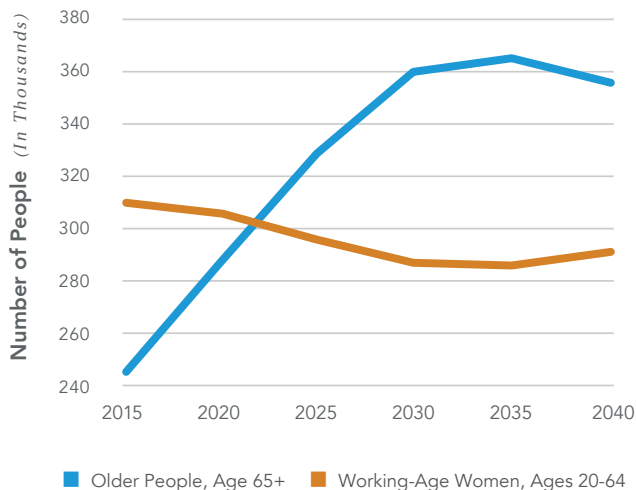
To learn more about this initiative and other developments in the direct care workforce, please sign up for email updates at [PHInational.org/sign-up](https://PHInational.org/sign-up).

PHI works to transform eldercare and disability services. We foster dignity, respect, and independence—for all who receive care, and all who provide it. As the nation’s leading authority on the direct care workforce, PHI promotes quality direct care jobs as the foundation for quality care. [Visit us at PHInational.org](https://PHInational.org).

#### Non-Rural Minnesota “Care Gap”



#### Rural Minnesota “Care Gap”



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



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\* Data are from the most recent year available. PHI. 2019. “Workforce Data Center.” <https://PHInational.org/policy-research/workforce-data-center/>