

State of Care: Minnesota's Home Care Landscape

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A Little Bit About Us

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

Home care workers provide the majority of hands-on support for older adults who wish to remain in their homes and communities. Two official occupations comprise the home care workforce: personal care aldes and home haufth aldes. Each occupation requires different lewiss of cartification and provides distinct lewels of care and assistance.

AND DEFINITIONS

BACKGROUND INFORMATION

In Minnasota, parsonal care aides (PCAs), called personal care assistants locally, halp people maintain independence in their homes and communities by helping with: activities of cally living, such as eating, bathing, dressing, meals, and mobility observation and redirection of behaviors; and some health-ivitatic tacks. These services are provided through personal care agencies, which are not required to have a state license but must be enrolled is Minnesota Health Care Programs providers? Individual PCAs must pass a criminal background check and complete and successfully pass an online training course *

Home health sides (HHAs) provide medically-oriented tasks at a person's place of residence in order to maintain beath or aid in the treatment of filmes.¹ These tasks include: assisting in administration of cartain medications supporting ambulation and carcine; assisting with instrumental activities of daily living, such as manging medications, masks, transportation, and finances; and providing hands-on personal care. These services are provided through Mackcare-certified home health agencies, while individual HHAs must be certified by the Minnesota Department of Health (MDH).

7. For a list of PCR employment and enrolment requirements, see Appandix A.

8. Some consume-disected programs, documed on the following page, allow consumes to conduct their own training, rother than use the onless training.
7. Table and considered "to page the state" they are required to maintain the supports headth or to facilitate touteward of an illness or injury and have been contended by a physician.



Background

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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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 Programs provider

Home Health Aides

- Medically-oriented tasks
- Medicare-certified home health agencies
- Certified by Minnesota
 Department of Health



Growing Elder Population, Insufficient Care

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Growing Elder Population, Insufficient Care

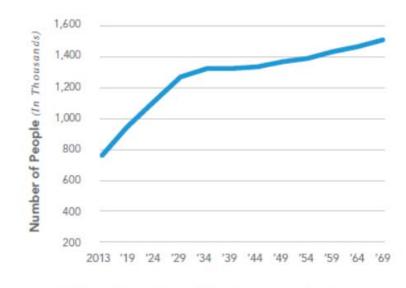
Minnesota's Older Population

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 areas73% of home health agencies are in Twin Cities1950s: 3.2 family members per elder couple

• Today: 1.9 family members



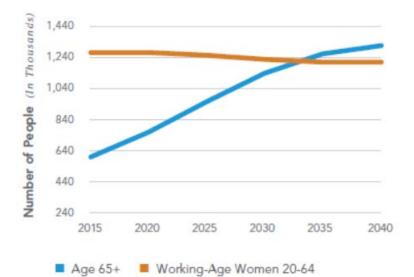
Growing Elder Population, Insufficient Care

Home Care Workforce

Labor pool shrinking: Women, ages 25-54 Shrinking unemployment rate Increased competition for candidates Low-wage, high-turnover industry model

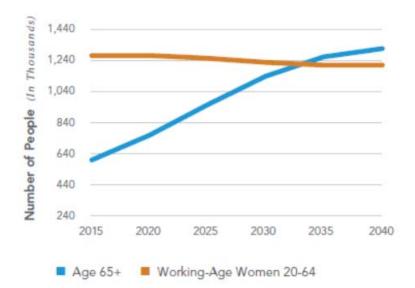


Non-Rural Minnesota Care Gap



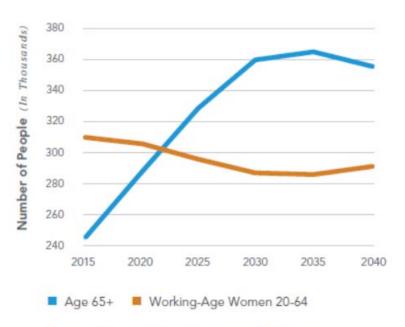
Source: Minnesota State Demographic Center. (2014, March). Minnesota County Population Projections by Age and Gender, 2015-2045

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 MN Providers Describe the Workforce Shortage

"Number one issue"

"Terrifying."

"Untenable."

"Using every means available."

"Everyone is having difficulty finding someone."

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Addressing Minnesota's Care Gap

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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"

Workforce shortage = "Crisis"







Rural Minnesota

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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



Minnesota's Home Care Delivery Landscape • May 1, 2017

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Rural Poverty

46%

People age 65 and older in rural areas live with incomes 200% below the federal poverty line.

33%

People age 65 and older in the Twin Cities live with incomes 200% below the federal poverty line.



Quality of Jobs, Quality of Care

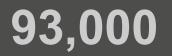
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Minnesota Home Care Workers



Home care workers in Minnesota

Minnesota Home Care Workers



Home care workers in Minnesota







Women

People of color

Immigrants

Completed high school

Minnesota Home Care Workers

93,000

Home care workers in Minnesota



Women

People of color

80% 37% 21% 29% \$12,500 \$11.36

Median annual

earnings

Median hourly wage

Immigrants

Completed high school

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



QUALITY CARE THROUGH



Training Landscape, Tested Innovations

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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



Training Landscape, Tested Innovations

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%





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Elevating the Role of the Aide

Home care workers = frontline Tied to client's health outcomes

Multi-pronged approach:

- Training
- Supervision
- Workplace supports



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Other Interventions

Recruitment

Entry-Level Training

Communications skills and supervision

Advanced Roles



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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





Employer Programs, Policy Reform

Supporting Local Programs

• Providing vehicles, mobile technology

Policy reforms

 Wages, training, state funding, reimbursement rates, data collection
 Public education





60CaregiverIssues.org | #60CaregiverIssues



NEWS ADVERTISING RESOURCE CENTER





35

53

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

menu nextavenue.

Finding Solutions to the Growing Caregiver Crisis

The new #60caregiverissues campaign will share research and insights February 7, 2017



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.

Credit: Getty Images

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 proximits?

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Renzo Viscardi, center, pictured with his parents, Anthony Viscardi and Cheryl Dougan, relies on round-the-clock care from home health aides. **Courtesy of Cheryl Dougan** - Courtesy of Cheryl Dougan

NATIONAL

APRIL 23, 2017 4:27 PM

The elderly and the disabled wait desperately, helplessly for care that isn't coming

BY JUDITH GRAHAM Kaiser Health News

Acute shortages of home health aides and nursing assistants are cropping up across the



HOME THE ISSUES THE EXPERTS ABOUT PHI

THE FUTURE OF LONG-TERM CARE

EVERYTHING SHIFTS. THE FUTURE BELONGS TO THOSE WHO ENVISION IT.

in

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.

 Recognizing a growing workforce
 people and people with disabilities,
 long-term care leaders to pinpoint

 Join our campaign and we'll email you every few weeks when we release a new issue.
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