Growing Demand for Caregivers

Home health aides and personal care aides will be two of the fastest-growing occupations in Minnesota in the next decade.

Every day millions of elderly, disabled and convalescing Americans rely on home health aides (HHA) and personal care aides (PCA) to assist them with the daily activities of living, either at home or in a care facility. As the population ages, demand for these workers will increase.

In 2015, 14.7 percent of Minnesota's population was 65 and older. The percentage of Minnesotans 65 and older is expected to increase to 21.3 percent by 2040, while the number of Minnesotans 85 and over is projected to almost double by 2040 from 1.32 million to 2.46 million, according to Minnesota State Demographic Center projections.

The 2014 U.S. Census Bureau American Community Survey estimates that 547,424 Minnesotans have a disability, with 31.6 percent of the 65 and over population having a disability.

These demographic trends point to the need for more home health and personal care aides. The purpose of this article is to provide a snapshot of these two occupations.

Home Health Aides

Home health aides provide routine care such as changing bandages, dressing wounds and applying topical medications for the elderly, convalescents or people with disabilities at home or in a care facility. Home health aides monitor or report changes in health status and may also provide personal care such as bathing, dressing and grooming of patients.

Home health aide tasks may include the following (from O’NET OnLine):

- Change bed linens, wash and iron patient laundry, and clean patient quarters.
- Assist patients into and out of beds, automobiles or wheelchairs, to lavatories, and up and down stairs.
- Administer prescribed oral medication under written direction of a physician or as directed by home care nurse or aide.
• Massage patients and apply preparations and treatments, such as liniment or alcohol rubs and heat-lamp stimulation.

• Perform variety of miscellaneous duties as requested, such as obtaining household supplies and running errands.

• Entertain patients, read aloud, and play cards and other games with patients.

• Maintain records of services performed and of apparent conditions of patients.

• Purchase, prepare and serve food for patients and family members, following prescribed diets.

Home health aide is the 20th-largest occupation in Minnesota, with 27,550 people employed in the field. Employment projections for 2014 to 2024 show double-digit growth in the home health aide occupation in Minnesota, with a projected 9,254 openings from newly created jobs and another 6,940 openings from retirements and people leaving the profession, for a total of 16,190 projected openings over the 10-year period.

With a projected growth rate of 30.1 percent through 2024, the home health aide occupation ranks 22nd out of over 700 occupations. This double-digit growth is projected across the state. The region with the highest projected growth is Central Minnesota at 36.7 percent over the 10-year period (see Table 1).

In the first quarter of 2016, Minnesota had 1,446 job vacancies for home health aides. While an abundance of opportunities exists, many vacancies were for part-time employment (906 of the 1,446 openings, or 63 percent, were for part-time work). Overall, there are many more opportunities for people looking for part-time or supplemental employment, but fewer opportunities available for people looking for stable, full-time employment.

Home health aide wages, while low, are higher in Minnesota than nationwide (see Table 2). The entry level wage in Minnesota is $10.67 per hour compared with $9.32 nationally. Home health aides in Minnesota can expect to make more than the national average for the occupation at each comparison point.

### Table 1

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<tr>
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<tbody>
<tr>
<td>Minnesota</td>
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### Table 2

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<th>Region</th>
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Source: Minnesota Occupational Employment Statistics 2015 with wages updated to 2016 first quarter
Three Decades as a Home Health Aide

After working as an Army military police officer and at a grain elevator, Larry Boschee found a position with the state of Minnesota as a human services technician at the Cambridge State Hospital in Cambridge. With no experience, Boschee received intensive classroom and on-the-job training for working with developmentally disabled patients.

In the 1980s, Minnesota began transitioning patients out of the Cambridge State Hospital and into group homes. Facing a layoff, Boschee found a new job at DEED, where he continues to work today.

As a way to make some extra money for Christmas, Boschee began working as a home health aide part-time at a privately run group home for developmentally disabled adults who were unable to live independently. Having bonded with his patients and liking the extra money, Boschee kept working long after Christmas was over. For almost three decades, he has worked every Friday and every other weekend, helping to care for six adults and serving as a personal advocate for one resident.

In addition to the home health aide duties outlined above, as a personal advocate Boschee sets quarterly goals for his patient, meets with health care professionals and the patient’s family to discuss the goals and care plan, and ensures the patient is going on outings and taking vacations.

“The work is hard, the patients can be aggressive and the home can have high staff turnover,” Boschee said. “However, I like the extra money, and I have been there a long time and have bonded with my patients. The patient I am a personal advocate for, I have worked with for 25 years. I have taken him to weddings, his parents’ anniversary parties and both of their funerals. This patient calls me dad or papa.”

When asked to reflect on his long part-time career and what would make it better, Boschee said, “The work is going to stay the same. There will be adult diapers to change, challenges in dealing with aggression or behavioral issues, and the work is physically demanding. But consistent raises and earned vacation time would help.”

Personal Care Aide

Personal care aides may provide assistance at nonresidential care facilities and advise families, the elderly, convalescents and persons with disabilities about such things as nutrition, cleanliness and household activities.

The following list of responsibilities is from O*NET OnLine.

- Advise and assist family members in planning nutritious meals, purchasing and preparing foods, and utilizing commodities from surplus food programs.
- Explain fundamental hygiene principles.
- Assist in training children.
- Give bedside care to incapacitated individuals and train family members to provide bedside care.
Chloe Campbell

- Assign housekeeping duties according to children’s capabilities.
- Obtain information for clients, for personal and business purposes.
- Type correspondence and reports.
- Drive motor vehicle to transport clients to specified locations.
- Assist parents in establishing good study habits for children.
- Assist clients with dressing, undressing and toilet activities.
- Prepare and maintain records of assistance provided.
- Evaluate needs of individuals served and plans for continuing services.

Personal care aide is Minnesota’s second-largest occupation, with 65,740 workers. Employment projections for 2014 to 2024 show double-digit growth in the state. Employment is projected to grow from 63,988 in 2014 to 80,504 in 2024, for a projected 16,516 newly created openings. Combined with the 5,180 projected openings as a result of people retiring or leaving the profession, Minnesota employers will have 21,700 jobs to fill from 2014 to 2024. As with HHAs, projected growth is strongest in central Minnesota, but all regions have double-digit growth projected through 2024.

With 3,388 job openings in spring 2016, personal care aide is the fourth most in-demand occupation in the state. Moreover, the projected growth rate of 25.8 percent through 2024 means that PCAs will likely continue to be in high demand well into the future (see Table 3). As with home health aides, however, over two-thirds of the personal care aide vacancies during second quarter 2016 were for part-time employment.

While low, personal care aide wages in Minnesota are higher than nationwide: The entry-level wage in Minnesota is $10.32 per hour compared with $9.02 per hour nationally. At each percentile, a personal care aide can expect to make more than the national averages for the occupation (see Table 4).

Inconsistent Hours and Low Wages

Vermul Pewee is a senior at the University of Minnesota majoring in political science. During her sophomore year, Pewee applied to an agency that matches PCAs with clients. Both her mother and cousin have worked as PCAs, so Pewee knew the job paid well ($11 an hour for part-time work) and would

<table>
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<th>TABLE 3</th>
<th>Personal Care Aide Employment and Wages by Region</th>
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<tr>
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<tr>
<th>TABLE 4</th>
<th>Personal Care Aide Wages</th>
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<td>Region</td>
<td>Mean</td>
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<tr>
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<td>$11.62/hr.</td>
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<tr>
<td>U.S.</td>
<td>$10.58/hr.</td>
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Source: Minnesota Occupational Employment Statistics 2015 with wages updated to 2016 first quarter
be flexible around her school schedule.

She was soon matched with a 5-year-old autistic child. The mother worked weekends, which was a good fit with Pewee’s school schedule. Her main tasks were to entertain and help the child with social norms and cues, play interactive games, and help the child use the bathroom or change his diaper. During the year that she worked as a PCA, Pewee received no formal training and at times had an erratic work schedule.

The inconsistent work schedule and the need to earn more money caused Pewee to leave her job as a PCA and begin working at a local hospital as a dietary aide. While the experience was invaluable in learning how to interact with a child with a disability, pursuing a career as a PCA was never an option for Pewee. Instead, the year she spent as a PCA helped her build a resume and made her a more competitive candidate for better-paying part-time jobs in the health care field.

A Challenging but Rewarding Experience

An Nguyen is a junior at the University of Minnesota pursuing a bachelor’s degree in biology, society and environment. She works as a PCA for a client who uses a wheelchair. After spending several years working in customer service, Nguyen was looking for a job that had spiritual value.

“I was seeking a job that would challenge me, a position where I could offer hands-on help, gain experience in working closely with people and learn to work with responsibility,” she said.

“Being a PCA,” she added, “I am required and expected to be able to communicate well with my client and assist him in completing daily tasks: bathing, dressing, going to the bathroom, brushing his teeth and transporting him in his wheelchair. I am also often asked to clean, prepare meals and drive my client using his van.”

Initially, there were challenges, Nguyen said. “It certainly took me some time to get used to the nature of the job. Being a PCA requires the removal of some personal boundaries. You need to take care of your client as you would yourself. In the beginning, I was reluctant with certain tasks – bathing, dressing, etc. Fortunately, I have overcome these challenges.”

Reflecting on her decision to become a PCA, Nguyen said it has been a rewarding experience and that she has gotten more out of it than she expected.

“This profession can be very suitable for college students, since it is a flexible job but also offers the opportunity to build crucial personal skills,” she said.

Hiring Difficulty and Job Quality

Demand is strong in Minnesota for home health aides and personal care aides to work with the elderly and disabled. There are ample opportunities for part-time and second-paycheck employment in these occupations. Finding enough workers to fill these jobs, however, is becoming increasingly difficult. One factor is the poor quality of jobs: wages are low, full-time employment is hard to secure and access to employer-provided benefits is rare, according to the Paraprofessional Healthcare Institute. The tight labor market for these occupations will only get worse unless there are changes in the way these workers are compensated and scheduled.