



AN ANALYSIS OF THE CARE ECONOMY LANDSCAPE IN NEW JERSEY

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Abstract

This report defines the care workforce and explores its employment trends in New Jersey. The analysis primarily uses data from the New Jersey Statewide Data System from 2015 to 2023, along with additional data described in greater detail in the report. Findings highlight seven care occupations dedicated to providing care and support to individuals. These occupations are concentrated in 12 industries in New Jersey. Findings show that the number of care workers in New Jersey has increased since 2015 but peaked in 2019. Although the number recently rebounded, it has not yet returned to pre-2020 pandemic levels. Real wages have increased since the pandemic but are still below the state's median salary for all occupations. Notably, the care workforce in New Jersey in 2023 was predominantly female, and women in these industries earned less than their male counterparts. These findings highlight a “care penalty” faced particularly by women, which may negatively impact the retention and recruitment of care workers.

Executive Summary

This report is the second in a series of reports designed to define and analyze New Jersey's care economy. [The first report](#) focused on establishing the scope of the care workforce through a systematic literature review and expert interviews with the New Jersey Department of Labor and Workforce Development (NJDOL). This report provides a more in-depth analysis of the workforce characteristics. It examines the size and characteristics of the paid formal care economy in New Jersey across its various component sectors and occupations.

This report uses data sources from the New Jersey Statewide Data System (NJSDS) from 2015 to 2023 to analyze care industries and occupations. Researchers from the Heldrich Center for Workforce Development at Rutgers, The State University of New Jersey selected the population of care workers in the care industry between 2015 and 2023 using Unemployment Insurance (UI) wage records and employers' records from NJDOL. Researchers obtained demographic information from NJDOL's UI claims files, K-12 student demographic and graduate files from the New Jersey Department of Education (NJDOE), and higher education enrollment files from the Office of the Secretary of Higher Education (OSHE). The NJSDS data were complemented with information from the U.S. Census Bureau's American Community Survey (ACS), the Occupational Employment and Wage Statistics (OEWS) survey from NJDOL, and job posting data from Lightcast to better understand the labor demand and supply dynamics of the care economy.



Table 1 summarizes the research questions and key findings.

Table 1: Research Questions and Key Findings

Research questions	Key findings
What are the workforce and employment characteristics of those in the care economy industries?	▶ The number of workers in the care economy increased steadily from 2015 to 2019 but dropped sharply in 2020. The subsequent rebound in the number of workers has yet to return to pre-pandemic levels. ▶ The sharp drop in 2020 is associated with a notable shift in workforce composition as most individuals in the care sector shifted to part-time work. Prior to 2019, more than half of care economy workers were employed full time. ▶ The three largest care industries are home health care services (20%), childcare services (18%), and nursing care facilities (15%). In contrast, other residential care facilities accounted for fewer than 1% of the total workforce in 2023. ▶ Although real earnings for full-time workers increased from \$45,011 in 2019 to \$50,058 in 2020, establishing a new higher-wage trend compared to pre-pandemic years, overall wages were lower than the state median at \$49,261 in 2023. ▶ Full-time care economy workers employed in the nursing care facilities industry had the highest median wage of \$46,219 in 2023, while those working full time in the childcare services industry had the lowest wage at \$30,567. ▶ The age distribution of care workers is skewed toward middle-aged and older individuals, with the largest share in 2023 within the 55 to 64 age group (22%) and the smallest share within the 19 and below age group (2.6%). ▶ The care workforce is racially and ethnically diverse; White (40%), Black (26%), and Hispanic (22%) individuals had the largest share in 2023, with notable wage disparities across these groups. ▶ Most care workers are female, accounting for approximately 83% of the workforce in 2023, compared with 17% who are male. However, male workers earned higher median wages, with a gap of roughly \$5,000.
What are the labor demand and supply trends of New Jersey's care economy occupations?	▶ The demand for home health and personal care aides is highest and has continued to increase. Between January 2015 and December 2016, there were an average of 460 job postings per month for home health aides. This number increased to approximately 1,219 average monthly job postings in 2022–23. ▶ Half of the care occupations have experienced a decline in the number of workers, ranging from 13% to 40%, between 2015 and 2023. On the other hand, the supply of home health and personal care aides during the same period increased by about 186%. ▶ Workers in most care occupations in New Jersey earn substantially less than workers in other occupations in New Jersey (median wage for New Jersey workers is \$54,859)¹ but they earn more than care workers in most states in 2023.

¹ NJDOL, OEWS, 2023.



Introduction

The care economy refers to a segment of the labor force dedicated to providing care, support, education, and assistance to children, older adults, and individuals with disabilities (Peng, 2021). This type of labor promotes the health and welfare of others in society and also enables family members to participate in the workforce. It encompasses paid and unpaid labor, spanning several sectors, including child care, education, geriatric care, health care, and domestic services (Dwyer, 2013; Peng, 2021).

The care economy has been steadily expanding since the 1970s. In the United States, the care sector has emerged as one of the fastest growing sectors, with research estimating that, by 2026, the number of care jobs will grow significantly, outpacing employment in sales (Peng, 2019). Furthermore, it is projected that between 2021 and 2031, more than one million new care jobs will be added to the economy (PHI, 2023).

Despite this projected growth, the United States has begun to see significant declines within the care workforce. Occupations such as childcare workers, home health aides, nurses, and teachers were experiencing shortages only worsened by the COVID-19 pandemic (Wedenoja, 2022). These pressing challenges, partly resulting from an aging population and a decline in labor force participation, have led to growing attention to this workforce.

A stable, well-trained care workforce is crucial to the population's overall well-being and to the rest of the economy's functioning (Wedenoja, 2022). Care workers support economic productivity and deliver an array of social benefits such as increased education, health, human and social well-being, maintenance and protection of individuals across all demographics, as well as incentivizing labor force participation, particularly for females (International Labour Organization, 2018; Morrissey, 2017; Peng, 2021; Wedenoja, 2023). Thus, without the consistent efforts of care workers, communities and economies would struggle to function effectively, underscoring the indispensable nature of care work (Oxfam, 2023).

Demand for care services in New Jersey has been increasing, driven by an aging population, the elderly population's desire to age in place, the growing need for affordable childcare services, and government efforts to improve female labor force participation (Morrissey, 2017; Munoz et al., 2024). Considering this, in 2024, Governor Phil Murphy's administration invested approximately \$1 billion to expand access to affordable, high-quality childcare services, with planned additional investments totaling \$17 million for childcare facilities and improvement programs under the New Jersey Economic Development Authority's Child Care Facilities Improvement Program (New Jersey Economic Development Authority, 2024). This investment is considered one of the most significant state-level investments in childcare infrastructure nationwide and a key contributor to increasing female labor force participation (New Jersey Economic Development Authority, 2024).

This report is the second in a series of reports designed to define and analyze New Jersey's care economy. [The first report](#) in the series focused on defining the care economy in New Jersey.

Defining the Care Economy

Understanding the occupations and industries that comprise the care economy is crucial to any discussion on the nature of the care economy. Literature has attempted to describe the care economy as including paid and unpaid labor within the formal and informal sectors (United Nations Development Programme, 2023). Paid care work often encompasses various personal service jobs, including those of nurses and personal care workers. Unpaid care work encompasses care duties such as cleaning, cooking, bathing, and caring for family members (United Nations Development Programme, 2023).



The first report in this series identified, through literature review and expert interviews with NJDOL, seven occupations that comprise the care workforce in New Jersey:

- ▶ Home health and personal care aides,
- ▶ Childcare workers,
- ▶ Nursing assistants,
- ▶ Teaching assistants (special education),
- ▶ Social and human service assistants,
- ▶ Direct support professionals, and
- ▶ Rehabilitation aides.

These occupations are concentrated in the following 12 industries in New Jersey:

- ▶ Home health care services,
- ▶ Services for the elderly and persons with disabilities,
- ▶ Childcare services,
- ▶ Nursing care facilities,
- ▶ Other individual and family services,
- ▶ Child and youth services,
- ▶ Continuing care retirement communities,
- ▶ Assisted living facilities for the elderly,
- ▶ Residential mental health and substance abuse facilities,
- ▶ Residential intellectual and developmental disabilities facilities,
- ▶ Other residential care facilities, and
- ▶ Specialty hospitals except psychiatric.

Building on the first report, this current report focuses on workers in the above-mentioned industries and occupations.

Characteristics of the Care Economy

In 2023, over 7.2 million (5.1%) of the total U.S. workforce were employed as care workers.² Notably, most care workers fall within healthcare and health support titles, with home and personal care aides as the largest single occupation (50%) in the care workforce. Barnes and Ramanarayanan (2022) highlight that 79% of paid care workers are women, which is higher than the percentage of women in the overall workforce (47%). Furthermore, Black women represent about 19% of the care workforce population but only about 6% of the overall workforce population in the United States (Wedenoja, 2023). Women in the care workforce are more likely to hold a bachelor's degree or advanced degree (about 54% compared to 34% of the total workforce population); they are also more likely to be homeowners, have benefits like health insurance, and be in the process of advancing their educational attainment when compared to their peers in other sectors (Wedenoja, 2023).

² Care workers studied in this report refer to those working in the seven care occupations stated above. OEWS does not list direct support professionals and rehabilitation aides as separate occupations; therefore, it is omitted from this analysis.



The Care Economy in New Jersey

The care economy is a vital part of New Jersey's overall economy; however, research has primarily focused on specific industries and occupations within this sector. For example, PHI's report focuses on direct care workers (assisting older adults and people with disabilities) in New Jersey, including just three care occupations: home care workers, residential care aides, and nursing assistants (PHI, 2023). Yet, as discussed in this report, the care economy in New Jersey extends beyond these three occupations to include childcare workers.

Upward projections underscore the growing demand for care workers in New Jersey. PHI projects that home health and personal care aides in New Jersey are expected to see a 22% increase in projected job openings from 2022 to 2032. Nursing assistants are projected to see a 4% increase, and all direct care workers are expected to see a total increase of 17% in job openings (PHI, 2024). Despite these projections, demand still exceeds supply, as New Jersey currently utilizes nursing homes 23% more than the national average per Medicare recipient (New Jersey Task Force, 2024). PHI (2024) reports that 25% of direct care workers (assisting older adults and people with disabilities) in New Jersey are between the ages of 55 and 64, the median earnings of direct care workers are about \$28,142, and the majority of direct care workers (40%) have a high school diploma as their highest level of educational attainment. However, the PHI report focuses on direct care workers who assist older adults and people with disabilities: home care workers, residential care aides, and nursing assistants, excluding other occupations critical to the care economy, including childcare workers. While extensive data exist for individual care sectors, there is limited information on how these sectors collectively interact and contribute to the economy generally, and specifically in New Jersey.

This report contributes to what is known about the care economy by examining all occupations and industries included in the care economy in New Jersey, thereby providing a holistic analysis of New Jersey's care economy landscape.

The next section of this report discusses the data sources and their limitations, then presents the methodology, the findings by research question, the research limitations, and the conclusions.

Data Sources

This report uses data from NJSDS to analyze care industries and occupations, including UI wage records, UI claims, and employers records from NJDOL, K-12 student demographic and graduate files from NJDOE, and higher education enrollment information from OSHE.

NJSDS data are supplemented with information from ACS, the OEWS survey, and online job postings retrieved through Lightcast. These data provide valuable insights into labor supply and demand, including regional compensation comparisons for the most common industries with the national average.



Methodology

Researchers used descriptive analysis to analyze the care economy landscape in New Jersey, including the industries and occupations that comprise the care economy. The industry-level analysis encompasses all workers in the care industry, regardless of whether they were engaged in direct care or not. The occupational level analysis focuses only on those who provide direct care services.

For the analysis of the care economy at the industry level using NJSDS data, the analytical population was selected by filtering all employment data from NJDOL's UI wage records between 2015 and 2023 for industry codes from the healthcare and social assistance sector (North American Industry Classification System code 62) (see Table A-1 in Appendix A). The administrative wage records are part of the state's UI system and, therefore, represent workers' exact quarterly earnings. Therefore, it is possible to know if someone was employed in a calendar quarter and exactly how much that individual earned during those three months. To support comparability across analyses and over time, all wage values reported in this report are adjusted for inflation. Values are presented in 2023 dollars, calculated using the U.S. Bureau of Labor Statistics's Consumer Price Index for Urban Wage Earners and Clerical Workers (U.S. Bureau of Labor Statistics, 2024). The UI wage records do not contain workers' occupational information or their demographic information, therefore researchers obtained demographic information for the care workers from NJDOL's UI claims files, NJDOE's K-12 student demographic and graduate files, and OSHE's higher education enrollment files.

For the care economy occupational-level analysis, because UI wage records do not include occupational titles, information from OEWS, ACS, and job postings was used. Notably, information on teaching assistants (special education), direct support professionals, and rehabilitation aides was not available when the researchers searched using both the occupational name and Standard Occupational Classification code; therefore, it is omitted from this analysis.

The Workforce and Employment Characteristics of Those in the Care Economy Industries

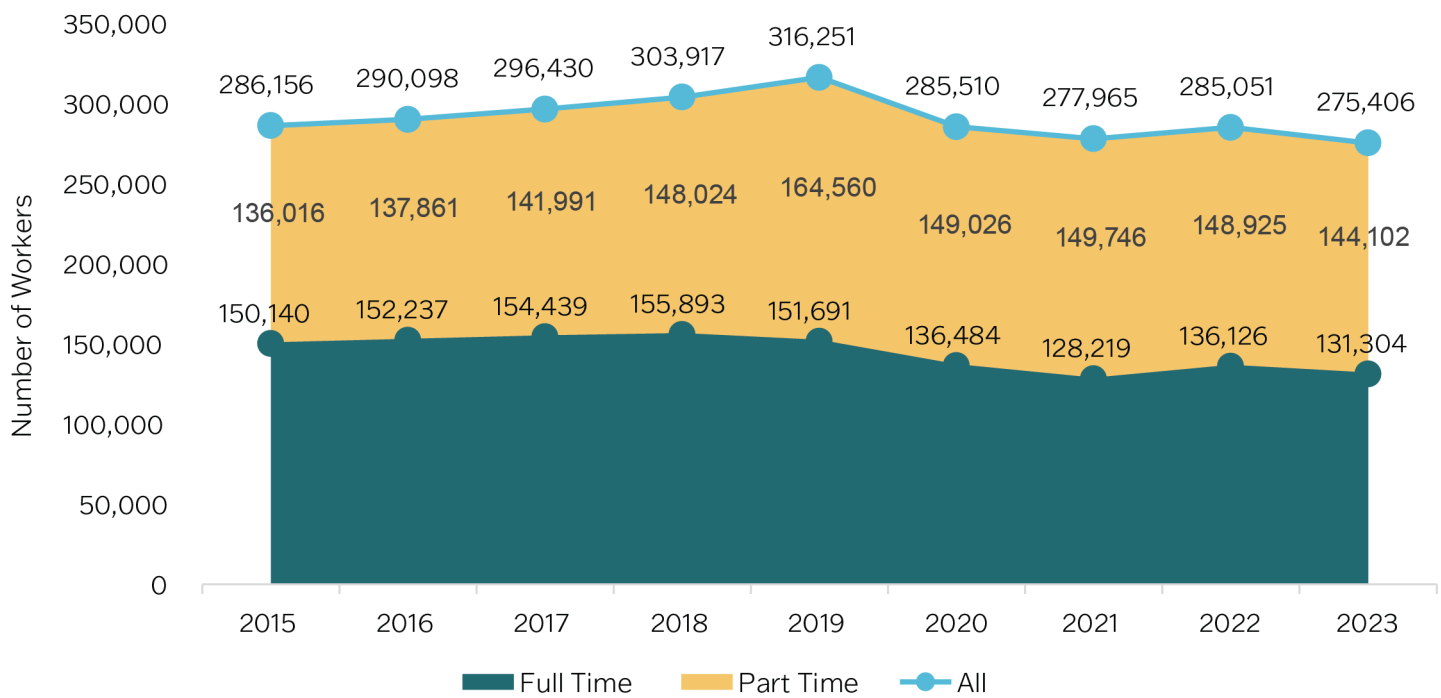
Size of the New Jersey Care Economy Over Time

The size of the New Jersey care workforce increased steadily from 286,156 employees in 2015 to 316,251 in 2019, then dropped sharply in 2020, likely due to the COVID-19 pandemic, which affected the overall workforce. Since then, there has been a slow recovery in the number of full-time and part-time workers. Figure 1 shows the number of individuals employed in the care economy in New Jersey, based on data from NJSDS.



Graduation Rate: This measure analyzes students’ completion from their initial enrollment. It includes completion within a 100% timeframe, completion within a 150% timeframe, and all-time graduation. Researchers do not limit graduation to the initial enrollment institution, but include any institutions the student graduated from after their initial enrollment. Table 1 illustrates the graduation rate related to associate and bachelor’s degree-granting institutions.

Figure 1: Care Economy Workforce by Employment Status, 2015 to 2023



Note: The source data system is NJSDS. The full-time workforce includes individuals who have worked at least one quarter, appear in the UI wage data, and receive at least New Jersey’s full-year minimum wage, estimated at the minimum wage for 35 hours a week for 52 weeks. It includes all individuals who participated, either full time or part time, in the care economy workforce.

Of the total workforce of 275,406 individuals in 2023, the three largest industries were home health care services (20%), childcare services (18%), and nursing care facilities (15%) (see Figure 2). These industries have consistently ranked as the top three since 2015. In contrast, other residential care facilities accounted for the smallest share of employment, representing fewer than 1% of the total workforce.

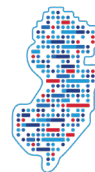
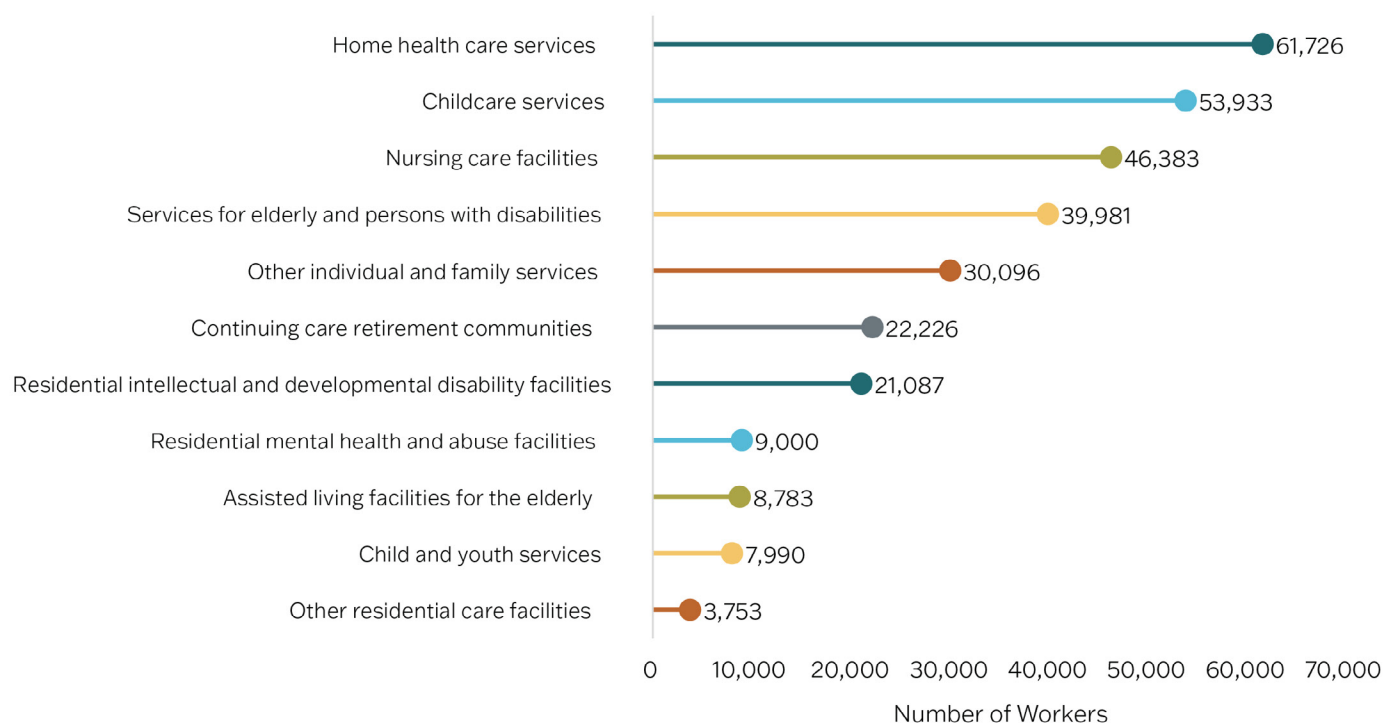


Figure 2: Workers Employed by Industry (North American Industry Classification System) in 2023

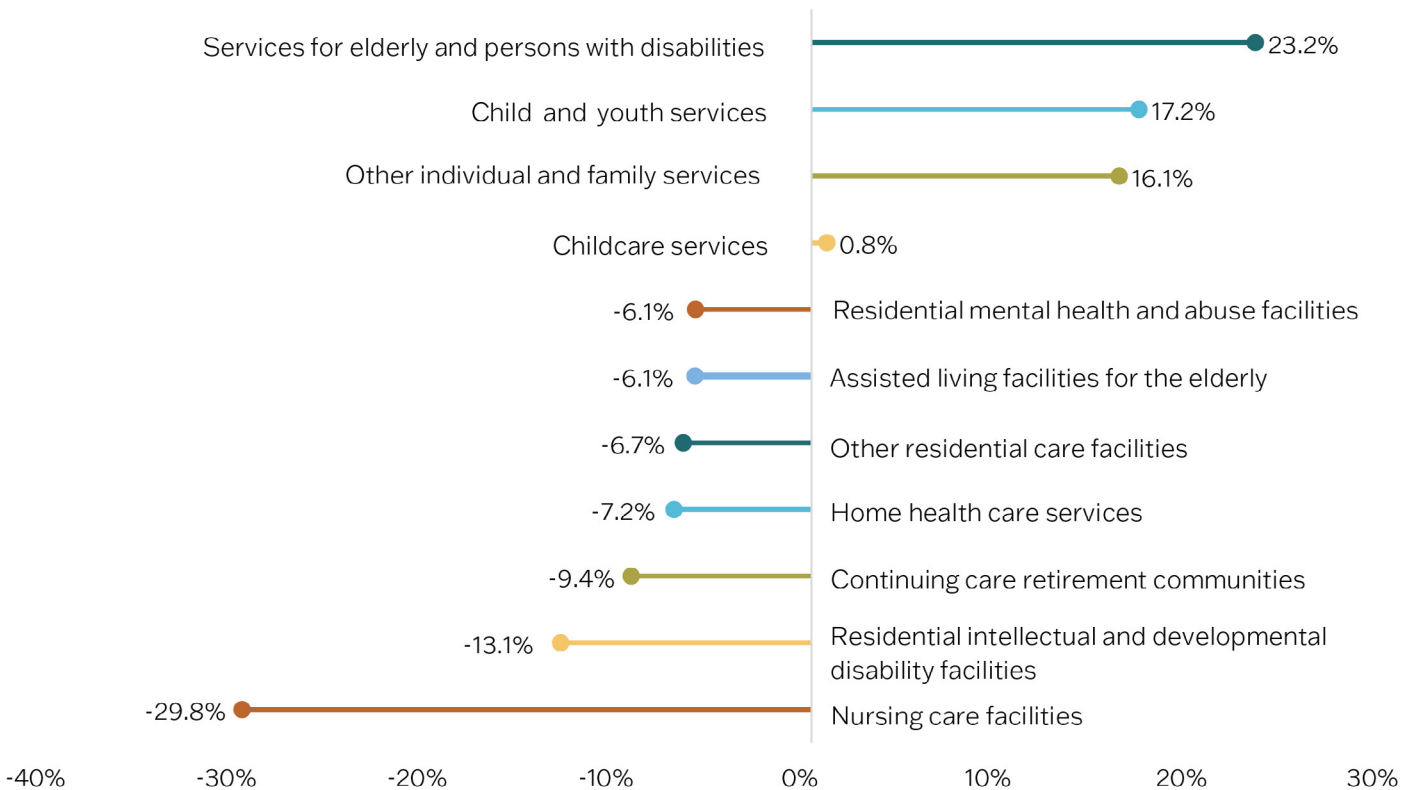


Note: The source data system is NJSDS. The workers employed include individuals who appeared in at least one quarter of the UI wage data in 2023 by each industry in the care economy.

More than half of the industries experienced a decline in workforce size between 2015 and 2023 (see Figure 3). The most significant reduction occurred in nursing care facilities, with a nearly 30% decrease. Despite this decline, it remained one of the three largest industries in 2023, as shown in Figure 2. Home health care services have a similar trend, another primary industry that experienced a 7% decrease. Employment in childcare services, the third primary industry, has remained relatively stable over the past eight years. Services for the elderly and persons with disabilities had the most notable increase, with a substantial 23% rise in workforce size. Notably, this reduction in the number of workers in these industries might not translate directly to a reduction in the number of workers actually providing direct care, as the decrease could be driven by non-direct care workers in these industries, including accountants, administrators, etc. Nevertheless, these findings reflect what has been described as the “Great Resignation,” a period marked by workers leaving their jobs in large numbers after the pandemic, often due to dissatisfaction with working conditions (Gittleman, 2022). This effect has been particularly noticeable in the care economy, where burnout and the ongoing struggle to maintain a work-life balance have led many to leave the field (Gordon, 2022). The findings may also indicate that workers are leaving their jobs due to concerns about potential exposure to illness from close patient contact, a concern that is particularly pronounced in nursing care facilities (de Cordova et al., 2022; Zoppo & Everett, 2020).



Figure 3: Percentage Change in Workers Employed by Industry (North America Industry Classification System), 2015 to 2023



Note: The source is NJSDS. The percentage change in employment by industry within the care economy is calculated by subtracting the number of workers in 2015 from the number in 2023, dividing the result by the 2015 figure, and multiplying by 100.

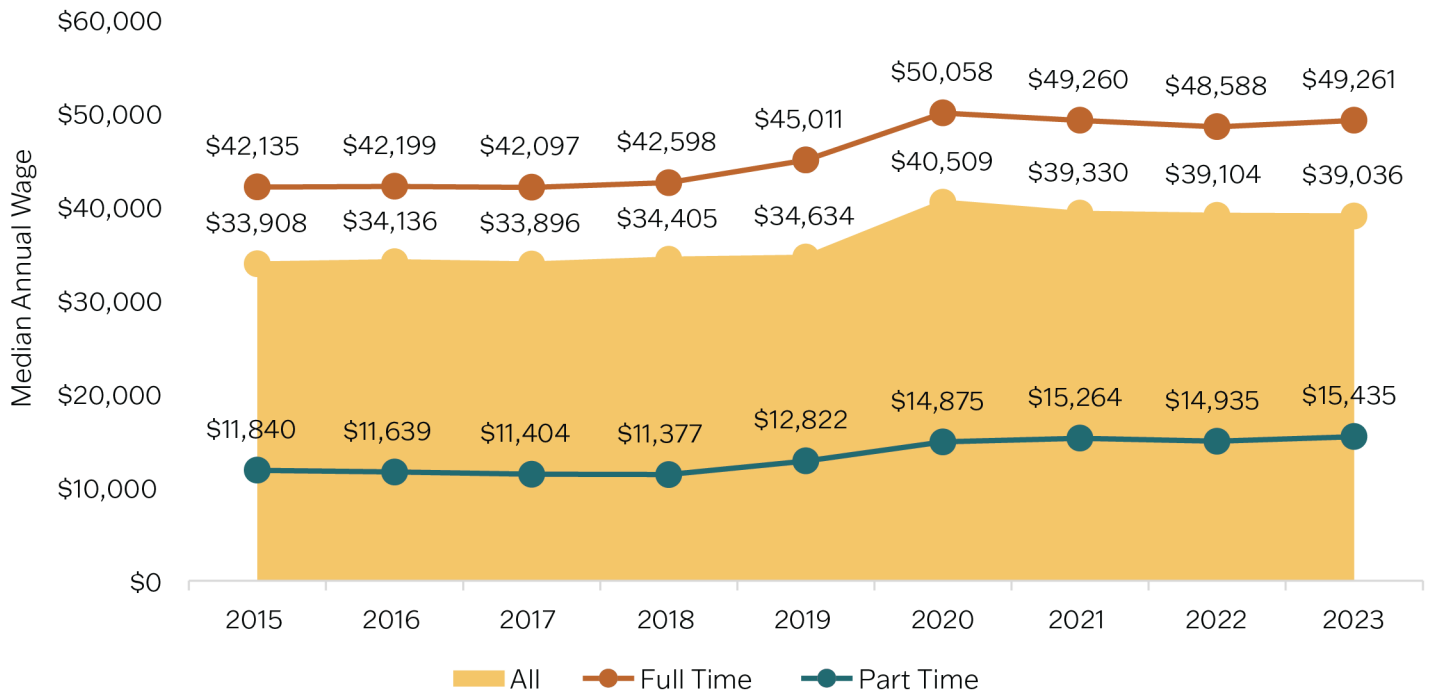
Notably, the percentage change in full-time and part-time employment between 2015 and 2023 for the three major industries in the care economy — nursing care facilities, home health care services, and childcare services — reveals a decline in full-time employment, partially offset by an increase in part-time workers. This outcome has been noted as one of the effects of the “Great Resignation,” with workers increasingly seeking flexible job arrangements such as part-time or remote work (World Economic Forum, 2023). The full-time workers in the nursing care facilities industry experienced the most significant decrease, at 14%. However, this reduction was more than offset by a 27% increase in part-time workers. In the case of home health care services, there was a 3% decrease in full-time employment, accompanied by a 3% increase in part-time employment. In contrast, for childcare services, the 7% growth in part-time employment was insufficient to offset the 10% reduction in full-time workers.

Median Annual Wages of the Care Economy

The earnings for full-time workers in the care economy ranged from about \$42,000 to \$50,000 per year between 2015 and 2023 (see Figure 4). From 2015 to 2019, real wages remained relatively flat across all groups. In 2020, however, there was a notable increase, after which wages appear to have stabilized at a higher level, suggesting the establishment of a new wage trend. In addition, given the rise in wages since 2020 and the concurrent decline in the workforce that year (see Figure 1), these trends may indicate the presence of a labor shortage, at least for 2020 (Veneri, 1999).



Figure 4: Care Economy Workforce Median Annual Wages (in 2023 U.S. Dollars) by Employment Status, 2015 to 2023

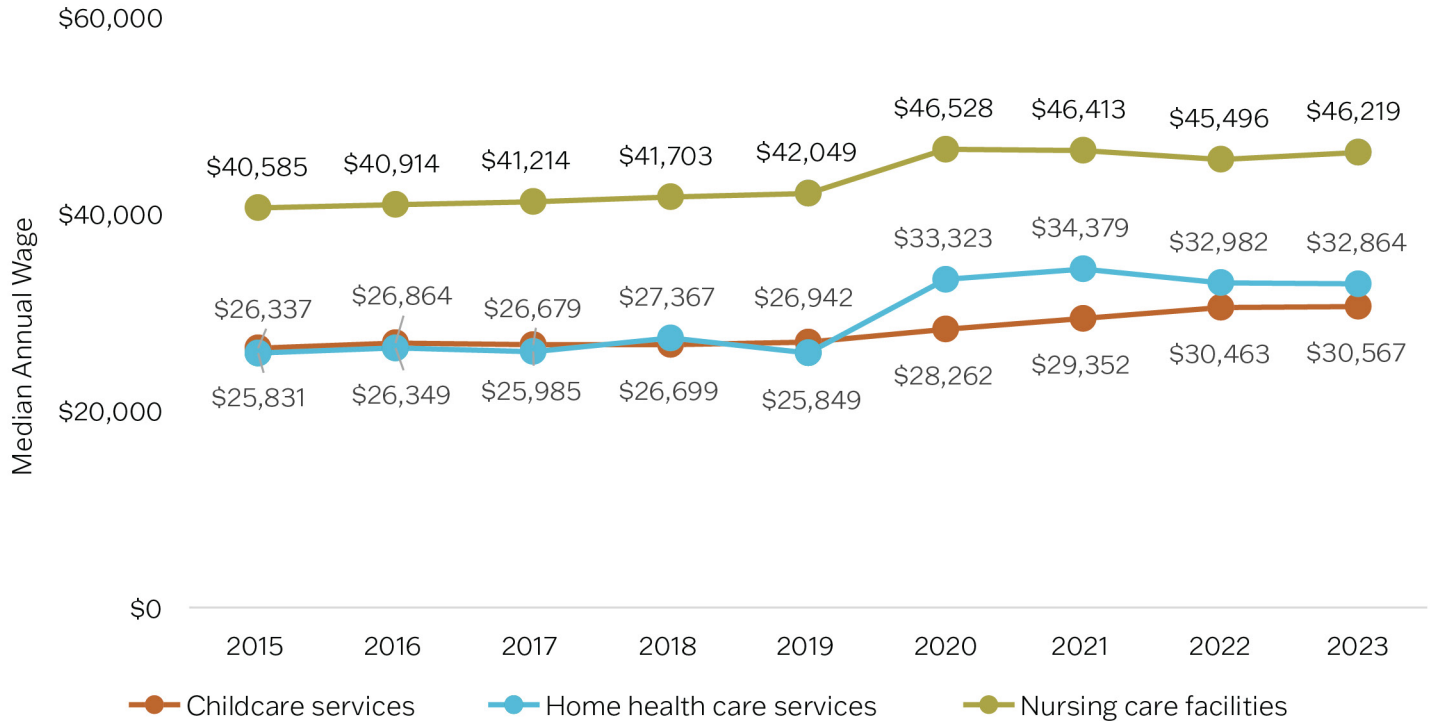


Note: The source is NJSDS. This figure shows the median annual wages, adjusted to 2023 dollars, for all workers in the care economy who worked four quarters, with a breakdown by full-time and part-time employment status. The full-time workforce includes individuals who have worked four quarters and receive at least New Jersey's full-year minimum wage, estimated at the minimum wage for 35 hours a week for 52 weeks.

A noticeable wage increase occurred in 2020 across all three major sectors within the care economy: home health care services, nursing care facilities, and childcare services (see Figure 5). This trend supports the 2% increase in real median wages across industries in New Jersey between 2019 and 2022 (NJDOL Office of Research and Information, 2024). In home health care services, the increase was the most pronounced and was mostly sustained in subsequent years, suggesting a structural shift to a higher wage level. Median wages in the nursing care facilities industry also increased and remained relatively stable. Although this trend may be attributed to a labor shortage in 2020, changes in New Jersey's minimum wage could also be a contributing factor. Notably, in September 2020, then Governor Murphy established a new minimum wage for long-term care workers that is \$3 higher than the prevailing minimum wage (NJDOL, 2024). Additional factors, such as rising demand for care services, may also contribute to this trend. The childcare services sector experienced the smallest post-2019 wage increase; however, unlike the other two industries, real median wages continued to grow marginally in subsequent years.



Figure 5: Median Annual Wages (in 2023 U.S. Dollars) by Major Care Industries, 2015 to 2023



Note: The source is NJSDS. The median annual wages for each industry are estimated based on individuals who have worked four quarters in the UI wage data.

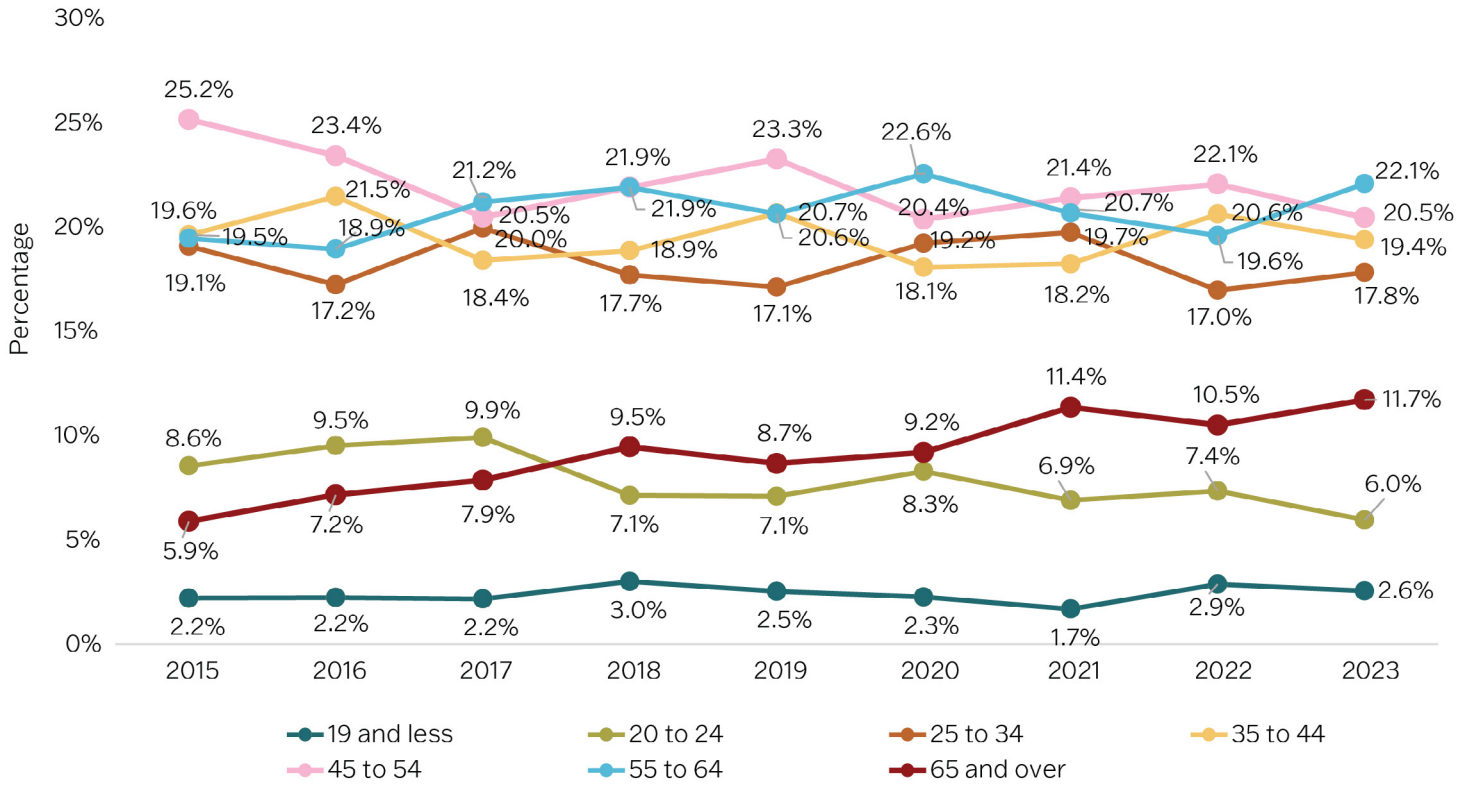
Generally, the wage trends observed in Figure 5, particularly the sharp increase in 2020, are also evident for full-time and part-time workers in the rest of the care industries. There are significant variations across industries, particularly among full-time workers, whose median annual wages in 2023 U.S. dollars ranged from \$32,972 to \$56,245 during this period. Childcare services consistently reported the lowest wages for full-time employees, ranging from \$32,972 in 2015 to \$37,114 in 2023. In contrast, the highest wages for full-time employees were found in child and youth services and other individual and family services, at \$56,245 and \$55,037, respectively, in 2023. Although most industries experienced a wage increase in 2020, most sustained at least a modest gain by 2023.

Demographic Characteristics of the Care Economy Over Time

The age distribution of care workers is skewed toward middle-aged and older individuals, with the largest share in 2023 within the 55 to 64 age group (22%) (see Figure 6). This group is followed by those aged 45 to 54 (21%), 35 to 44 (19%), and 25 to 34 (18%). The age group with the smallest representation is individuals aged 19 and under, accounting for only 3% of the workforce in 2023. Additionally, the share of workers in the age group of 45 to 54 and most of the younger age groups decreased over time. Meanwhile, there has been a steady increase in the participation of individuals aged 55 and older, with the most significant growth observed among those aged 65 and above, whose workforce share has nearly doubled, suggesting a looming need to replace an aging workforce.



Figure 6: Care Economy Age Distribution, 2015 to 2023

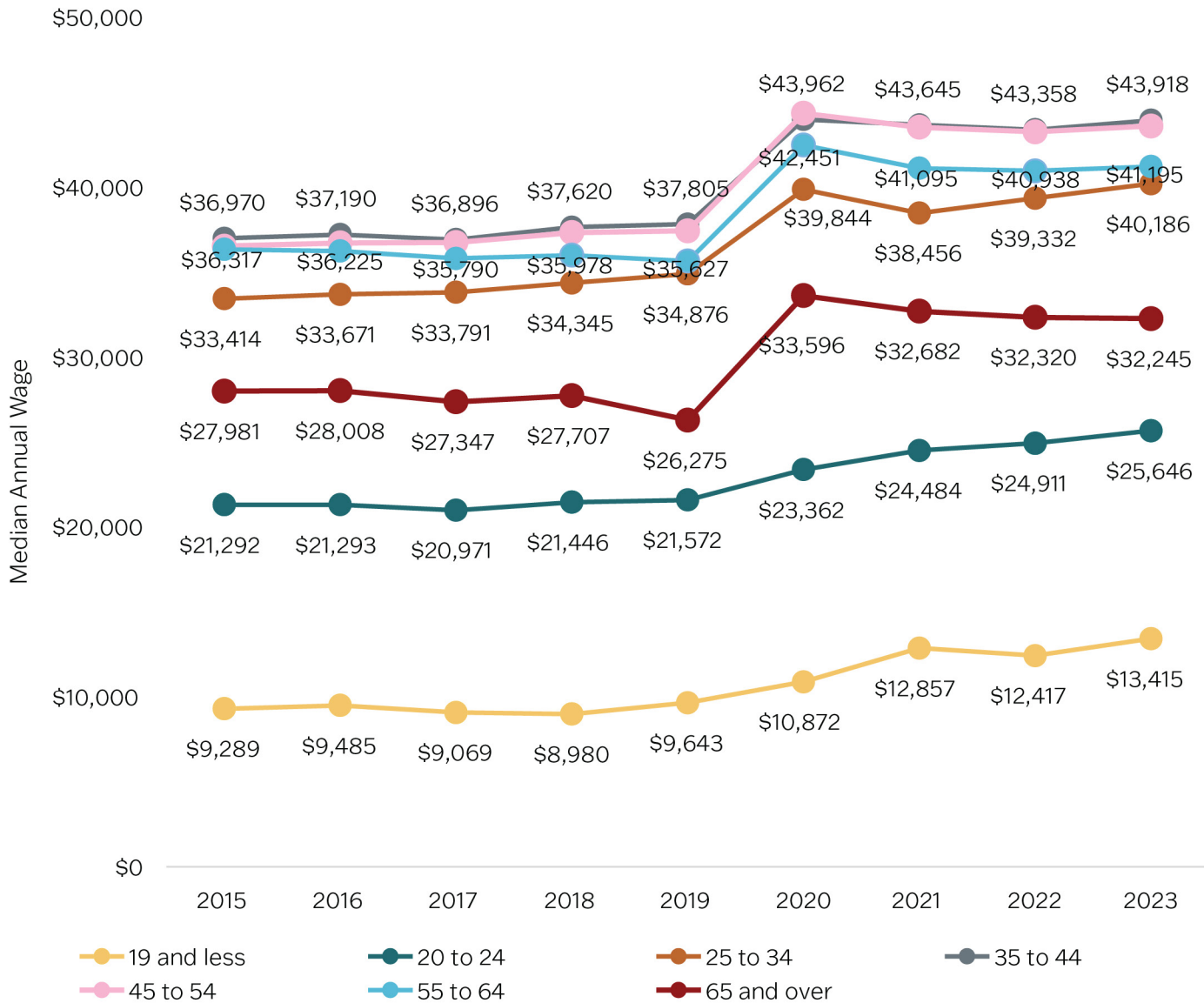


Note: The source is NJSDS. The figure presents the age distribution of the Care Economy workforce from 2015 to 2023. The percentages have been weighted using ACS estimates to account for the 40% of the population without age information.

Because the NJSDS data on some individuals (40%) are missing age information, researchers validated and weighted findings using the ACS demographics for the care industries (see Appendix B for details). Notably, the total difference between the ACS and unweighted and unrescaled NJSDS proportions equals the number of individuals classified as “missing age information.” This suggests that the discrepancies between the two sources are mainly due to missing demographic data in NJSDS rather than systematic measurement differences.



Figure 7: Median Annual Wages (in 2023 U.S. Dollars) by Age, 2015 to 2023



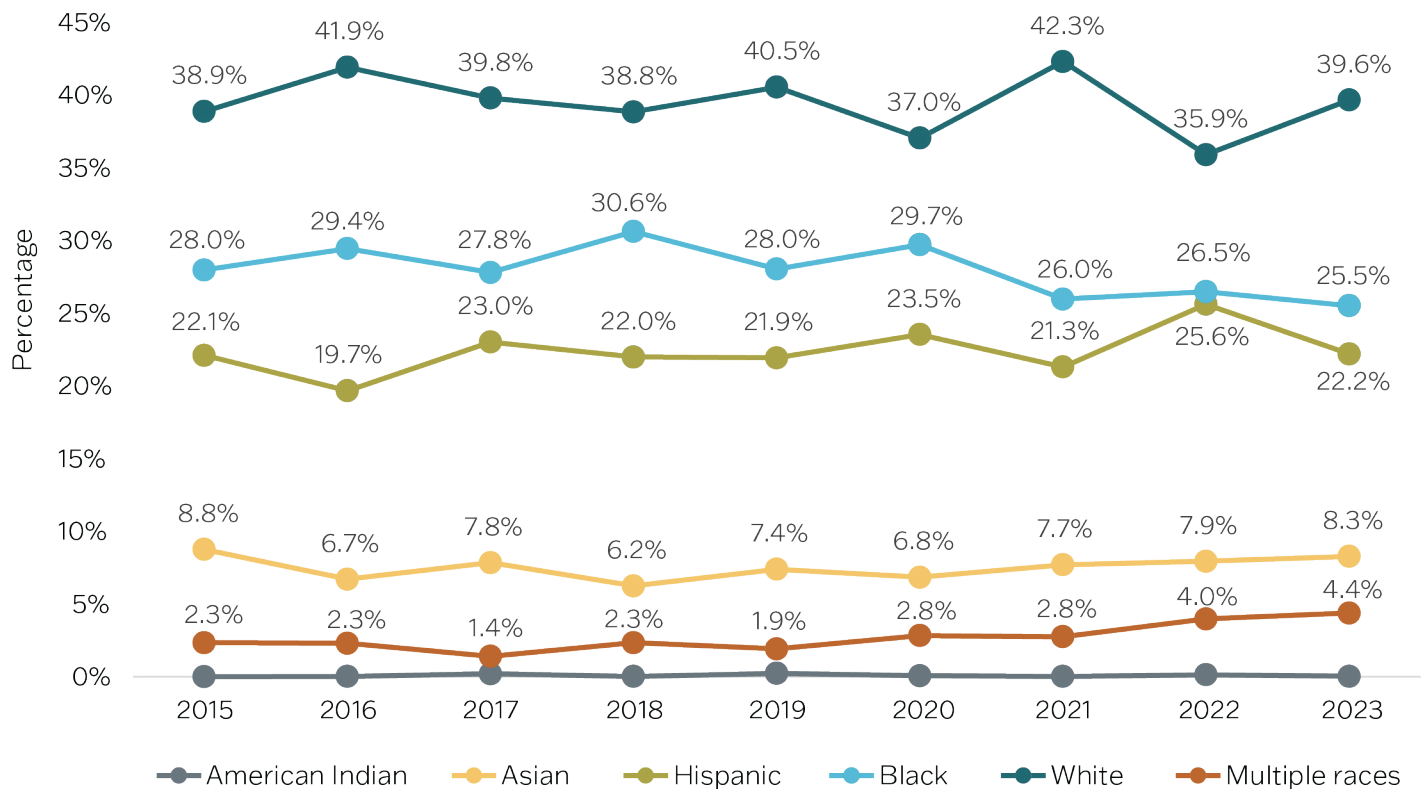
Note: The source is NJSDS. The categories are based on the median annual wage of individuals who have worked for four quarters in the UI wage data, without distinguishing between part-time and full-time employment. The labels for "45 to 54" are omitted.

When examining the median wage by age category, a notable wage increase was observed in 2020, with the most pronounced gains among workers aged 45 to 54, 55 to 64, and 65 and older (see Figure 7). This scenario suggests a labor supply shortage for most of these age groups (Veneri, 1999). Following the decline in the workforce during the pandemic (see Figure 1), wages appear to have increased in an effort to retain existing workers and attract new ones. Although wages did not continue to rise at the same pace in subsequent years, overall median earnings remain higher than they were before 2020. Workers under 35 experienced a somewhat steadier increase in median wages throughout the period, despite earning less than older cohorts. Workers aged 20 to 24 experienced wage growth since 2017. Meanwhile, those aged 19 and under reached a wage peak in 2021, followed by a decline in 2022, and a new peak in 2023.



The care economy workforce in 2023 was composed of individuals identifying as White (40%), followed closely by individuals identifying as Black (26%), and with a lower percentage identifying as Hispanic (22%) (see Figure 8).³ The group with the lowest representation is American Indian, accounting for less than 1% of the workforce. These results suggest that the care economy is disproportionately supported by minority groups, particularly Black workers, who are significantly overrepresented relative to the broader workforce.

Figure 8: Care Economy Race/Ethnicity Distribution, 2015 to 2023



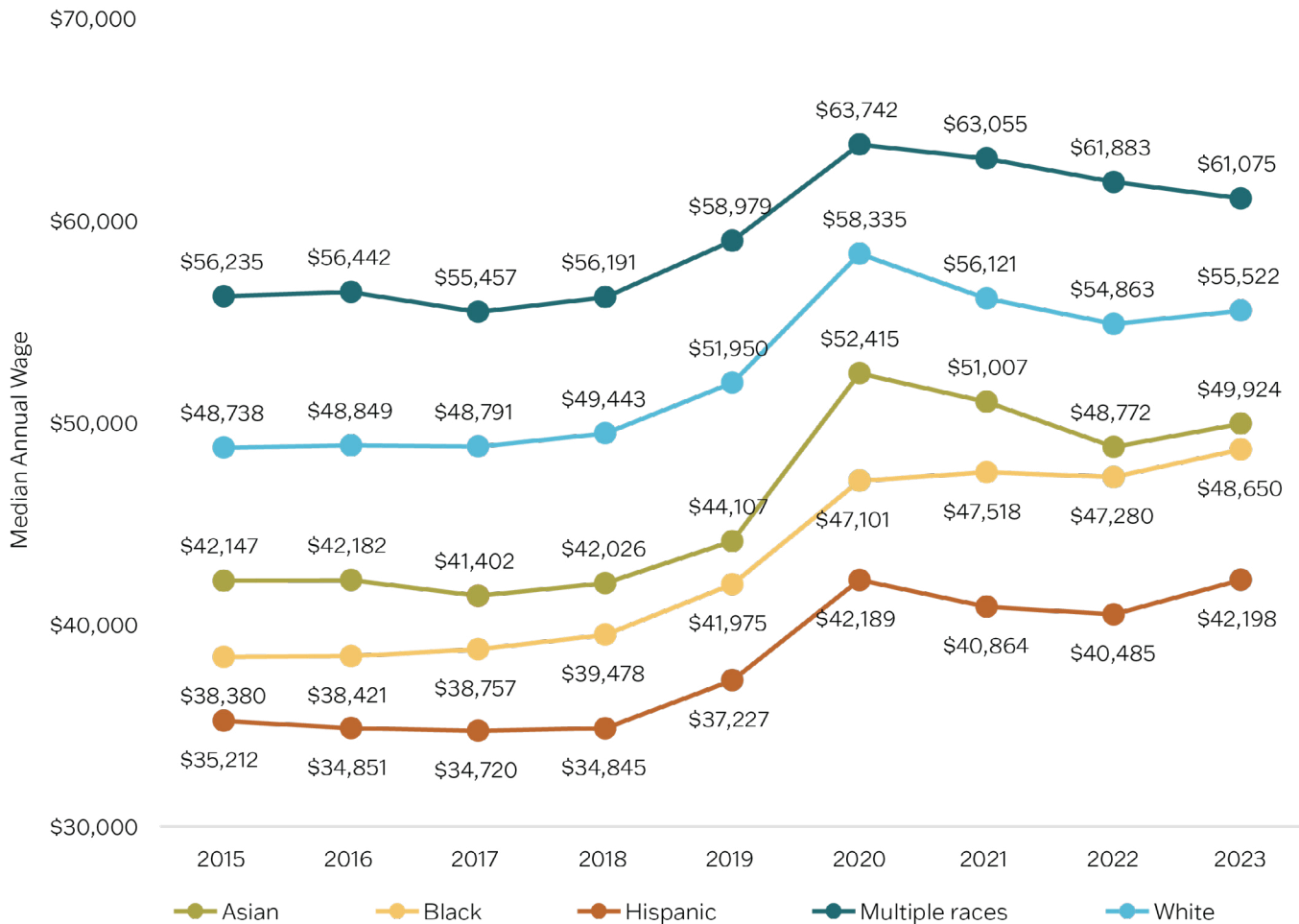
Note: The source is NJSDS. The figure shows data on the care economy workforce by race/ethnicity. The percentages have been weighted using ACS estimates to account for 43% of the population without age information in 2023.

Among all groups, Hispanic workers consistently have the lowest median annual wages (see Figure 9). Conversely, workers identifying with multiple races have the highest median wages, followed by White individuals. Asian and Black workers exhibited somewhat similar wage trends throughout the period.

³ The race categories comprise only individuals who identify as non-Hispanic, and the Hispanic category includes anyone who identifies as Hispanic regardless of their race.



Figure 9: Median Annual Wages (in 2023 U.S. Dollars) by Race/Ethnicity, 2015 to 2023



Note: The source is NJSDS. The categories are based on the median annual wage of individuals who have worked for four quarters in the UI wage data.

In 2023, females accounted for approximately 83% of care workers, compared to 17% of males, with these proportions remaining stable over time. Females are overrepresented in the care workforce when compared to the proportion of females in the civilian labor force in New Jersey (48%), as reported by the ACS five-year estimate (New Jersey | Data USA, 2023). Notably, throughout the analysis period, males consistently earn between \$4,000 and \$6,000 more than females (see Figure 10). Despite this gap, both groups follow a similar trend, with a notable increase in 2020, followed by stabilization at a higher wage level for the remainder of the period. It is essential to acknowledge that the wage gap may be partially attributed to gender-based sorting across occupations and establishments (Barth et al., 2021; Goldin et al., 2017). Analyzing the three most prominent industries, we see that wages are higher for males in home health care services and childcare services, but the opposite is true for nursing care facilities.

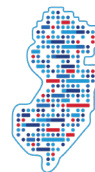
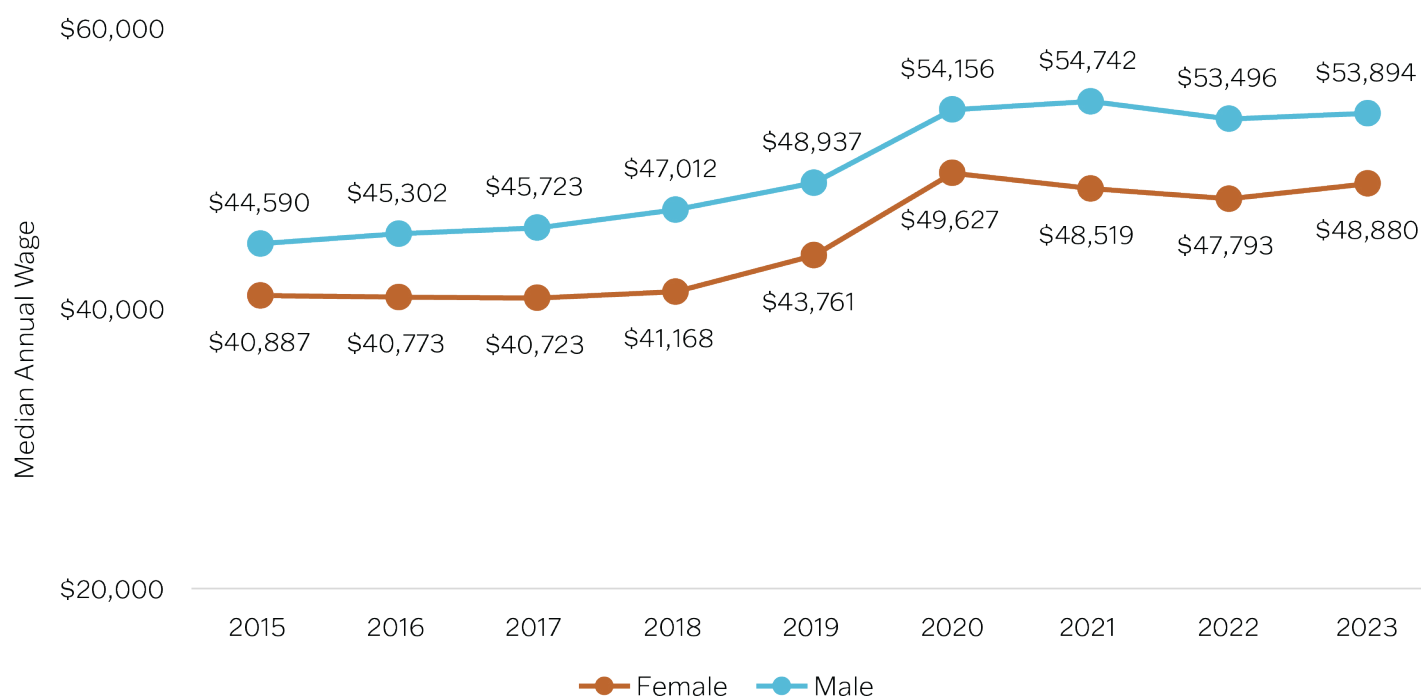


Figure 10: Median Annual Wages (in 2023 U.S. Dollars) by Sex, 2015 to 2023



Note: The source is NJSDS. The figure presents the median annual wages for employees in the care economy by sex. The categories are based on the median annual wage of individuals who have worked for four quarters in the UI wage data.

The New Jersey Care Economy's Occupational Landscape: Labor Demand and Supply Trends

Heldrich Center researchers examined New Jersey's care economy occupational landscape by analyzing labor demand, supply, and wages for four distinct care occupations between 2015 and 2023, using OEWS data from 2015 to 2023 and job posting data retrieved from Lightcast. Although OEWS data are not best suited for longitudinal analysis, they could help researchers observe trends and patterns in labor demand and supply. In addition, job posting data from Lightcast typically overrepresents high-skill, white-collar jobs and occupations that require credentials (see the discussion in the limitations session). Despite these limitations, researchers treat job posting data as an indicator of employers' demand rather than a precise measure. Researchers found that the OEWS estimates are mostly aligned with the Lightcast estimates (see Appendix C).

Care Economy Labor Demand

Researchers analyze the labor demand for selected occupations based on job posting activities and monthly hires⁴ (see Figure 11). The demand for home health and personal care aides is highest and has continued to increase. Between January 2015 and December 2016, the average number of job postings per month for home health and personal care aides was 460, increasing to approximately 1,219 per month in 2022–23. This growing demand is also evident in the average monthly number of unique job hires⁵, which increased from 5,395 between January 2019 and December 2020 to 7,449 between January 2022 and December

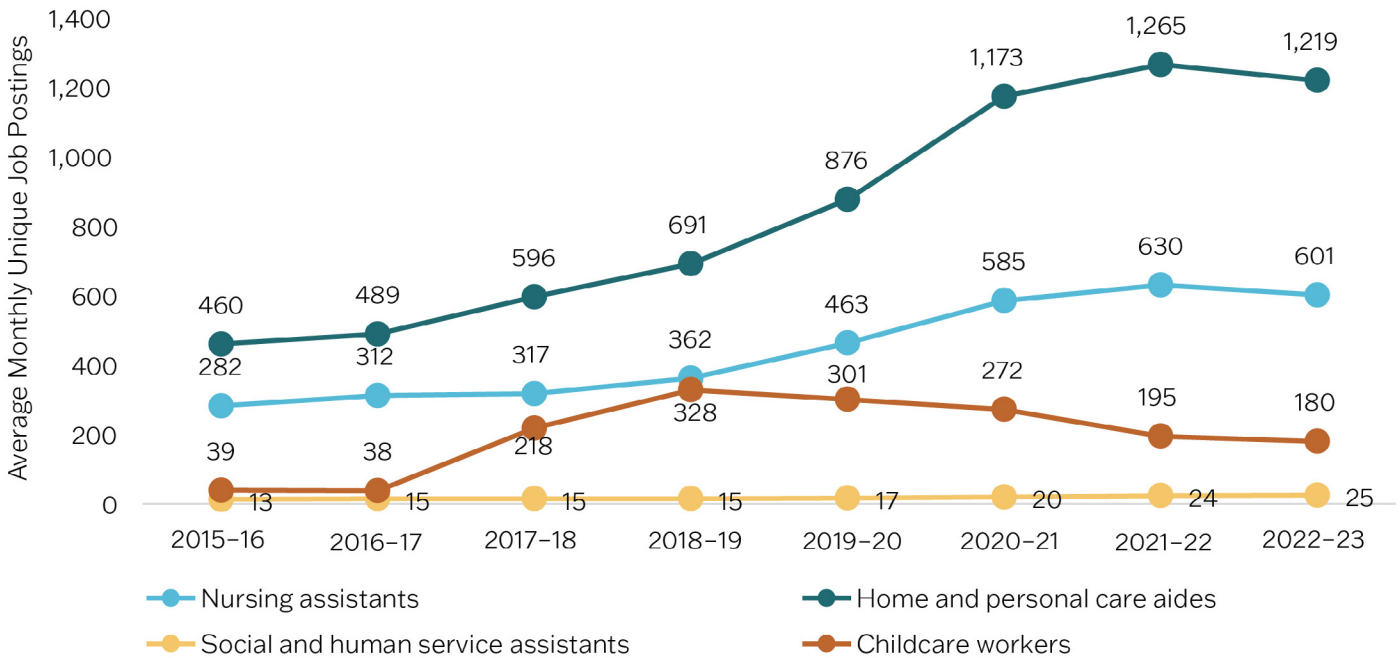
⁴ Monthly hires are generated using jobs posting data, Bureau of Labor Statistics separation data, and industry-based hires data from the U.S. Census Bureau. The data are only available from 2019.

⁵ Average monthly unique hires are Lightcast's estimation of the average number of hires per month.



2023. However, the demand for childcare workers was impacted by the COVID-19 pandemic, leading to a decline in the average monthly hires for this workforce from 2,413 between January 2019 and December 2020 to 2,391 between January 2022 and December 2023, from which the occupation has not fully recovered.

Figure 11: Care Economy Demand: Average Monthly Unique Job Postings, 2015-16 to 2022-23



Note: Source data retrieved through Lightcast. The average monthly unique job postings, for example, for 2015-16 refer to the average number of distinct job postings for the two years.

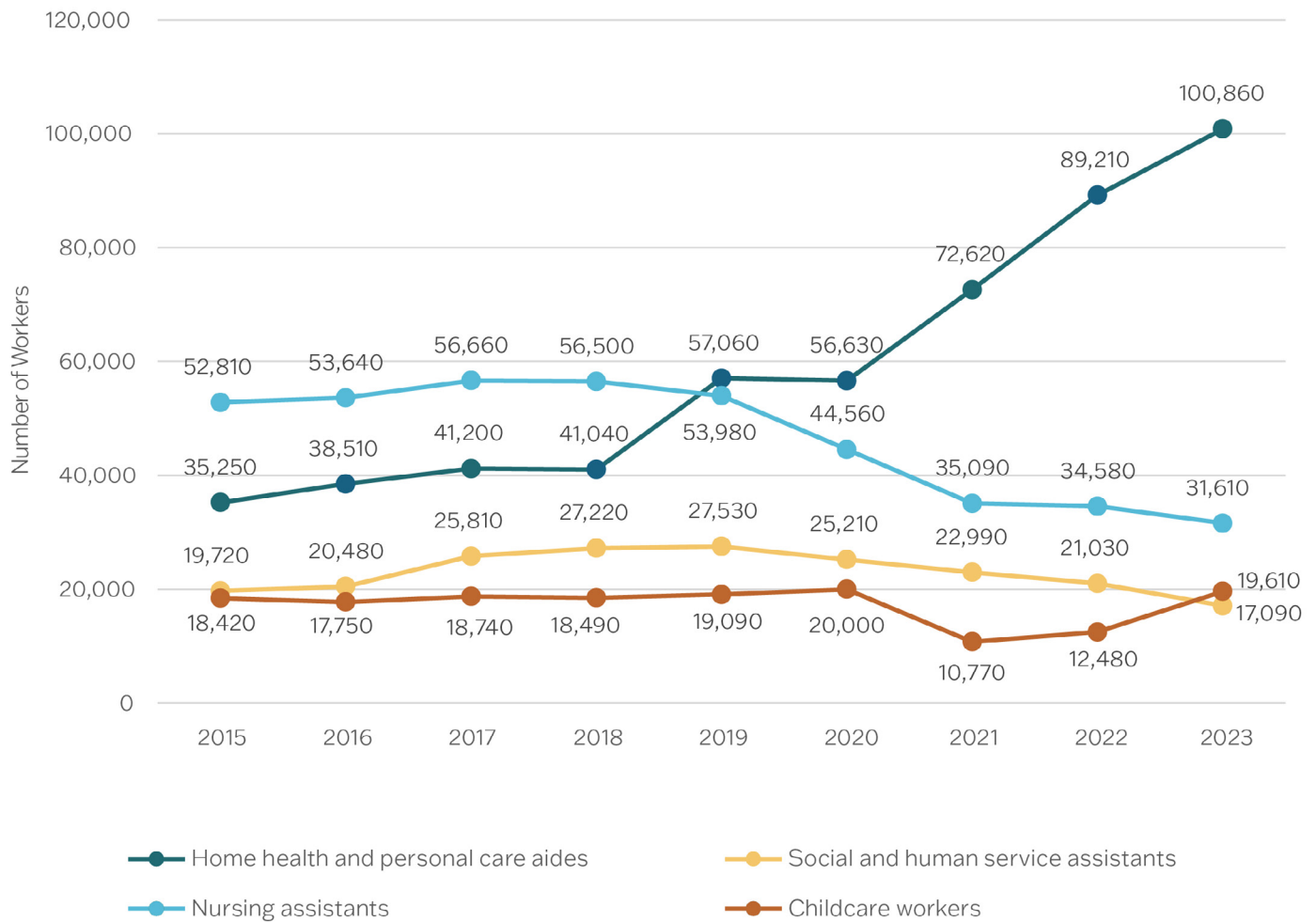
Care Economy Labor Supply

Researchers observe that most care occupations experienced a decline in supply (i.e., the number of care workers) since 2015, except for home health and personal care aides, whose supply has increased for almost all years (see Figure 12). In 2015, approximately 19,720 individuals were employed as social and human service assistants in New Jersey, nearly double the national average, which stood at 10,839 after adjustment for the region's size⁶ (see Table 2). However, in 2023, the number employed fell to 17,090, still higher than the national average of 11,805. The supply of childcare workers peaked in 2020 at 20,000, then began to recover by 2022, with fewer than 400 remaining in 2023 before returning to its 2020 level. Still, New Jersey had nearly 15,000 fewer childcare workers than the national average that year. For the nursing assistant occupation, Figure 12 shows a decrease in supply beginning in 2019. This trend is consistent with the information in Table 2: in 2015, the number of individuals employed was higher in New Jersey than in the United States, at 52,810 and 41,363, respectively. By 2023, the national average had surpassed New Jersey by more than 7,000 individuals. Conversely, the number of home health and personal care aides in New Jersey was lower than the national average in 2015. However, it came close to matching the national average in 2023. Researchers observe similar trends when we use information compiled by Lightcast (see Appendix C).

⁶ Lightcast has adjusted the national averages to account for differences in overall workforce size between the nation and New Jersey. For example, in 2015, the Bureau of Labor Statistics reported that there were 386,600 social and human service assistants in the United States. Additionally, 386,600 divided by 50 states equals 7,732 average per state. However, Lightcast has adjusted this value to account for differences in workforce size across the United States.



Figure 12: Trends in Care Economy Occupations Labor Supply in New Jersey, 2015 to 2023



Note: The data were sourced from OEWS. The number of workers refers to the total number of employees in a particular job during a given year, including both employees and self-employed individuals.



Table 2: Care Economy Occupations Labor Supply

Occupation	New Jersey			United States		
	2015 jobs	2023 jobs	% change (New Jersey) 2015 to 2023	2015 jobs (U.S. average)	2023 jobs (U.S. average)	% change (U.S. average) 2015 to 2023
Social and human service assistants	19,720	17,090	-13.3%	10,839	11,805	8.9%
Childcare workers	18,420	19,610	6.5%	42,540	34,592	-18.7%
Home health and personal care aides	35,250	100,860	186.1%	64,511	115,304	78.7%
Nursing assistants	52,810	31,610	-40.1%	41,363	38,795	-6.2%

Note: The data from New Jersey were sourced from OEWS. The data from the United States come from the Bureau of Labor Statistics and the U.S. Census Bureau, compiled and projected by Lightcast. Job counts (e.g., 2015 jobs) in both cases refer to the number of employees in that particular job during a given year. The U.S. average highlights how New Jersey compares to national trends (adjusted by Lightcast for region size).

Care Occupation Wages

Wage and salary information highlights some notable variations in pay across care-related jobs in New Jersey and the United States (see Table 2). Notably, in 2023, social and human service assistants earned a median salary of \$47,800, surpassing the national median wage of \$41,410 by approximately 1.2 times. Similarly, wages for childcare workers, home health and personal care aides, and nursing assistants in New Jersey were higher than the U.S. median wage for 2023. These findings are similar to the median wage at the industry level. For example, in 2023, those working in the childcare industry had a median wage of \$30,567 (see Figure 5), which is similar to the median salary of \$31,040 for childcare workers.

Table 3: Care Occupation Wages

Occupation	New Jersey median salary (2015)	New Jersey median salary (2023)	% change (New Jersey) 2015 to 2023	U.S. median salary (2023)
Social and human service assistants	\$43,915	\$47,800	8.8%	\$41,410
Childcare workers	\$28,372	\$31,040	9.4%	\$30,370
Home health and personal care aides	\$28,630	\$35,500	24.0%	\$33,530
Nursing assistants	\$35,559	\$41,450	16.6%	\$38,200

Note: The data from New Jersey were sourced from OEWS.



Data Limitations

Table A1 in Appendix A summarizes the various datasets, their uses, and limitations as they pertain to this analysis, including that the UI wage does not capture key demographic information and does not include information on the occupations of those in the care industries. Researchers addressed this limitation using various other sources, both within and outside NJSDS, including ACS, OEWS, and Lightcast job postings

The UI wage data do not contain demographic information. Therefore, researchers leverage the availability of other data sources in NJSDS wherever available. Specifically, they were unable to find demographic information for about 30% of the care workforce across the UI claims, K-12, and higher education data sources. This is to be expected for anyone who has never filed a UI claim and did not attend a primary, secondary, or postsecondary institution in New Jersey. Researchers use ACS to validate and weight the NJSDS findings, and the analysis suggests that the discrepancies between the two sources are primarily due to missing demographic data in NJSDS rather than systematic measurement differences (Appendix B). Additionally, the use of different data structures across source files and changes to field definitions over time pose challenges for understanding the race and ethnicity of the workforce. Appendix A presents a comprehensive discussion of the methodology used to code and summarize data related to sex, race, and ethnicity.

Finally, the UI wage records do not have information on the occupations of each person, but only information on the industry of their employer. Therefore, the analysis at the industry level captures both those directly providing care, such as home health aides, and also those who are not delivering care directly but work in the care industry, like an accountant within a nursing home. However, researchers utilize supplemental data: OEWS data and job posting information from Lightcast to gain a deeper understanding of the employment landscape of four occupations in New Jersey that comprise the care economy: social and human service assistants, childcare workers, home health and personal care aides, and nursing assistants. Three remaining occupations identified as part of the care economy are not available due to data restrictions: direct support professional, rehabilitation aide, and teaching assistant (special education). In addition, Lightcast's job posting data tends to overrepresent high-skill, white-collar, and technology jobs, potentially skewing labor demand estimates. However, researchers compare and contrast the results from OEWS and Lightcast data, finding similar outcomes in every case.

Conclusion

This report on the care economy landscape presents results from a descriptive analysis of care economy industries and occupations in New Jersey from 2015 to 2023. The Heldrich Center supplemented NJSDS data with other data to overcome limitations. The report highlights a care workforce that is largely part time, predominantly female, and racially diverse. While the demand for care workers is generally increasing, except for childcare workers, and is highest for home and personal care aides, researchers observe a recent decline in the supply of care workers following the COVID-19 pandemic. Notably, the workforce has been rebounding since the pandemic, but it has yet to rebound to pre-pandemic levels. While wages have been increasing since the pandemic, they are still below the New Jersey state median salary. Taken together, these analyses highlight a care penalty faced by care workers, particularly women, which may negatively impact their retention and recruitment.

The findings in this report present evidence-based approaches to improving the care economy in New Jersey. Langou and Rodriguez Franco (2024) report that a \$1.3 trillion investment in social jobs, such as the care economy, could result in a \$3.1 trillion Gross Domestic Product return and the creation of more than 10 million jobs in the United States. Findings suggest that various policies could further strengthen this sector, including promoting fair compensation and addressing gender



stereotypes in the care economy by encouraging men's involvement in the sector. Therefore, beyond this landscape report, the next report of this study on New Jersey's care economy will examine education and training pathways into the field and the concurrent employment and retention rate in this sector. The report will also include an assessment of those leaving the sector and which sectors they enter after an exit. These analyses are designed to facilitate the identification of specific strategies to strengthen the care economy in New Jersey.



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Appendix A: NJSDS Methodology

Appendix Table A1 provides details on the datasets, their use, and limitations as pertains to the analysis presented in this report.

Table A1: Data Sources and Limitations

Data source	Date table and use	Data limitation	
New Jersey Statewide Data System (NJSDS)	New Jersey Department of Labor and Workforce Development	Unemployment Insurance (UI) wages and employer records provided wage and industry information	Does not include the self-employed, those paid informally, or people who work for the federal government.
			Does not provide demographic information, including gender and race.
			The employment status of part-time and full-time workers cannot be distinguished using quarterly wage data. Only the total wages earned in a quarter are available for each worker.
		UI claims are used to determine sex and race, and are used to assess care occupations	Data include information for only those who have ever filed unemployment claims
	Office of the Secretary of Higher Education (OSHE)	Enrollment information used to determine sex and race	Does not provide information for those individuals who are part of the New Jersey care workforce but did not enroll and obtain a postsecondary degree from institutions in New Jersey.
	New Jersey Department of Education	Demographic and graduate files are used to determine sex and race	Does not provide information for those individuals who are part of the New Jersey care workforce but did not attend high school in New Jersey.
Supplemental Data	Lightcast: Bureau of Labor Statistics' Occupational Employment Wage Statistics, American Community Survey, and online job posting information retrieved through Lightcast	Information on care occupations, including demand and supply. Estimates include information on self-employed workers and employment projections.	There was no available Lightcast data for some care occupations, including teaching assistants (special education) and direct support professionals. The data are heavily reliant on online job postings and profiles and could be biased toward more skilled occupations.

To estimate annual median wages and total employment for New Jersey's care industries, researchers queried NJSDS to include only New Jersey and selected industries relevant to the care economy. The selected industries and their North America Industry Classification System (NAICS) codes are listed in Table A2.

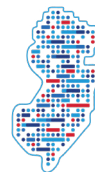


Table A2: Name of the Care Industries and Associated North America Industry Classification Codes

Six-digit NAICS code	Name of Industry
621610	Home health care services
624120	Services for elderly and persons with disabilities
624410	Childcare services
623110	Nursing care facilities
624190	Other individual and family services
624110	Child and youth services
623311	Continuing care retirement communities
623312	Assisted living facilities for the elderly
623220	Residential mental health and abuse
623210	Residential intellectual and developmental disability facilities
623990	Other residential care facilities
623310	Specialty hospital except psychiatry

Annualizing Wages

The median wage in this report refers to an annualized fuzzy median wage.⁷ The UI wage records only include data from employers in New Jersey participating in the UI program. As previously stated, they do not include wages for New Jersey residents who work outside the state, work for the federal government, are self-employed, or otherwise do not contribute to the UI program. The match rate is between 70% and 80% for higher education graduates, depending on the institution sector. The annualized wage was calculated to mitigate the impact of missing cases on the analysis and minimize bias.

To annualize the wage, full year wages were first computed by summing four quarters of wages (i.e., annual wage 2023 = Quarter1 wage + Quarter2 wage + Quarter3 wage + Quarter4 wage) for each worker. Only workers with wages reported for four quarters were included in the wage analysis.

To determine whether a worker is classified as full time or part time, researchers estimated a full-time minimum wage equivalent. The full-time minimum wage was calculated by multiplying New Jersey's minimum wage for that year by 2,080 hours, which is defined as 35 hours a week for 52 weeks. Those whose full-year wage falls at or above the full-time minimum wage equivalent are classified as full-time workers, and those who earn below the full-time minimum wage are classified as part-time workers. Our categorization of employment status in this manner enables a deeper understanding of wages, but it should be interpreted with caution. It is possible that some of those classified as full time are actually part-time workers who earn higher hourly wages, or alternatively, that some in the part-time category worked full time for part of the year but not at all in other months.

Measuring Race and Ethnicity

This analysis includes three sources that provide information about race and sex: UI claims, OSHE enrollment, and K-12 demographics data. These three data sources differ in terms of shape, categories, time period, and content. OSHE enrollment provides race information for two time periods: before 2010 and after 2010. Before the 2010 race, a single variable with nine categories was included. Before 2010, it combined Asian with Pacific Islander and did not exclusively state whether American Indian included Alaskan Native. It also listed ethnicity as Hispanic, as well as those who are of Mexican, Puerto Rican, Cuban, or Central or South American descent. After 2010, OSHE records list each race as a separate column, with multiple binary

⁷ The fuzzy median wage is obtained by taking the average of the 45th and 55th percentiles of observations to avoid any risk of data disclosure typically associated with the traditional median (50th percentile). All references to median wage in this report refer to the fuzzy median wage.



variables. In terms of the categories, it separates Asian and Pacific Islander and explicitly states American Indian and Alaska Native. Additionally, it provides an opportunity to derive multiple race groups, which was not easily possible before 2010 with the OSHE race. UI claims race variables are like OSHE race 2009, with a few exceptions. It has both race and ethnicity columns as separate variables. Unlike OSHE before 2010, it does not list specific Hispanic groups. The K-12 demographic data list each race as a separate column, separating Asian and Pacific Islander, and include an ethnicity column.

Researchers reconciled the race and ethnicity variables across these three data sources into a standardized race variable with the following categories:

- ▶ White, non-Hispanic;
- ▶ African American, non-Hispanic;
- ▶ Asian/Pacific Islander, non-Hispanic;
- ▶ Hispanic;
- ▶ American Indian/Alaskan native, non-Hispanic;
- ▶ Multiple races, non-Hispanic; and
- ▶ Not reported.

As UI claims and OSHE did not have a multiple-race category before 2010, researchers derived this by first assigning each race/ethnicity category to its own column. Those in the multiple races category are those who reported two races, excluding Hispanic. Researchers also combined the Asian and Pacific Islander categories because they are already combined in UI claims and OSHE 2010. Once the race/ethnicity variable had been standardized across the different data sources, researchers created a single race/ethnicity variable that combined all data sources. The first step in this process was to reconcile the OSHE race/ethnicity before and after 2010. The following logic was used in this process.

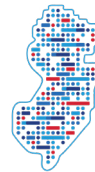
- ▶ When race/ethnicity is missing or not reported in one and neither missing nor not reported in the other, use the other race.
- ▶ When race/ethnicity is neither missing nor not reported in both files, and race/ethnicity in one equals the other, use the race from either one.
- ▶ When race/ethnicity is neither missing nor not reported in both files and race/ethnicity in one does not equal the other, use race from OSHE 2010 (i.e., here the preference is for a more recent race, which is OSHE 2010).
- ▶ When race/ethnicity is missing or not reported in both, then set it as missing/not reported.

The same logic applies when reconciling UI claim race/ethnicity with the reconciled OSHE race or K-12 demographic data. Researchers start by reconciling UI claims and OSHE, and after that, they reconcile the K-12 demographics information. One difference is that for the third step in the process, they give preference to the race/ethnicity that was reported in the UI claims. This assumes that applications for UI benefits will collect more accurate information.



Constructing the Sex Variable

Across the data sources, sex is recorded as 0 = not reported, 1 = male, 2 = female. To reconcile across data sources, if sex is not missing or not 0 in one but is missing or 0 in the other, researchers defaulted to the first non-missing value given. If sex is not missing and not 0 in both, and they are the same, researchers used either one. If sex is not missing and not 0 in both, and they are not the same, they give preference to UI claims data.



Appendix B: American Community Survey (ACS) Estimates Validation

To validate the findings obtained from NJSDS, researchers utilized data from ACS accessed via IPUMS (Ruggles et al., 2025). ACS, conducted by the U.S. Census Bureau since 2005 (U.S. Census Bureau, 2025), provides estimates over various collection periods, depending on the level of precision required (US Census Bureau, 2018). For the present analysis, the use of the ACS one-year estimate was selected, given that, although it has a smaller sample size, the population of New Jersey exceeds the 65,000 threshold (U.S. Census Bureau, 2018). This option offered the most timely and relevant data sample (U.S. Census Bureau, 2018). While the Current Population Survey (CPS) was initially considered, ACS was ultimately selected due to its greater reliability in generating demographic estimates for the state.

ACS identifies industries using the North American Industry Classification System (NAICS). The 2012 Census occupation code to NAICS 2012 crosswalk provided by the U.S. Census Bureau was used to review the consistency of the variables (U.S. Census Bureau, 2024). With that framework, researchers estimated the composition of care economy workers in New Jersey between 2015 and 2023, categorizing them by age, race/ethnicity, and sex.

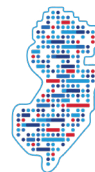
It is fundamental to acknowledge a key limitation of this approach. Because ACS is based on a sample, not all industries identified as part of the care economy were captured in the available data. Specifically, there was no information available on sectors with relatively few workers, including other residential care facilities, assisted living facilities for the elderly, continuing care retirement communities, specialty hospitals (excluding psychiatric hospitals), residential mental health and substance abuse facilities, and residential intellectual and developmental disabilities facilities.

ACS Results

The following tables compare care economy estimates derived from the ACS and NJSDS. Tables B1 to B3 present results based on industry classifications used to identify care economy workers in the ACS data.

All tables follow a consistent format. They report the difference in the proportion of individuals within each group, calculated as the ACS proportion minus the NJSDS proportion. A positive value indicates that the ACS estimate is higher than the NJSDS estimate, while a negative value indicates the opposite. To calculate the proportions in ACS, researchers focused on individuals who were 16 years and older who were part of the labor force.

Each table includes a row showing the total difference, aggregating the differences across all groups. In addition, each table reports the number of individuals categorized as “not found” or “not reported” in the NJSDS data. These refer to individuals for whom demographic information could not be identified. Although they appear in administrative wage records (in the UI wages data), their demographic characteristics are either missing or unavailable in the linked datasets.



As seen in the final row, the total difference between ACS and NJSDS proportions equals the number of individuals who did not have demographic information, specifically those labeled as “not found” or “not reported.” This result suggests that the discrepancies between the two sources are mainly due to missing demographic data in NJSDS rather than systematic measurement differences. Therefore, researchers adjust the NJSDS proportion by using weights derived from ACS proportion by treating the ACS proportion as the expected proportion of the full population and multiplying NJSDS estimates by these generated weights.

In conclusion, the estimates produced using the NJSDS closely align with those obtained from ACS.

Table B1: Comparison of Care Economy Age Distribution by Industry Using ACS and NJSDS Data in Proportions

Difference ACS-NJSDS	2015	2016	2017	2018	2019	2020	2021	2022	2023
19 and less	-0.01	-0.01	-0.01	0.00	0.00	0.00	0.00	0.02	0.02
20 to 24	0.00	0.01	0.02	0.00	0.00	0.02	0.01	0.01	0.00
25 to 34	0.00	-0.01	0.01	-0.01	-0.01	0.02	0.03	0.01	0.03
35 to 44	0.08	0.10	0.07	0.07	0.09	0.06	0.07	0.09	0.08
45 to 54	0.12	0.10	0.07	0.09	0.10	0.08	0.09	0.10	0.09
55 to 64	0.11	0.10	0.12	0.12	0.10	0.12	0.10	0.09	0.12
65 and older	0.04	0.05	0.05	0.06	0.05	0.05	0.08	0.06	0.07
Total	0.34	0.34	0.34	0.33	0.34	0.35	0.38	0.39	0.40
Not found/Not reported (NJSDS)	0.34	0.34	0.34	0.33	0.34	0.35	0.38	0.39	0.40

Table B2: Comparison of Care Economy Race/Ethnicity Distribution by Industry Using ACS and NJSDS Data in Proportions

Difference ACS-NJSDS	2015	2016	2017	2018	2019	2020	2021	2022	2023
White non- Hispanic	0.12	0.16	0.14	0.13	0.15	0.13	0.19	0.14	0.18
Black non-Hispanic	0.06	0.07	0.06	0.09	0.06	0.08	0.05	0.06	0.05
Asian non-Hispanic	0.06	0.04	0.05	0.03	0.04	0.04	0.05	0.05	0.05
Hispanic	0.11	0.08	0.11	0.10	0.10	0.11	0.10	0.14	0.11
American Indian non-Hispanic	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Multiple races	0.01	0.01	0.00	0.01	0.01	0.02	0.02	0.03	0.03
Total	0.37	0.37	0.37	0.36	0.36	0.38	0.40	0.42	0.43
Not found/Not reported (NJSDS)	0.37	0.37	0.37	0.36	0.36	0.38	0.40	0.42	0.43



Table B3: Comparison of Care Economy Sex Distribution by Industry Using ACS and NJSDS Data in Proportions

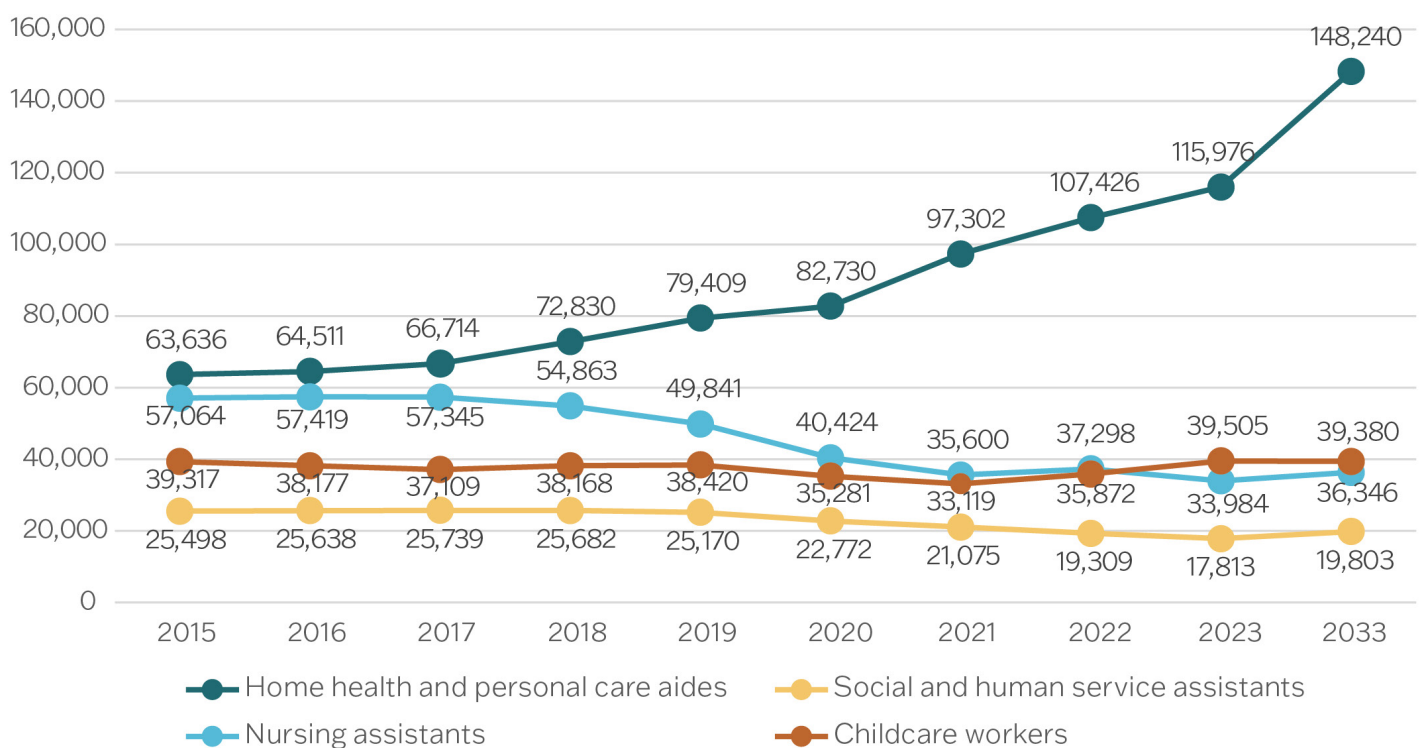
Difference ACS-NJSDS	2015	2016	2017	2018	2019	2020	2021	2022	2023
Female	0.29	0.28	0.29	0.26	0.27	0.28	0.30	0.31	0.32
Male	0.02	0.03	0.02	0.05	0.04	0.05	0.04	0.05	0.06
Total	0.31	0.31	0.31	0.30	0.31	0.32	0.34	0.36	0.37
Not found/Not reported (NJSDS)	0.31	0.31	0.31	0.30	0.31	0.32	0.34	0.36	0.37



Appendix C: Occupational Employment and Wage Statistics (OEWS) and Lightcast Estimates

Researchers observe that analysis using OEWS yields results similar to those from Lightcast estimates. Analysis of care economy labor supply using Lightcast estimates shows a decline in supply (i.e., the number of care workers) since 2015, except for home health and personal care aides, whose supply has increased for almost all years (see Figure C1). In 2015, approximately 25,498 individuals were employed as social and human service assistants in New Jersey, double the national average of 10,839 after adjustment for the region's size (see Figure C2). This is similar to the trend researchers observe using OEWS estimates, although the magnitude is smaller for OEWS (see Figure 12 and Table 2).

Figure C1: Trends in Care Economy Occupations Labor Supply in New Jersey



Note: The data were sourced from the Bureau of Labor Statistics and the U.S., Census Bureau and compiled by Lightcast.io. The number of workers indicates the number of employees in that particular job in a given year and includes self-employed individuals. The label values for social and human service assistant and for occupational therapy aides have been omitted.



Table C1: Care Economy Occupations Labor Supply

Occupation	New Jersey			United States		
	2015 jobs	2023 jobs	% change (New Jersey)	2015 jobs (U.S. average) 2015 to 2023	2023 jobs (U.S. average)	% change (U.S. average) 2015 to 2023
Social and human service assistants	25,498	17,813	-30.14%	10,839	11,805	9%
Childcare workers	39,317	39,505	0.48%	42,540	34,592	-19%
Home health and personal care aides	63,636	115,976	82.25%	64,511	115,304	79%
Nursing assistants	57,064	33,984	-40.45%	41,363	38,795	-6%

Note: The data were sourced from the Bureau of Labor Statistics and the U.S. Census Bureau, compiled by [Lightcast.io](https://lightcast.io). Job counts (e.g., 2015 jobs) signify the number of employees in that particular job in a given year. The U.S. average highlights how New Jersey compares to national trends (adjusted by Lightcast for region size).



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About the New Jersey Statewide Data System

The [New Jersey Statewide Data System](#) (NJSDS) is the State of New Jersey's centralized longitudinal data system for education and workforce data. Its mission is to safely use the state's existing administrative data for evidence-based policymaking. Developed in 2012 through a grant from the U.S. Department of Education, NJSDS creates a single place where state education, postsecondary education, employment, and workforce longitudinal data are securely stored to help stakeholders make data-informed decisions to improve student learning and labor market outcomes. The data system is owned by the State of New Jersey and operated by the John J. Heldrich Center for Workforce Development at Rutgers, The State University of New Jersey. NJSDS is a collaboration between the New Jersey Office of the Secretary of Higher Education, the New Jersey Department of Labor and Workforce Development, the New Jersey Department of Education, and the New Jersey Higher Education Student Assistance Authority.

About the Heldrich Center for Workforce Development

The [John J. Heldrich Center for Workforce Development](#) at Rutgers University is devoted to transforming the workforce development system at the local, state, and federal levels. The center, based at the Edward J. Bloustein School of Planning and Public Policy, provides an independent source of analysis for reform and innovation in policymaking and employs cutting-edge research and evaluation methods to identify best practices in workforce development, education, and employment policy. It is also engaged in significant partnerships with the private sector, workforce organizations, and educational institutions to design effective education and training programs. It is deeply committed to assisting job seekers and workers attain the information, education, and skills training they need to move up the economic ladder.

As captured in its slogan, “Solutions at Work,” the Heldrich Center is guided by a commitment to translate the strongest research and analysis into practices and programs that companies, community-based organizations, philanthropy, and government officials can use to strengthen workforce and workforce readiness programs, create jobs, and remain competitive. The center's work strives to build an efficient labor market that matches workers' skills and knowledge with the evolving demands of employers.