

Paid caregiver shortages will impact everyone

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(Photo: Highwaystarz-Photography, Getty Images/Stockphoto)

Sooner or later, your life will be affected.

It could be due to an accident, a physical or mental health diagnosis, a hospitalization, or a decline in health or abilities.

Whatever the reason, it's highly likely that you, a family member or friend will need the services of a paid caregiver — a direct care worker — to assist with the activities of daily living.

And, unless the challenges facing the direct care workforce are addressed, you will have trouble finding the quality help you need when and where you need it.

Here are the stories of three Iowans:

A consumer



Michele Meadors, left, of Des Moines, talks to Jayde Henry, of Des Moines, during a break Dec. 7, 2015 in a Statehouse hearing on Medicaid managed care. (Photo: Tony Leys/The Register)

Michele Meadors' life was upended on March 17, 2011. A car accident left her paralyzed from the chest down. After 13 months of training in how to adjust to her limitations and new life, she moved to a Des Moines apartment. While Michele can use her hands and arms, she is dependent on home care workers to help her get out of bed, dressed and groomed in the morning, get her ready for bed at night, and to help keep her as strong and active as possible.

She depends on these paid caregivers four hours a day, seven days a week.

But all too often, the help she depends on shows up late, or fails to show up at all. When that happens, she lies in bed, or remains in a chair — waiting. Sometimes for hours. Those who do show up are often not well trained to assist her, so *she* trains them on what to do and how to do it. And when these workers leave the field for better pay and easier work, she trains their replacements.

She's lost track of the number of new workers she's had in the past year. Michele's reality is that she often cannot depend on the people she relies on to help her. The shortages of staff and the constant turnover directly affects her quality of life, leaving her frustrated but motivated to tell her story to legislators and others in a position to make her life, and the lives of so many others, better.

A family caregiver

Michael Wolnerman is a Des Moines-area pharmacist. He's a husband, father and an active community member. For several years he was also the "Manager of the Caring for my Mom Company."



(Photo: Special to the Register)

His Mom, [Jennie, died earlier this year after a progressive decline due to Alzheimer's disease.](#)

Jennie needed care 24 hours a day, and Michael worked with home care agencies to coordinate, schedule and oversee the work of aides that assisted her.

He said because of Alzheimer's the one thing she needed was predictability. She needed to be served by someone she recognized and trusted. But she got the opposite. The agencies were unable to provide paid workers who could be counted on to show up and deliver high quality care. His mom had

more than 50 different aides in a year's time. Michael said that while some of the workers were wonderful, with good hearts and caring spirits, too many were doing this "as just a job" until something better came along.

Michael experienced what many family members do — the frustration, worry and stress that comes with trying to get quality care for loved ones.

He says the agencies were paid extremely well for their services, and wonders why that didn't translate into getting the quality of care his mom needed. He said, "There's something wrong in the system that needs to be fixed."

A paid caregiver

Fran Mancl is a certified nurse aide who works in a Dubuque-area nursing home. He's been in the direct care profession for more than 25 years. He's the kind of caregiver you would want for a loved one or yourself. He is passionate about his occupation because it makes a real difference in the lives of Iowans.

But he sees the occupation in crisis due to the inability to recruit enough good people to it, and keep them in it. The result is chronic staff shortages that lead to inadequate care.

His description of the problem:

- Direct care has an image problem. It's not viewed as a valued profession. Rather, it tends to be viewed as undesirable, unimportant, entry-level work. Fran says it's often equated to a glorified baby sitter who can be readily replaced.
- That poor image keeps wages and benefits low, and results in employers providing limited time, attention and training to new hires. Applicants for vacancies are few, and the newly hired often leave within a few months to take a better and easier job elsewhere.
- High turnover rates, coupled with lots of part-time workers with unpredictable work schedules, mean people are often served by workers they don't know and can't depend on. Good stable workers get burned out due to working extra shifts and being unable to spend the time needed with those they serve. Fran calls this "compassion fatigue."

Fran genuinely cares about the individuals and the families he serves. That's what keeps him in the profession, and that's why he serves as an exceptional ambassador for it.

Fran's, Michael's and Michele's stories are three of tens of thousands of stories that exist in Iowa. The common denominator — a too small and unstable workforce that often fails to meet the needs of the ever-growing numbers of consumers who require services.

It's a challenge that Iowa must address. And the time is now.

More to come

This A Better Iowa column is the second in an occasional series on the direct care workforce. The [first described the problem](#) and the final installment will explore a range of solutions. You can also add to these stories by sharing your own. Help expand awareness, promote discussion and provoke action. Tell your story on social media, [send a letter to the editor](#), talk to elected leaders, etc.



(Photo: Special to the Register)

JOHN HALE is a 60-something upstart who is a contributor to A Better Iowa. He owns The Hale Group, a consulting and advocacy firm that provokes thought and action on aging and caregiving issues. Contact: hale_johnd@msn.com

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