

BUILDING A STRONG DIRECT CARE WORKFORCE



10 STEP SOLUTIONS

Solutions require steadfast and comprehensive strategies that engage direct care workers (DCWs), employers, consumers, and family caregivers rather than a focus on a singular issue or the needs of only one stakeholder group. That can be done, in part, by building upon existing work by a lead organization with a specialized focus and nearly 30 years' experience in addressing these complex issues.

Step 1: Modernize and expand the Direct Care Worker Registry to Include Not Only CNAs Who Work in Nursing Homes; and Create a Voluntary Public Portal of Caregivers that Older Iowans, People With Disabilities, Family Caregivers, and Employers Can Access.

Step 2: Enhance Wages, Paid Leave, and Other Benefits for All DCWs via Provider Reimbursements With Accountability, and Other Strategies Such As Directing Federal American Rescue Act and Other Federal Funding to DCW Wages and Benefits.

Step 3: Engage All Stakeholders Including Workers and Consumers in Planning and Implementing Solutions.

Step 4: Expand the DCW Recruitment and Retention Initiatives of Iowa CareGivers and Others.

Step 5: Elevate the Image and Value of Those in Direct Care Via Public Awareness Campaigns.

Step 6: Explore Ways to Better Recruit and Support Older, Immigrant, Male, Displaced Workers, and Individuals With Disabilities.

Step 7: Provide and Recognize Competency-Based Education and Training Programs That are Portable. Establish a New Free-Standing Initiative Under the Governor's Future Ready Iowa Program for Direct Care Workers, Childcare Workers, Early Childhood Educators, and Other Essential Workers Not Included in the Current FRI Initiative.

Step 8: Support Continuing Education Standards.

Step 9: Eliminate Regulation That Burdens DCWs.

Step 10: Provide Family Caregiver Supports and Build Bridges Between Family Caregivers and DCWs.

PROBLEMS

Compelling and interconnected problems exist, and are made worse by COVID-19, and have a dramatic impact on Iowans.

- **Employers** providing Health and long-term services and supports (LTSS) can't fill vacancies and can't serve the needs of their communities.
- **Workers** currently in the field are leaving due to burn out from mandatory overtime and the toll of working short-staffed.
- **Family Caregivers** have to cut back hours at work or give up employment putting their own financial security at risk when DCWs aren't there to fill the care gaps.
- **Consumers** do not receive the services, care, or life-saving supports they need.
- **Business Community Employers** such as a small rural manufacturing company that experiences a loss in productivity when they lose good employees who don't have access to direct care workers to provide care or supports for a child with special needs, a spouse, or parent when the family can't be there 24-7.

[IowaCareGivers.org](https://www.iowacaregivers.org)

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A WORK IN PROGRESS AND NEXT STEPS — BRING TO SCALE

SOLUTION	WHAT'S BEEN DONE IN RECENT YEARS	NEXT STEPS NEEDED
STEP 1: Centralized Direct Care Workforce Data Base System: A Foundation Upon Which to Build	<ul style="list-style-type: none"> Stakeholder forums and surveys that demonstrate support and multi-stakeholder benefits: https://www.iowacaregivers.org/uploads/pdf/step1.pdf Legislation introduced HF 2117 	<ul style="list-style-type: none"> Work with DIA and stakeholder partners to promote creation of this workforce infrastructure Help DIA to educate DCWs and others on any enhancements to the DCW Registry that may result in passed legislation
STEP 2: Enhance DCW Wages and Compensation, Provider Reimbursements, and Identify and Employ Other Wage Enhancement Strategies	<ul style="list-style-type: none"> Direct Care Workers of Iowa 2019 Wage and Benefit Survey (contracted with IWD) http://bit.ly/3bqKVS5 Various surveys to assess systemic changes needed to facilitate solutions to recruitment and retention challenges have been conducted Employer Survey re: workforce shortages, unfilled vacancies, and projected retirements 	<ul style="list-style-type: none"> Establish a multi-stakeholder work group to identify strategies for DCW wage enhancements and other supports Work with partners to develop a comprehensive resource on workforce supports (SNAP, EITC, HAWK-I, Child Care Subsidies, etc.) and implement a coordinated dissemination of the resource (Private) Develop a report on Iowa occupational projections by legislative district for those earning less than \$15 an hour and the same report on the entirety of the workforce with no wage level criteria (IWD)
STEP 3: Engage All Stakeholders Including Workers and Consumers in Planning and Implementing Solutions	<ul style="list-style-type: none"> 13 regional listening sessions with health and LTSS employers and community colleges as co-hosts (IC) Survey of health and LTSS employers re: status of current DCWs (IC contracted with IWD) Forums to identify issues and solutions (IC) IDPH Summits (DCWF Initiative and Rural Health) Nursing home turnover summary report 	<ul style="list-style-type: none"> Continue stakeholder engagement via outreach and education regarding 10 Steps to Building a Strong Direct Care Workforce Share findings as resource to stakeholders including elected officials to inform decisions Conduct analysis on nursing home turnover data (DHS/IC and other stakeholders) and use data to inform policy and resource allocation decisions
STEP 4: Expand the DCW Recruitment and Retention Initiatives of Iowa CareGivers and Others	<ul style="list-style-type: none"> Statewide and Regional Educational Conferences Self-care programs to address burnout Mouth Care Matters (a successful oral health training program for nurses and direct care workers funded by private foundations) A Call to Mentoring for employers and workers (free online toolkit) Toughest Job You'll Ever Love Training Hub newsletters EITC online toolkit Programs are consistently ranked excellent or very good; increases knowledge and skills; positive impact on quality of care; reduces staff turnover; increases the likelihood that participants will remain in direct care and with their current employers. (Evaluation summaries are available) 	<ul style="list-style-type: none"> Increase access to all existing IC programs to more DCWs through regional access and expanded partnership with community colleges Explore greater access through online access Integrate programs into community college settings Increase distribution of Hub newsletter and produce more issues Work with partners/stakeholders in sharing various resources
STEP 5: Elevate the Image and Value of Those in Direct Care Via Public Awareness Campaign	<ul style="list-style-type: none"> The following campaigns have been piloted: <ul style="list-style-type: none"> Come Care With Me Campaign (provides elected officials the first-hand experience as a DCW) Toughest Job You'll Ever Love (TJYEL) Training (a DCW-led campaign) 	<ul style="list-style-type: none"> Develop and implement a statewide public awareness campaign by integrating existing outcome based and tested tools to change the way we think and talk about DCWs Finalize video production and collateral materials/messaging and design for specific stakeholders and audiences Governor Proclamation

Note: All of the problems and solutions are well documented and substantiated by Iowa-specific and national research some of which has been led by Iowa CareGivers and its partners. Some of those resources can be found here: <https://iowacaregivers.org/landing-pages/forum.php#.XjeRgldYY5v>

A WORK IN PROGRESS AND NEXT STEPS — BRING TO SCALE

SOLUTION	WHAT'S BEEN DONE IN RECENT YEARS	NEXT STEPS NEEDED
STEP 5: Elevate the Image and Value of Those in Direct Care Via Public Awareness (Continued)	<ul style="list-style-type: none"> – Surveys that claim the need to address image of entry-level, dime a dozen, women's work – Recognition Programs that receive statewide attention 	<ul style="list-style-type: none"> • Mass mailing to DCWs from the “no employment” names on the DCW Registry to determine whether they are currently working in the field and if not assess their interest in returning to the field • Produce and share a report on the findings with stakeholders and elected officials/policy makers and propose solutions/programs/policies as appropriate • Pilot a care camp for kids (Public and Private)
STEP 6: Explore Ways to Better Recruit and Support Older Workers, Immigrant Workers, Male Caregivers, Displaced Workers, and Individuals With Disabilities	<ul style="list-style-type: none"> • Some outreach to various groups such as Lutheran Social Services, and community college ESL, PACE, Central Iowa Works and others who provide training and supports to these populations • Survey data available from older workers, a high percentage of whom, indicated they would remain in the field beyond retirement if the work could be less physical and more flexible 	<ul style="list-style-type: none"> • Build stronger relationships with stakeholders in this space and become better informed of needs • Work with partners and experts in these areas to conduct focus groups of each group (if they haven't yet been conducted)
STEP 7: Provide and Recognize Competency-Based Education and Training Programs That Are Portable	<ul style="list-style-type: none"> • Federal grant to IDPH to develop Prepare to Care (P2C) curriculum and 6 hour on-line core, and competencies for specialties in some areas (oral health, autism, mental health, dementia, etc.) • Delta Dental, Retirement Research Foundation, and Mid-Iowa Health Foundation grant awards to Iowa CareGivers) with additional support from IDPH • Mouth Care Matters as 1st specialty • Recognition that there is a lack of infrastructure and accurate tracking of training for portability purposes; no standard continuing education standards (HF21 17 will address some of these issues) 	<ul style="list-style-type: none"> • Build upon existing efforts to work with community colleges and University of Iowa, Midwest Public Health Training Center, IWD, IDPH, apprenticeship programs, and others to assess the status and quality assurance of P2C • Integrate Prepare to Care into more community colleges • Support Step #1 which will address some of the lacking infrastructure • Assess, revise, and promote P2C Core as a recruitment tool
STEP 8: Support Continuing Education Standards (see also Step 9)	<ul style="list-style-type: none"> • Federal law amendment language was developed by multiple stakeholders including IDPH • Discussions with congressional delegation about the need to amend federal law to enable employers and workers the ability to retain their eligibility to continue to work by implementing an option for states to recognize continuing education standards 	<ul style="list-style-type: none"> • Continue those conversations and advocacy (IC)
STEP 9: Eliminate Regulation That Burdens DCWs	<ul style="list-style-type: none"> • See Steps 7 and 8 	<ul style="list-style-type: none"> • See Steps 7 and 8
STEP 10: Provide Family Caregiver Supports and Build Bridges Between Family Caregivers and DCWs	<ul style="list-style-type: none"> • Piloted inclusion of the central Iowa centenarian recognition during the Iowa CareGivers statewide conference • Passage of Care Act (2019) provides opportunities (e.g. currently providing Mouth Care Matters training for Broadlawns staff which offers the potential to include oral health assessment as part of their patient intake and discharge plans 	<ul style="list-style-type: none"> • Include family caregivers in Iowa CareGivers statewide conference • Coordinate family caregiver training programs in which DCWs can engage • Modify a Mouth Care Matters training program for family caregivers (AARP, I4A, IDA, and Family Caregiver Program)



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