



# DIRECT CARE WORKERS OF IOWA

2019 WAGE & BENEFIT SURVEY  
Executive Summary, Key Findings, & Recommendations



## INTRODUCTION

Challenges facing the direct care workforce (DCWF) in Iowa are many with low wages and lack of affordable benefits having the greatest impact on recruitment and retention of direct care workers (DCWs). These challenges, along with many others reported by DCWs and others, have a profound impact on the DCWs themselves; their families and communities; employers; older Iowans, veterans, and individuals with disabilities needing care or support; family caregivers; the business communities; and Iowa overall!

Iowa CareGivers (IC), collaborating with the sponsors and other stakeholders, partnered with Iowa Workforce Development (IWD) to repeat previously conducted wage and benefit surveys of the DCWF to determine if Iowa has “moved the needle” in addressing DCW wages and benefits as well as other DCW recruitment and retention challenges.

Surveying those working in the field is not a standard survey administered by IWD. IWD surveys employers on a regular basis which requires them to comply with certain standards established by the US Department of Labor. The DCW survey, a fundamental departure from the employer surveys, is able to shed a different light on the data. We are pleased to have contracted with IWD to bring their credibility and expertise to the findings and analysis.

We and our partners will use the findings of this survey to inform our issue priorities and urge other advocates and elected officials to do the same as we strive to build a strong direct care workforce prepared to meet current and future demands.

## BACKGROUND

Random sample surveys of DCWs in Iowa were conducted in 2001, 2004 and 2010 for the purpose of acquiring data to better inform the public, employers, consumers, policy-makers and those who work in the field of direct care about the realities of this work and what is needed to ensure Iowans have a strong and well-prepared health and long-term services and supports (LTSS) workforce.

The 2010 survey tool was reviewed and updated, and, where possible, 2010 questions were not altered thus allowing for data comparison. In the three previous efforts, surveys were mailed to Certified Nursing Assistants (CNAs) listed on the Iowa Direct Care Worker Registry, administered by the Iowa Department of Inspections and Appeals (IDIA). This has continued to present a limitation to completing a comprehensive survey in that Iowa does not have a central DCW data base system or information source identifying all DCWs in Iowa. In 2010, attempting to be more representative of the total workforce, surveys were sent to local public health agencies holding a contract with the Iowa Department of Public Health (IDPH) and Consumer Directed Attendant Care (CDAC) in-home workers/providers with the help of the American Federation of State, County and Municipal Employees (AFSCME) union.



The 2019 DCW Wage and Benefit survey reinforces findings from a 2016 workforce survey of health and LTSS employers also carried out as a partnership between IC and IWD. Respondents conveyed daunting circumstances for many employers unable to fill job vacancies and facing a number of staff retirements in the near future compounding the already dire workforce shortages. The series of surveys coupled with outcomes from 13 Direct Care Workforce 2020 Regional Listening Sessions entertained unfiltered discussions about the barriers and challenges faced in recruiting and retaining those in direct care. Discussions underscored the critical role of DCWs in keeping lowans healthy and safe. Regardless if one is an older adult or an adult or child with a disability, each one needs and deserves the care and support of trained and qualified DCWs. There was consensus that the current system does not have an adequate workforce to provide support for many who find themselves in need of assistance not to mention future rising demands.

The recommendations put forth in this report reflect the accumulation of vetted solutions that have grown out of multiple surveys, listening sessions, and stakeholder forums the past four years. They inform the Iowa CareGivers issue priorities and it is our hope that workers, employers, consumers, advocates, and educators who share a commitment to building a strong, well-compensated, and well-prepared direct care workforce will support the recommendations and encourage elected officials to utilize the report to inform their policy decisions.

## OCCUPATIONAL PROJECTIONS

In addition to data obtained in the earlier surveys and studies, it is critical that we consider occupational projections. (Iowa Workforce Development, [www.iowalmi.gov/occupational-projections](http://www.iowalmi.gov/occupational-projections)). It should be noted that these are “new” vacancies and does not reflect the multiple vacancies that employers experience due to often high staff turnover.

In 2016 a Direct Care Workforce Initiative committee of the Iowa Departments of Workforce Development, Inspections and Appeals, Human Services, Public Health, Education, and Aging, Iowa CareGivers, and others estimated another 20,000-25,000 working under other titles or titles not yet recognized by Department of Labor such as consumer directed attendant care workers, private duty, and others serving individuals with disabilities bringing the estimated total to approximately 60,000.

	Estimated Employment in 2016	Projected Employment in 2026	Projected Annual Openings
Home Health Aides	8,305	10,890	1,325
Nursing Assistants	22,445	24,520	2,820
Personal Care Aides	8,570	11,345	1,670





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The following tables highlight information and key findings included in the full [Iowa Workforce Development \(IWD\) Direct Care Worker Wage and Benefit Survey report](#)

We encourage your review of the IWD report. The key findings documented in the IWD survey contribute to the recommendations identified later in the Executive Summary.

DEMOGRAPHICS		
<i>The diversity of the direct care workforce is increasing in gender, race, and ethnicity. Noteworthy is the increase in other races, particularly Black/African American in the workforce.</i>		
FINDING	2010	2019
GENDER		
Female	95%	91.4%
Male	5%	7.8%
RACE		
White/Caucasian	94%	77.6%
Black/African American	3%	10.2%
Asian		1.8%
Multiracial		3.7%
Other		<1%
ETHNICITY		
Hispanic/Latino	<1%	5.8%
AGE		
<i>These percentages reflect almost a complete reversal of respondents in these age groups during the past 9 years.</i>		
21-40	29%	52.5%
41-60	53%	28.1%
METRO AND NON-METRO		
<i>There was a near equal representation of both metro and non-metro areas of the state.</i>		
Those working in metro areas		48.4%
Those working in non-metro areas		51.6%

## ACCESS TO AND AFFORDABILITY OF HEALTH INSURANCE

*Of the 9.6% of respondents who do not have health insurance coverage, 74.7% do not have health insurance due to cost. Important to note the distinction between employers "offering" health insurance and one's ability to afford it. The percentage of DCWs who are uninsured is more than double the percentage of Iowa's total uninsured population of 4% (Analysis based on Census Bureau's American Community Survey (ACS) by the Kaiser Family Foundation).*

FINDING	2010	2019	
<b>Health care through employer</b> <i>(of those who have healthcare coverage)</i>		40.7%	<p>Since 2010, a greater number of employers offer health insurance; however, many direct care workers do not use insurance benefit due to not being able to afford the premium.</p> <p>90.4% reported having health care coverage of some kind (Medicaid/Iowa Wellness Program, employer, Medicare, etc.).</p> <p>Of the 9.6% that reported they did not have health care coverage, 74.7% did not have it due to not being able to afford the premiums. (This is roughly 7.17% of people overall)</p>
<b>Health Insurance through Medicaid/ Iowa Wellness Plan</b>		22.6%	<p>74% of respondents (#577) in 2010 reported their main employer offered health insurance. A little over half, 54% of the respondents (#421) reported they took the health insurance. When asked who paid for it, 30% the respondents (#247) reported the worker pays for it all, 2% reported the employer pays for it all and 67% reported the cost is share by the worker and employer.</p> <p>In 2019 95.8% of respondents (#622) reported that their employer offered health insurance. When asked who paid for it, 22.3 % reported the worker pays for it, 2.8% employer pays for it all and 74.9% report the cost is shared by worker and employer.</p>
<b>No insurance coverage from any source</b>	23%	9.6%	
<b>Had dental problem in past year and did not see dentist</b>		28.2%	74.4% of those who did not see a dentist reported cost as the main reason.
<b>Dependent Children Health Care Coverage through Medicaid/ Hawk-I</b> <i>(Children's Health Insurance Program)</i>	51%	54.2%	
<b>Very or somewhat concerned about losing their health care coverage</b>	67%	50.4%	

## UTILIZATION AND AWARENESS OF PUBLIC WORKFORCE SUPPORT PROGRAMS

FINDINGS	2010 Does Participate	2010 Does Not Participate	2010 Not Sure What It Is	2019 Does Participate	2019 Does Not Participate	2019 Not Sure What It Is
Federal Earned Income Tax Credit	34%	30%	36%	43.7%	22.9%	33.4%
State Earned Income Tax Credit	31%	29%	40%	40.9%	21.6%	37.5%
Supplemental Nutrition Assistance Program (SNAP) Food Stamps	15%	82%	3%	16.6%	80.1%	3.3%
Home Energy Assistance Program	15%	72%	13%	11.6%	65.0%	23.4%
Community Health Center or Free Clinic	12%	72%	16%	10.0%	74.7%	15.3%
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	n/a	n/a	n/a	9.9%	81.9%	8.2%
Child Care Subsidy Program	5%	74%	22%	6.4%	71.6%	22.0%
Subsidized Housing	7%	74%	18%	5.5%	67.9%	26.6%
Voluntary Income Tax Preparation Assistance (VITA)	7%	58%	35%	4.9%	49.8%	45.3%
Individual Development Account (IDA)	3%	45%	52%	2.3%	39.0%	58.7%

## RETENTION

FINDINGS	2010	2019	EXPLANATION/OBSERVATION
Have an additional job(s)	34%	27.9%	
Plan to retire in next 5 years		9.5%	
Would consider continuing to work beyond retirement if better wages	n/a	58.6%	Older and experienced workers can fill gaps left by shortages and turnover.
Would consider continuing to work beyond retirement if work was less physical	n/a	46.6%	
Of those no longer working in the field, left for a better paying job		38.1%	Reasons for leaving the field in 2019 survey were better paying job (38.1%; advanced in healthcare profession 28.8%; burnout 26.1%; left for job outside of direct care 22.6%; and lack of respect for the profession 18.6%. These were essentially the same reasons cited in 2010.
Of those no longer working in the field, would return to direct care for better pay		57.7%	Other factors contributing to those no longer in the field of direct care returning: Flexible hours (35.7%; better health care coverage 22.5%; reduction in physical demands of the job 22%). 22.5% reported they would not return to the field.
Seeking employment outside health care due to low pay.	22%	21.6%	Of the 21.6% seeking employment outside of the direct care field, 78.2% of those are doing so to seek better wages. Other reasons listed were: better benefits (48.1%), better working conditions (45.1%), better hours (32.3%), and career change (31.6%).

## WAGES

*While the median wage has seen some increase since 2010, DCW wages continue to be below the amount needed to afford the Household Survival Budget (the ALICE Threshold) – [2018 United Way's Asset Limited Income Constrained Employed \(ALICE\) Report for Iowa](#). 51.4% of the 541 who answered the question reported earning less than \$14 an hour, the current wage threshold for eligibility in the State's Future Ready Iowa Workforce Initiative.*

FINDING	2010	2019	
<b>Median Hourly Wage</b>	\$11.50	\$13.80	<p>Wages for DCWs are increasing slightly ahead of the cost of living increase. When using the cost of living calculator located at <a href="http://www.aier.org/cost-living-calculator">www.aier.org/cost-living-calculator</a> to convert the median wage from the 2010 survey to a comparable wage in 2019, the index for 2019 uses data through March, the wages are as follows:</p> <ul style="list-style-type: none"> <li>2010 survey median wage - \$11.50</li> <li>2010 survey wage converted to 2019 - \$13.34</li> <li>2019 survey median wage - \$13.80 compared to the state's median hourly wage for all occupations of \$17.84</li> </ul>
<b>Lowest Wage</b>		\$9.80	
<b>Average Number in Household</b>		3	
<b>Household Income</b>	51% \$30K or below	46.8% Below \$30K annual house-hold income	<p>Median household income in 2010 = \$30,000 Median household income in 2019 = \$30,000-\$39,999 (data was reported in ranges)</p> <p>Median hourly wage in 2010 = \$11.50 Median hourly wage in 2019 = \$13.80</p> <p>The average annual Household Survival Budget for a four-person family living in Iowa is \$46,680 – nearly double the U.S. family poverty level of \$23,850 per year. (United Way's Asset Limited Income Constrained Employed (ALICE) report).</p>

<b>HOW CONCERNED ARE YOU WITH ... The level of concern increased significantly since 2010 in some categories.</b>	<b>2010</b> Very or Somewhat Concerned	<b>2010</b> Not At All Concerned	<b>2019</b> Very or Somewhat Concerned	<b>2019</b> Not At All Concerned
Not having enough staff to provide good care	56%	44%	80.7%	19.3%
Working when sick	65%	35%	70.4%	29.6%
Stress or mental health	61%	40%	70%	30.0%
Injuries from lifting or transferring	68%	32%	66.6%	33.4%
Your personal health and/or safety	63%	37%	54.4%	45.6%
Not getting requested or earned time off	37%	63%	50.7%	49.3%
Having shifts changed without enough notice	29%	71%	41.3%	58.6%
Required to work overtime	23%	77%	26.6%	73.4%

## RECOMMENDATIONS FOR CONSIDERATION

On October 29, 2019, Iowa CareGivers co-hosted with Des Moines Area Community College (DMACC) and Central Iowa Works, an invitation-only, multi-stakeholder forum: Building a Strong Direct Care Workforce. Seventy rural and urban thought-leaders participated which included direct care workers, employers, consumers, advocates, family caregivers, state department representatives, community colleges, and elected officials. Two panels focused on two key topics: 1) direct care worker wages; and 2) the need for a centralized direct care worker data base system to ensure workforce and training portability; ensure more accurate numbers of those working in the field; and the opportunity to link consumers with qualified workers as well as a number of other potential benefits. At the end of the day, participants completed ballots to vote on potential solutions to the challenges associated with each of the key topic areas. Those tabulated ballots can be found here:

### Ballot #1

### Ballot #2

The list of recommendations are those collected from numerous stakeholders since 2016 or from legislation proposed by various legislators over the past few years. They do not constitute an endorsement on the part of Iowa CareGivers, the wage and benefit sponsors, IWD or others. They are presented for the purpose of furthering discussions and consideration.

- Launch a campaign to change the way we think and talk about the direct care workforce and redefine entry level worker.
- Develop and implement a program to ensure that those in direct care are aware of public workforce support programs such as child care subsidies, earned income tax credits, supplemental nutrition assistance program (SNAP), state health insurance program, and other supports that enable them to remain in the workforce.
- Create opportunities for older Iowans, retirement age DCWs, and those with disabilities to work in the field by modifying work assignments that reduce the physical demands and provide more flexibility.
- Eliminate the “cliff effect” by supporting appropriate eligibility standards for workforce support programs such as child care subsidies.
- Establish a central direct care worker data base system in order to:
  1. Collect and analyze emerging trends relating to Iowa’s direct care workforce in all settings; identify, at a minimum, the current number of direct care workers in Iowa, diversity in the workforce, and their employment settings to aid in planning how Iowa will meet the growing demand for the workforce. **(Data-driven Decision Making)**
  2. Provide a central and secure place to store a permanent record of trainings, certifications, credentials, continuing education and experience of those who work in the field of direct care/support to ensure the workforce and their trainings are portable; i.e. follow workers from one workplace or population served to another. **(Portability)**
  3. Create an opportunity to link consumers and family caregivers with caregivers with specific training, skills, and availability. **(Consumer Access)**
  4. Reduce costs/time for direct care workers and employers associated with repetitive training due to the lack of training portability. **(Decrease Repetition of Training)**
  5. Streamline and complete timely background checks required under laws and regulations. **(Public Protection)**
  6. Speed up onboarding of direct care/support workers so they can start work more quickly. **(Improve Onboarding)**
- Explore the feasibility of establishing a low cost state insurance plan for direct care and child care workers (low income/high risk/high demand occupations).
- Eliminate the income eligibility threshold currently contained within the Future Ready Iowa Initiative legislation.
- Ensure provider reimbursement rates that allow for adequate staffing and direct care worker wages.

## REPORTS AND OTHER REFERENCES

[2018 United Way ALICE Report for Iowa](#)

[Occupational Projections \(Iowa Workforce Development\)](#)

[2019 Direct Care Worker Wage and Benefit Survey \(Workforce Development\)](#)

[Direct Care Workforce Central Data Base System Issue Paper](#)

[Direct Care, Support, & Service Worker Survey \(2016 Workforce Development\)](#)

[Direct Care Workforce 2020 Executive Summary \(Iowa CareGivers report on 13 regional listening sessions with LTSS employers, community colleges and others\)](#)

[IDPH Direct Care Workforce Initiative Summit Report \(2016 Iowa Department of Public Health\)](#)

[Workforce Challenges Facing the Home Care Industry](#)

[PHI – The Impact of Matching Service Registries](#)

[PHI - Workforce Matters](#)

[PHI – Home Health Care System in Crisis](#)

[Rural Health Forum – A Summary Report to Promote Action](#)

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