The paid caregiver shortage: too much talk, too little action

John Hale, A Better Iowa contributor 2:43 p.m. CDT Nov

You've probably heard this saying: The first step in solving any problem is recognizing that there is one

When it comes to the challenges in recruiting and retaining the necessary direct care workforce — paid caregivers such as certified nurse aides, home care and home health aides, personal support attendants, etc. — we've certainly recognized the problem We've been, as a state and as a nation, recognizing and talking about the problem for decades

Governments, researchers, advocacy organizations and others have studied and convened and discussed and reported and commissioned and done about everything nable to describe the problem and propose solutions.

So what is the problem?

Not enough people are applying for direct care jobs, and too few stay in them once hired. Turnover in direct care occupations runs more than 50 percent annually.

The demand for direct care workers has been growing much faster than the suppl The best estimates are that lowa has 75,000 direct care workers and will need 95,000 in the next decade. Demand is fueled by the burgeoning number of aging lowans, and those with disabilities, who are living longer lives and needing help.

Why does the supply problem exist?

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Direct care jobs are not viewed as good jobs. The pay is low, the benefits are few, the training is inadequate, the workloads are heavy, no career ladder exists to reward good work and encourage taking on more responsibility, and those who do the work don't get the recognition and respect they deserve.

How bad is the problem?

It's dire. Thousands of vacancies exist in direct care jobs around lowa. The consequences are serious: Some nursing homes are not admitting new residents. Call lights in hospitals and nursing homes go unanswered. People with disabilities are left lying in bed or confined to a chair at home. Medications aren't being taken timely, meals are being missed, and basic hygiene needs aren't being met

Your family, your friends, your neighbors — and you — deserve bette

I'll be blunt. I've been consulting and advocating on direct care workforce issues for a decade. I'm tired of writing about them. I'm tired of attending meetings about them. I'm tired of testifying on them. And I'm tired of hearing all the reasons why we can't, or won't, do anything to address the

If we really, truly want a better lowa it's time to stop saying no we can't and to start

I'm writing about this topic again now because I see signs that a critical mass is developing that can lead to the action so desperately needed.

- The lowa CareGivers, the organization that has kept these issues alive over the years, has worked closely with the United Way, the Elevate Aging Collaborative, the Skills to Compete Coalition and others to build an advocacy army that is calling action.
- Some legislative leaders are stepping up to talk about the issues and are calling for
- The lowa Department of Public Health recently convened a direct care workforce "summit" that brought consumers, workers, employers, educators, government agencies and advocates together to talk candidly about the issues. Summit attendees called for action

The report of that "summit" is expected soon. If it is as candid as the conversation was there is a good chance that it can be a catalyst for action, rather than being yet another nded document that gets filed and forgotte

The timing of this report is ideal. Election season soon will be over. That means that it's time to get beyond the talk and get down to business

The direct care workforce needs to be a priority.

lowans can help make that happen by speaking up and letting elected leaders know that further delay is not an option

It may be a cliche but it's also a reality: In politics and public policy, the squeaky wheel gets the grease. Let's make some real noise about the direct care workforce that's so loud and so frequent it cannot be ignored.



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More to come

This A Better Iowa column is the first in an occasional series on the direct care workforce. The second installment will focus on the stories of consumers, family members and workers. The fina installment will explore some of the solutions to the