



IOWA CareGivers  
A S S O C I A T I O N

BRIEF

## Establishing Educational Standards and a Support System for Iowa's Direct Care Workforce

### Iowa's "Care Gap"

A stable direct care workforce is vital to Iowa's ability to provide care and support to its citizens. The issues of Iowans having **access** to care and supportive services are directly linked to their **access** to a highly qualified direct care workforce to provide that care. These issues, centered on workforce and economic development, education and professional development for direct care workers, and social justice, are complex in nature. The state must address this "Care Gap" in a comprehensive way, so direct care workers have the resources they need to successfully care for and support Iowans. **This brief addresses the need for Direct Care Worker educational standards, credentialing, and a state system that will embrace and sustain such bold and incremental changes to benefit Iowa's Direct Care Workforce and the Iowans they serve.**

### Introduction

Since 1992, The Iowa CareGivers Association (ICA) has been working to enhance quality of care by providing education, recognition, advocacy and research in support of direct care workers. Nationally, a sense of urgency is building to address critical documented workforce needs through proven strategies and investments that will professionalize and strengthen the direct care workforce. A priority is being placed on interventions that will reverse alarming job vacancies, high turnover, and low wages through competency-based education that leads to credentials and the development of systems to support the direct care workforce.

Iowa is well positioned to be at the forefront of addressing these challenges through enhanced education and support by implementing recommendations of the Iowa Direct Care Worker Advisory Council. The Council recommendations are products of years of work by direct care workers, health care, disability, long-term care, and many other stakeholders, that will establish career pathways and create new professional opportunities for the direct care workforce.

### The Need

**Direct care occupations comprise 3 of the 10 fastest growing jobs of the next decade and Iowa is projected to need 10,000 new direct care jobs by 2016.**<sup>1</sup> Despite this demand and growth, direct care is often not a chosen occupation due to low wages, limited access to health and other benefits, inadequate education, and few opportunities for advancement within the fields of direct care.

Direct care workers include individuals who provide care and supportive services in hospitals, facilities, homes, and community settings. Education requirements for direct care workers vary greatly by the setting and source of funding. **A majority of the workforce does not have state or nationally recognized educational standards**, which results in a system that lacks portability of education despite common needs for care and support by consumers.

Leading national organizations, including PHI<sup>2</sup> and the Institute of Medicine<sup>3</sup>, agree that **education for direct care workers has not kept pace with demand** and has not accounted for a dramatic shift in the delivery of services from facilities to home and community settings. Segments of the workforce that do have standards, such as the Certified Nurse Aide, have not been changed federally in more than 20 years.

*"We need to look at ways to enhance the profession and do certification of direct care workers, building training and mentoring opportunities to improve retention."<sup>6</sup>*

– Thomas Newton, Director, Iowa Department of Public Health

To compound these challenges, **Iowa lacks a system to educate and adequately support the direct care workforce.** With multiple funding streams financing direct care services in different settings, the system remains fragmented. Iowa does not have comprehensive data on all types of workers and without a professional body or credentials to track workers, multiple state agencies and other stakeholders struggle to address common challenges related to education, recruitment, turnover, wages and benefits.

## Recommendations

Iowa is ready to take action to address what will be a looming gap between available qualified direct care workers and individuals who need services and assistance in their daily lives. ICA and the Iowa Direct Care Worker Advisory Council, with support from the Iowa Department of Public Health, have set forth the following recommendations<sup>4</sup> to invest in the direct-care workforce and improve the quality of these essential jobs:

- Develop statewide **competency-based education standards** for direct care workers that include career pathways within the direct care profession, as well as opportunities for workers to develop advanced or specialty skills through professional development and continuing education.
- Establish a **professional board of direct care workers** that will provide essential coordination and oversight to ensure a stable, qualified direct care workforce.
- **Coordinate training for consistency and increased capacity** by creating a train-the-trainer system that will foster an array of training entities, including community colleges, employer-based programs, new private/public partnerships, and a variety of learning formats.
- Provide **state recognized credentials** for direct care workers completing competency-based education and grandfather existing workers according to their skills and experience. Credentials will provide much needed portability and will create new efficiencies by eliminating duplication of training that occurs when many employers train workers upon employment regardless of previous experience and skills.

*According to an AARP survey conducted in 2006, nearly nine out of ten people surveyed believe that it is important for the state to certify all people who provide hands-on care.<sup>5</sup>*

[www.IowaCareGivers.org](http://www.IowaCareGivers.org)



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**For additional resources on the care gap and other issue briefs, or to request a hard copy of materials, contact the Iowa CareGivers Association at:**

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## References

- <sup>1</sup>*State Facts: Iowa's Direct Care Workforce*. Issue Brief. PHI, Sept. 2009.
- <sup>2</sup>*PHI National Policy Agenda: Training and Support*. PHI.
- <sup>3</sup>*Retooling for an Aging America: Building the Health Care Workforce*. Rep. Institute of Medicine, 2008.
- <sup>4</sup>*Iowa Direct Care Worker Advisory Council Reports*. Iowa Department of Public Health.
- <sup>5</sup>Silberman, S. L. *Bringing it home: AARP Iowa member opinion on direct care worker quality and long-term care access*. Rep. Washington D.C.: AARP, 2006.
- <sup>6</sup>Newton, Thomas. Address. Iowa CareGivers Association Public Forum. West Des Moines, IA. February 2009.
- <sup>7</sup>O'Reilly, Lauren. *Direct Service Workforce Core Competencies Annotated Bibliography*. The Lewin Group, Nov. 2009.
- <sup>8</sup>*A Synthesis of Direct Service Workforce Demographics and Challenges across Intellectual/ Developmental Disabilities, Aging, Physical Disabilities, and Behavioral Health*. Rep. The Lewin Group, Nov. 2008.
- <sup>8</sup>*Defining the Core Competencies Needed by Long Term Care Professionals*. Rep. American Association of Homes and Services for the Aging, Apr. 2009.
- <sup>8</sup>*Retooling for an Aging America: Building the Health Care Workforce*. Rep. Institute of Medicine, 2008.
- <sup>9</sup>A bill to expand, train, and support all sectors of the health care workforce to care for the growing population of older individuals in the United States., S.245, 111th Cong.
- <sup>10</sup>To provide affordable, quality health care for all Americans and reduce the growth in health care spending, and for other purposes. H.R.3962, 111th Cong.
- <sup>11</sup>An act entitled The Patient Protection and Affordable Care Act., H.R.3590, 111th Cong.

