

Iowa Direct Care Worker Wage and Benefit Report

September 2010

Prepared for the Iowa CareGivers Association
By the Child & Family Policy Center



Acknowledgments

Iowa CareGivers Association 2010 Direct Care Worker Wage and Benefit Survey

A number of individuals and organizations contributed significant time in the development, distribution, data review, and analysis of the 2010 Direct Care Worker Wage and Benefit Survey. We extend our heartfelt appreciation to the following:

Heather Bombei, Iowa Department of Public Health
Tameshia Bridges, PHI (formerly Paraprofessional Healthcare Institute)
Elia Cardenas, Iowans for Social and Economic Development
Pam Elwood, Iowa Department of Inspections and Appeals
Rick Kozin, Polk County Health Department
Bob Mann, Mayflower Community
Becky Miles-Polka, Within Reach Consulting Services LLC
Marcia Nichols, AFSCME Iowa Council 61/AFL-CIO
Carol Regan, PHI (formerly Paraprofessional Healthcare Institute)
Lori SchraderBachar, Iowa Department of Human Rights
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The survey was made possible by the following: Mid-Iowa Health Foundation, Northwest Area Foundation, US Department of Health and Human Services Health Resources and Services Administration (HRSA) grant #D1DHP16330, AFSCME Iowa Council 61/AFL-CIO. The views expressed in written conference or other materials or publications and by speakers and moderators do not necessarily reflect the official policies of the US DHHS or the HRSA, nor does mention of trade names, commercial practices, or organizations imply endorsement by the US Government or donors.

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Foreword: Background and Context for the Study Findings

By Di Findley, Iowa CareGivers Association

Who will provide care or support for aging Iowans and Iowans with a disability when they can no longer care for themselves? What quality of care or support will be provided? The answer to these questions is this...No one knows. But we do know that access to health and long term care is not possible without a prepared health and long term care workforce.

The “Care Gap”

We do know, however, that as a state—and as a nation—we are unprepared.

The good news? Iowa is a leader in the nation on asking the questions, gathering data and making significant efforts to *get* prepared. Iowa has done a lot...but more – and a greater sense of urgency – is needed.

Iowa has recognized and is dealing with THE “CARE GAP” – the stark difference between the future demand for direct care workers and the future supply. The aging of a massive baby boom generation at a time when the pool of potential workers is dwindling has even been referred to by some experts as a “tsunami of need.”

As a result, three of the top ten jobs in this decade are in direct care. Over a million are needed in America and over 10,000 in Iowa.

The Iowa Governor-appointed Direct Care Worker Task Force defines a direct care worker as *an individual who provides services, care, supervision, and emotional support to people with chronic illnesses and disabilities. This definition does not include licensed nurses, case managers, or social workers.* Direct care workers are people known by various job titles – certified nurse assistants, medication aides, patient care technicians, home care and home health aides, direct support professionals, personal care attendants, and many others. They help people do what they can no longer do without assistance ... dressing, grooming, bathing, preparing meals, managing medications, rehabilitating, hydrating, monitoring conditions, ambulating, toileting, transporting, and prompting, as well as providing emotional support and encouragement when needed. Yet, because the jobs have historically featured low pay, poor benefits, lack of educational or advancement opportunities within the fields of direct care, and high incidence of worker injury and burn-out, the ability to recruit and retain quality staff is reaching crisis proportions.

Why Iowans Should Be Concerned

The presence of caring and qualified direct care workers directly impacts the quality of life of aging Iowans and Iowans with a disability; and the lives of their families. Shortages of workers hurt everyone and limit the amount and quality of care being provided. The amount and quality of direct care workers affect every Iowan, in one way or another, at one time or another.

Why This Survey Is Important

The Iowa Direct Care Worker Wage and Benefit Survey Report provides valuable information about wages, benefits, and working conditions of direct care workers that will have to be addressed in order to ensure Iowa gets prepared and meets this workforce challenge. Decades of research have documented the fact that a major reason direct care workers leave the field is inadequate compensation. The responses contained within this report will help better inform the public, employers, workers, consumers, and policy makers about the realities of the work and the needs that exist. The findings will help to inform policy and practice decisions related to how Iowa can best respond to the needs of this workforce and ensure that Iowa will be able to meet the needs of its citizens.

Introduction: Iowa Direct Care Worker Wage and Benefit Report

The following is a wage and benefit report about Iowa's direct care workers. It was produced by the Child and Family Policy Center for the Iowa CareGivers Association.

The report is based upon a mail-in survey distributed to over 10,000 Iowa direct care workers in the state in 2010. In order to get to the broadest range of direct care workers possible, the survey was distributed through three different methodologies. Overall, there were 1,276 responses, for an overall response rate of 12.5%. Overall, respondents came from ninety-eight of Iowa's ninety-nine counties, with only Monona County having no respondents.

First, the survey was mailed to a random sample of the Certified Nursing Assistants (CNAs) on the Iowa Direct Care Worker Registry. Any nurse assistant who works in a long-term care facility (nursing facility, skilled nursing facility, or certified long-term care unit in a hospital) is required to be on the Registry. A mail survey to a random sample of those on this Registry was used in two earlier Iowa Direct Care Worker Wage and Benefit Reports (2001 and 2004), and the responses from this survey mailing are compared with the earlier reports on common questions across the surveys.

Second, the survey was provided to the 132 Iowa Department of Public Health certified local agencies to distribute to their home care workers. This dissemination strategy was employed in order to get representation from direct care workers involved in providing home care, largely through county departments of public health.

Third, the survey was distributed by the American Federation of State, County, and Municipal Employees (AFSCME) to the list of Consumer Directed Attendant Care (CDAC) home care workers provided it by the state, including its membership. This includes workers not on the Direct Care Worker Registry and not employed by public health agencies, including those working for private agencies providing home care or for those who are self-employed. Appendix One provides additional detail on the methodology used in the survey distribution.

The survey findings are summarized in five parts.

Part one summarizes the major findings from the entire survey.

Part two examines the survey responses from the random sample of CNAs from the Direct Care Worker Registry in comparison to the two earlier Wage and Benefit Reports, to describe overall trends.

Part three examines responses for the three different surveys, including survey responses to questions not asked in the earlier surveys.

Part four examines responses by household type, whether married or single and with or without children under eighteen in the home, with particular emphasis upon health insurance coverage.

Part five examines responses related to participation in different public benefit systems other than health care that could contribute to worker economic security, and work job searches outside the direct care field.

The appendix provides a more detailed description of the methodology involved in survey dissemination and a copy of the survey questionnaire.

Part One: Summary of Findings and Policy Options

Nationally and in Iowa, the number of workers in the direct care profession has grown dramatically. The demand for direct care workers will only continue to grow as the general population ages. Most states, including Iowa, currently face shortages in direct care workers. Further, the population of those most likely to become direct care workers (women between 25-54) is declining slightly, while those requiring care is continuing to grow.

According to the Bureau of Labor Statistics (BLS), the two federal job classifications most aligned with the direct care workers surveyed were home health aides and nursing aides, orderlies, and attendants. While overall employment in Iowa grew only slightly (3.9%) between 2000 and 2009, BLS data show employment in these two classifications grew by 27.9%, with the more rapid growth in the home health aide area.

Both the BLS data and comparisons of the three surveys of Certified Nursing Assistants (CNAs) on the Direct Care Worker Registry (in 2001, 2004 and 2010) show that direct care workers in Iowa are paid well below the average compensation for the overall Iowa workforce. Despite an increase in demand for their services and a shortage of qualified workers, their wage advances over the period from 2000 to 2010 have been modest. The survey data show a median hourly pay of approximately \$11.50 in 2010 (equivalent to a full-time annual wage of \$23,920), compared with a median hourly wage for all Iowa workers of \$14.40. Between the 2004 and 2010 surveys, the median wage growth was \$1.00.

At the same time, while the survey data as well as the BLS data show earnings have increased modestly during this period, certain costs, particularly for health insurance coverage, have increased at a much greater level. Between 2000 and 2008, for instance, the overall costs of employer-sponsored individual and family coverage both doubled. Overall, 23% of respondents to the 2010 survey indicated they had no health insurance, nearly double the rate reported for Iowa adults on the American Community Survey (12.4% in 2008).

Clearly, while direct care workers are providing health-related services to Iowans, they often do not have health coverage for themselves. For all respondents who indicated they had coverage through their main direct care employer in 2010, one-third indicated they had great concern over losing that coverage and 57% indicated that health coverage benefits had declined or costs to the employee had increased in the last two years.

In short, the survey confirmed that not only are direct care workers among the lowest paid workers in Iowa, but they also are more likely than the population as a whole to be without health coverage.

More detailed analysis, however, showed significant differences in relation to insurance coverage and general economic well-being among the three different survey groups (the three groups surveyed had different employers), the for-profit or not-for-profit status of their employers, and family structure. While there was limited variation in the actual wages that workers received, their tenure, overall household income, insurance coverage, and satisfaction with working conditions varied significantly.

Differences by Survey Groups. Respondents from public health entities (who primarily worked in county departments of health) were much more likely to be offered and to accept health insurance coverage through their main employer, with 61% receiving their coverage through the employer. Only 7% identified themselves as uninsured, and their employer was much more likely to pay the full share of the health insurance premium. These workers expressed lower levels of concern regarding working conditions – particularly around stress or mental health, getting requested or earned time off, having shifts change without notice, and not having enough staff to provide care. Their tenure in the direct care field was also longer, perhaps because of the provision of benefits and better working conditions.

Respondents from the Iowa Direct Care Registry (who primarily worked in nursing homes, hospitals, or assisted living facilities) were less likely to be offered or accept health coverage from their employer, although 41% did receive coverage through their employer. At the same time, 23% identified themselves as uninsured. Nearly half (48%) expressed being very concerned about not having enough staff to provide care, with 31% expressing stress and mental health concerns. Concerns around inadequate staffing were four times higher for this group than the other two groups, and may reflect the shortage of direct care workers in the state. When respondents were further broken into those who worked for for-profit and not-for-profit entities, those working for not-for-profit entities had better hourly wages and health and other benefits than those working for for-profit entities.

Only one in ten respondents from the CDAC list (who primarily work for other home care providers or on their own) indicated they could secure health coverage through their employer. They also had almost no access to any other benefits through their employment. They were by far the most likely to report being uninsured, at 38%. These workers' concerns with their working conditions were somewhat lower than those for respondents from the Direct Care Registry.

Clearly, while wages were very similar across the three groups, benefits and other aspects of the work were not.

Differences by Family Structure. Different types of families have different income and health care needs. Survey respondents included single individuals, single parents with children, married couples with children, and married couples without children, generally in the same proportion to the Iowa population as a whole.

Among these groups, single parents with children were most likely to be without health insurance for themselves (35%), although more than ninety percent were successful in getting coverage for their children, mostly through Medicaid and *hawk-i*. Single individuals were next most likely to be without health insurance for themselves (26%). Married couples with no children were most likely to have coverage. Still, all groups had higher rates of uninsurance than for Iowa adults as a whole. Some married couples had an advantage in getting coverage through their spouse's employer, but there also was a high rate of uninsurance among spouses. Altogether, there were multiple types of coverage that respondents secured, including Medicaid and Medicare. Particularly given the low household incomes for single parents with children, a

large share of direct care workers will be eligible for Medicaid, when it is expanded to 133% of poverty under federal law in 2014. A significant share of single individuals and married couples with children also are likely to become eligible.

While very few children of direct care worker respondents are covered under their employer-sponsored plans, 95% do have coverage, with Medicaid and *hawk-i* playing very prominent roles. Among single parent families, 72% of all children are covered by these two public programs, and for married couples with children, 42% are covered. Clearly, the expansions of child health coverage and streamlining of enrollment provisions as a result of both state and federal law have contributed to this level of coverage. Direct care workers with children are particularly likely to be eligible for, use, and benefit from these programs.

Participation in Other Public Programs and Job Searches. In addition to medical benefits, both the state and federal governments offer programs to help support low-wage workers, including the earned income tax credit (EITC), food stamps (now referred to as the supplemental nutrition assistance program (SNAP), child care subsidies, and home energy assistance, among others. From information provided by respondents about household size and income, 18% of respondents were at or below the federal poverty level and 49.9% were at or below 200% of the federal poverty level. Respondents expressed various degrees of knowledge about and participation in these programs, with the highest participation rates for the earned income tax credit (34%) for the federal program, food stamps (15%), and home energy assistance (15%). Eligibility for most of these programs is based upon household income and household size. Analysis suggests that most DCWs participate in the EITC when eligible, with less complete levels of participation in other public programs. Analysis suggests that, particularly as the state food stamp gross income eligibility limit is changed from 130% to 160% of poverty and the asset test eliminated, a much larger share of direct care workers will be eligible for SNAP benefits than currently participate in the program. Overall, however, these benefits do not lead to being economically secure and, in fact, 20% indicate they are seeking employment outside the field of direct care work, with pay and benefits being the most cited reasons for such searching.

Policy Options. Many direct care workers work for employers who receive substantial public reimbursement through Medicaid or Medicare. While their employer may not be a public entity, there are policies that could impact working conditions, health benefits, and even compensation.

While federal health reform requires that Medicaid be expanded to 133% of poverty in 2014, states are provided the option of increasing their coverage before then. Taking action to extend Medicaid coverage would definitely benefit a substantial number of direct care workers who either do not have coverage today or are foregoing other basic services in order to have coverage. While this would not provide affordable coverage for all direct care workers, it would address a significant number of direct care workers who are most in need. In addition, the state could increase its own eligibility levels for different programs, particularly the child care subsidy, and increase the size of the state Earned Income Tax Credit. There is a recognized role for government to play in supplementing low-wage employment, particularly in areas that meet public needs.

In addition, public policy also has some leverage in dealing with working conditions and compensation issues, as the state both regulates providers and provides reimbursement for services through Medicaid, which covers a very significant portion of the nursing home population, in particular. This includes monitoring staffing ratios and workloads, which were a particular source of concern among direct care workers in hospitals and nursing homes.

When Iowa enacted comparable worth for state employees, the pay classification for resident treatment workers (staff who provide nursing assistant services in state hospitals and mental health institutes) was increased by five pay grades, from grade 14 to grade 19. As a result, state resident treatment workers, in addition to receiving state health insurance benefits, have starting wages of \$14.10 per hour (equivalent to \$29,328 per year), and opportunities for increases up to \$20.60 per hour (\$42,848). While comparable worth has not been extended to local governments or to the private sector, it is designed to better reflect the social value or worth of specific jobs. Experiences from comparable worth are that the turnover rate among resident treatment workers declined greatly after enactment of comparable worth, and the tenure, experiences, and skill levels of workers increased.

Direct care workers provide a needed and important service for the individuals they serve and for society as a whole. A significant share of the cost of providing that care is born by government, through Medicare, Medicaid, and public health services. The survey results show that Iowa direct care workers are among the lowest-waged workers in Iowa, the least likely to have health coverage for themselves, and frequently under working conditions that they find to be hazardous. Ultimately, public policy can play a role in the compensation that is provided for this workforce, the health and other benefits they receive, and the working conditions under which they operate. Public policy, or the absence of it, directly affects direct care workers and their families, but it also affects those who rely upon their care and support.

Part Two: Certified Nursing Assistants on the Direct Care Registry – A Comparison of Three Survey Years, 2001, 2004 and 2010

Like the 2001 and 2004 surveys, in 2010 a random sample of Certified Nursing Assistants (CNAs) on the Iowa Direct Care Worker Registry was mailed a survey. There were 577 responses received from 3,494 mailed, for a response rate of 16.5%. This was similar to the response rate for the 2004 survey (808 responses of 4,500 mailed, for a response rate of 19.0%). This Part of the report examines questions that are comparable to questions on the earlier surveys to identify trends related to CNAs on the Direct Care Worker Registry.

Demographics. Respondents remain predominantly female (averaging 95% in all three survey years) and white, Non-Hispanic (93% in 2004 and 94% in 2010). While there was a significant increase in the mean age of respondents between 2001 and 2004, there was a reduction in the mean age in 2010. In 2010, there were more CNAs living in households with incomes above \$50,000 (17% compared to 12%) than in 2004, but also more living in households with incomes below \$25,000 (41% compared with 34%).

Employment Characteristics. The difference in the age of respondents may be a result of the larger proportion of CNA respondents with fewer years of service in the field. In 2004, only 10% of the respondents had tenures in the direct care field of five or fewer years, while in 2010 36% had tenures of five or fewer years. The latter would not have been on the Iowa Direct Care Registry list in 2004. Part of the reason for this finding is the large increase in direct care workers over this period (see discussion, below). In 2004, 56% of respondents had tenures of eleven or more years in direct care, while in 2010 40% of respondents did. The latter figures still show that, for a significant share of respondents, direct care work truly constitutes a career or at least a substantial part of a career.

In addition, over two-thirds of all respondents indicated they were full-time workers in their main CNA jobs, and almost ninety percent worked at only one CNA job. There was a significant shift in the site of this work in the sample from 2004 to 2010, however, to both assisted living and hospital care and away from nursing home care. This also represents the area where there has been dramatic growth in the direct care field workforce

Job Characteristics, Wages and Benefits. Reported hourly wages of respondents rose more slowly between 2004 and 2010 than between 2001 and 2004, with mean hourly wages rising to \$11.68 in 2010 and median hourly wages rising to \$11.50. These remain substantially below the average for all Iowa workers, as reported by the Bureau of Labor Statistics (see discussion, below). The survey confirms the generally low pay for CNAs in Iowa.

In terms of benefits offered, responses between 2010 and the earlier surveys showed a decline in reporting of certain employer-offered benefits (health insurance, paid sick time, and paid vacation), but an increase in others (pension/retirement, dental insurance, and long-term disability insurance). Respondents also reported somewhat fewer concerns for personal health and safety while on the job, although the rates remained high (29% stated they were very concerned in 2010, compared with 36% in 2004).

Health Insurance. In terms of health insurance, respondents in 2010 indicated a lesser likelihood that their main employer offered health insurance than in 2004 and 2001, but a greater likelihood that they accepted that coverage. Overall, about four in ten respondents indicated they themselves were covered under their employer’s health insurance in both 2004 and 2010. Respondents also indicated that, while both they and their employer contributed to the cost of health insurance, the likelihood that the employer paid the full premium costs had declined substantially and the likelihood that the CNA paid the full premiums had increased. Still, a slightly higher percentage of respondents in 2010 indicated they did have health insurance coverage for themselves (77% in 2010 compared to 75% in 2004), and their concerns about losing coverage were somewhat lower, although 29% remained very concerned about losing coverage in 2010. This figure of 23% without health coverage, however, is substantially above the most recent reported rate for the adult population in Iowa as a whole provided through the American Community Survey (12.4% for Iowa adults 19-64 in 2008). Later parts of the survey analysis will go into much more detail on health insurance coverage for direct care workers.

Discussion. The responses regarding wages can be contrasted with Iowa data available through the Bureau of Labor Statistics (BLS). The BLS data also provide information on the size and growth of different job classifications. Two job classifications (home health aides; and nursing aides, orderlies, and attendants) best fit the category of direct care workers. The following Table below shows select Bureau of Labor Statistics data for years comparable to the survey years.

INCOME AND EMPLOYMENT DIRECT CARE WORKERS – BLS and SURVEY DATA				
	# of workers	Median Hourly wage	Mean Hourly wage	Mean Annual wage
All Iowa Workers				
2009	1,471,130	\$14.40	\$17.77	\$36,960
2003	1,413,220	\$12.31	\$14.96	\$31,110
2000	1,415,580	\$11.68	\$14.10	\$29,330
Growth 2000-2009	3.9%	23.3%	26.0%	26.0%
Iowa Home Health Aides (31-1011)				
2009	10,520	\$10.37	\$10.99	\$22,880
2003	8,030	\$ 8.84	\$ 8.95	\$18,622
2000	5,730	\$ 8.13	\$ 8.16	\$16,970
Growth 2000-2009	83.9%	27.6%	34.7%	34.7%
Iowa Nursing Aides, Orderlies & Attendants (31-1012)				
2009	21,220	\$11.29	\$11.51	\$23,940
2003	19,830	\$ 9.90	\$10.18	\$21,181
2000	19,050	\$ 8.75	\$ 8.96	\$18,640
Growth 2000-2009	11.4%	29.0%	28.5%	28.5%
Survey Respondents				
2010		\$11.50	\$11.68	
2004		\$10.50	\$10.80	
2001		\$ 9.20	\$ 9.30	
Growth 2001-2010		25.0%	25.6%	

As the Table shows, survey respondents' mean and median hourly wages were very similar to those for nursing aides, orderlies, and attendants and slightly higher than home health aides, but very much below those for workers in the state as a whole. Despite the increase in demand for these positions (with an 83.9% growth in home health aides over the nine-year period and an 11.3% growth in nursing aides, orderlies, and attendants compared with an overall Iowa employee growth rate of 3.9%), there was only a very modest increase in wages relative to the workforce as a whole. These direct care positions remain among the lowest paid occupations in the Iowa economy.

Takeaway messages. Certified Nursing Assistant (CNA) work represents a career for many workers, with long lengths of tenure. At the same time, the wages that workers receive are well below average wages in Iowa. Even at full-time employment for a single individual, wages are scarcely above 200% of the federal poverty level, the amount generally considered as minimal to provide for economic self-sufficiency. While most employers of survey respondents currently offer health benefits, at best employers contribute only a part to the cost of that coverage and health care may be a significant additional expense. There were only a few questions regarding health care on earlier surveys, so trend information on health coverage is not available on some important health coverage issues. Remaining parts of this report go into more detail about health insurance coverage for the 2010 respondents.

Part Two: CNA Workers Randomly Sampled From Iowa Direct Care Worker Registry, 2001, 2004, 2010

Demographics				
	Year	2001	2004	2010
Age	No of Respondents	(726)	(786)	(547)
	17-20 years	12%	< 1%	7%
	21-30 years	25%	16%	26%
	31-40 years	20%	18%	14%
	41-50 years	21%	24%	21%
	51-60 years	16%	23%	22%
	Over 60 years	7%	18%	10%
	Median Age		37-yrs	46-yrs
Gender	No of respondents	(738)	(805)	(546)
	Female	94%	96%	95%
	Male	6%	4%	5%
Race	No of respondents	Not asked on 2001	(808)	(540)
	Hispanic/Latino		2%	< 1%
	White		93%	94%
	Black/African American		3%	3%
	Asian		1%	1%
	Multiracial		1%	1%
	Other		2%	< 1%
Total Household Income	No of respondents	Not asked in 2001	(808)	(577)
	Under 10,000		5%	7%
	\$(10,000 to 14,999)		11%	7%
	\$(15,000 to 19,999)		15%	8%
	\$(20,000 to 24,999)		14%	19%
	\$(25,000 to 29,999)		10%	10%
	\$(30,000 to 39,999)		15%	11%
	\$(40,000 to 49,999)		14%	11%
	\$ 50,000 or more		12%	17%
	No answer		5%	10%
	Median Income			\$27,500

Source: Iowa Direct Care Wage & Benefit Survey-2010

Job/Employment Characteristics

	Year	2001	2004	2010
How long a direct care worker	No of respondents	(744)	(733)	(550)
	Less than a year	2%	0%	6%
	More than 1 year but < 3 years	20%	1%	12%
	3-5 years	20%	9%	18%
	6-10 years	20%	24%	23%
	11-20 years	25%	37%	19%
	More than 20 years	14%	29%	21%
	Median Years of Work	8-yrs	11-yrs	8-yrs
Site of Job	No of respondents	(720)	(727)	(551)
	Nursing home	74%	79%	44%
	Home care	7%	6%	4%
	Hospital	14%	6%	22%
	Assisted living	3%	3%	26%
	Adult day care center	0%	0%	< 1%
	Hospice/Group Home	2%	6%	2%
Job at a union facility	No of respondents	(729)	(733)	(540)
	Yes	8%	7%	5%
	No	91%	93%	95%
Job Status	No of respondents	(723)	(730)	(549)
	Full-time	68%	68%	70%
	Part-time	23%	23%	24%
	On call	4%	5%	5%
	Other	4%	3%	< 1%
Number of direct care jobs	No of respondents	(717)	(727)	(544)
	1 Job	89%	87%	86%
	2 Jobs or more	11%	13%	14%
Workers in Nursing Homes (Only)	No of respondents	(515)	(567)	(236)
	For Profit	44%	42%	50%
	Not for Profit	56%	58%	50%

Source: Iowa Direct Care Wage & Benefit Survey-2010

Job/Employment Characteristics

	Year	2001	2004	2010
Concern for personal health, safety	No respondents		(723)	(534)
	Very concerned	Not asked in 2001	36%	29%
	Somewhat concerned		41%	43%
	Not at all concerned		23%	28%

Source: Iowa Direct Care Wage & Benefit Survey-2010

Wage & Benefits

	Year	2001	2004	2010
Hourly wage	No of respondents	(700)	(705)	(530)
	\$ (8 or less)	18%	4%	1%
	\$ (8.01 to 9.00)	28%	8%	5%
	\$ (9.01 to 10.00)	27%	24%	16%
	\$ (10.01 to 11.00)	17%	28%	21%
	\$ (11.01 to 12.00)	6%	18%	20%
	\$ (12.01 to 13.00)	3%	11%	15%
	\$ (13.01 to 14.00)	1%	2%	12%
	\$ (14.01 to 15.00)	1%	1%	5%
\$ 15.01 or more	< 1%	3%	5%	
	Mean Hourly Wage	\$ 9.30	\$ 10.80	\$ 11.68
	Median Hourly Wage	\$ 9.20	\$ 10.50	\$ 11.50
Benefits offered *	No of respondents	(744)	(733)	(577)
	Health Insurance	77%	80%	74%
	Paid sick time	59%	63%	53%
	Paid vacation	82%	85%	74%
	Pension/Retirement	32%	46%	49%
	Dental Insurance	51%	44%	61%
	Long-term disability insurance	31%	28%	37%

Source: Iowa Direct Care Wage & Benefit Survey-2010

* Totals more than 100% due to multiple responses

Wage & Benefits

	Year	2001	2004	2010
Health insurance offered through Main employer	No of respondents	(744)	(733)	(577)
	Yes	Data not consistent	80%	74%
	No		20%	26%
If health insurance is offered, do you take it?	No of respondents	(694)	(587)	(421)
	Yes	Data not consistent	50%	54%
	No		50%	46%
If yes, who pays for it?	No of respondents	(291)	(295)	(247)
	Worker pays for all of it	26%	24%	30%
	Employer pays for all of it	10%	9%	2%
	Worker & Employer share the cost	64%	67%	67%
Direct care worker health coverage all sources	No of respondents		(733)	(551)
	Yes	Not asked in 2001	75%	77%
	No		25%	23%
Concern about losing coverage if workers have insurance from their Main employer	No of respondents		(286)	(217)
	Very concerned	Not asked in 2001	34%	33%
	Somewhat concern		39%	34%
	Not all concern		27%	33%

Source: Iowa Direct Care Wage & Benefit Survey-2010

Part Three: 2010 Direct Care Worker Survey Results from the Direct Care Registry, Public Health Agencies, and Consumer Directed Care Attendant List

The 2010 Direct Care Worker survey was distributed through three different mechanisms in order to get as full a range of direct care worker respondents as possible.

Like the 2001 and 2004 surveys, the 2010 survey was mailed to a random sample of Certified Nursing Assistants (CNAs) on the Iowa Direct Care Registry. Part Two compares the responses across these three years for questions that are comparable. Since CNAs are required to register if they are working in nursing facilities or skilled care units in hospitals, this sample primarily contains workers whose main job is in one of those facilities.

In order to obtain information on direct care workers who provide home care, two other mechanisms were developed for survey distribution. First, the American Federation of State, County, and Municipal Employees (AFSCME), which represents organized direct care workers who provide home care, mailed the survey to the Consumer Directed Attendant Care (CDAC) list provided them by the Iowa Department of Human Services. Second, since public health agencies also provide a significant share of home care, the survey was provided to public health agencies to disseminate to their home care workers. These were given to employees rather than mailed, but the surveys from all three groups were mailed back directly to the Iowa CareGivers Association, and for the CDACs, to AFSCME. The survey questions were identical for the three groups, but were color coded so they could be reported separately, as well as together.

This Part provides information on the full range of questions asked in the survey for all three groups, which had a particular emphasis upon health care coverage of the respondent, the respondent's family, and the respondent's view of working conditions of the respondent's main direct care job.

Commonalities Across the Groups. The three groups all shared several common characteristics – predominantly female, workers who are white, Non-Hispanic, workers with a median age above the statewide median and wages well below the state median household income. In particular, there was very small variation across the three groups in the mean or median hourly wage, from a low of \$11.50 to a high of \$11.73 Overall, 86% report wages between \$9.01 and \$13.99 per hour, with only 5% earning above the median wage level for workers in the state as a whole. For a workforce that has substantial tenure, the wage range is very flat and at a low level.

These are reflective of other studies of direct care workers and of the Bureau of Labor Statistics information on similar personnel classifications. In addition, all three groups had respondents representing different family structures – single with no children, single with children, married with no children, and married with children. Since these different family structures have different health insurance needs, with different implications of employer coverage, Part Four examines these four groups separately.

Differences Across the Three Respondent Groups. As intended, there are significant differences across the three groups, starting with their site of employment. While the respondents from the Iowa Direct Care Registry worked in a nursing home, assisted living, or hospital (92%), a large

majority of the respondents through public health survey distribution indicated their primary employment was in a county or public home care agency (72%). Almost all of the AFSCME respondents indicated they worked in home care (but not as part of any agency) or were self-employed (98%). Collectively, this provides a mix of direct care worker backgrounds that is likely to be much more reflective of the total population of direct care workers than any of the three groups would alone.

Public Health Group. Respondents from the public health group tended to be older, have higher household incomes, be married, and have had long tenure in the direct care field. While their hourly pay was only slightly higher than that for direct care worker respondents from the Registry or CDAC groups, they received significantly more benefits from their employer and had lower overall concern with their personal health and safety. Far fewer indicated that they did not have any health coverage for themselves (7%) and their spouses (7%), when compared with the other groups (over 20% for themselves and their spouses), and far more received their health insurance through the main direct care employer (61% compared with 41% of Registry respondents and 3% for CDAC respondents). In almost 25% of the instances where public health respondents received health coverage through their employer, they reported their employer paid for all of it, compared with only 2% of the respondents from the Direct Care Registry.

In terms of working conditions, they expressed less concern generally than the other two groups, particularly related to stress or mental health concerns, receiving requested or earned time off, and adequacy in the level of staffing.

Since this is a group that largely is employed by county departments of health, direct care workers generally fall under the overall benefit systems those public systems offer, which usually include comprehensive health benefits with significant employer contributions. The longer tenure and older age of direct care workers also suggests the relative desirability of these direct care jobs.

CDAC List. The CDAC respondents, while still predominantly female and white, had a greater proportion of males and respondents of color than the other groups. Total household income was also the lowest among this group, with a larger proportion of single adults. Job tenure was the shortest of the three groups, with a median tenure of around four years (compared with eight years for the Registry group and 12 years for the public health group). CDAC workers also were the most likely to primarily serve persons with disabilities, as opposed to older adults.

CDAC respondents were least likely to work full-time and most likely to have additional jobs to support themselves. They were by far the least likely to be in positions where any benefits were offered. Only 9% of CDAC respondents indicated that their main employer offered health insurance, compared with 80% of public health respondents and 74% of Registry respondents. Likely as a consequence, they were most likely to have no health coverage for themselves (38%). When they did have coverage, they were far more likely to have it through Medicaid or Medicare (12% and 10%, respectively, compared with 3% and 3% for Registry respondents and 2% and 7% for public health respondents). Clearly, the CDAC respondents are those with the greatest overall economic need, because of low household incomes and lack of health benefits.

CNA Registry Group. In general, respondents from the registry group fell somewhere in between those for the public health and CDAC respondents, working for both for profit and not for profit hospitals, nursing homes, and assisted living facilities. They were most likely to be working full-time and therefore able to report they were paid for overtime. They also were most likely to be “very concerned” about not having enough staff to provide care (48%, compared to 14% of public health respondents and 11% of CDAC respondents), to experience stress or mental health issues on the job (31% compared to 16% of public health and 23% of CDAC respondents), and be concerned about injuries from lifting or transferring patients (35% compared to 23% of public health and 22% of CDAC respondents).

Most respondents from the Registry Group were able to identify their employer as either a for profit or not for profit provider, and additional analysis was conducted to compare responses by these provider types. Respondents from nonprofit providers reported higher wages than from for profit providers (\$11.80 median hour wage compared with \$11.00), which was a larger variation than across the three groups. They also reported lower rates of uninsurance for themselves and their spouses (19% compared with 32% for themselves and 14% compared with 31% for their spouses). Overall, respondents from nonprofit providers were closer to public health respondents on insurance coverage and respondents from for profit providers were closer to CDAC respondents.

Takeaway Messages. Direct care worker respondents from the three groups had very similar wages and earnings, with the biggest variation within the Registry Group versus nonprofit and for profit providers. There were much greater differences in both insurance coverage and views on working conditions. Respondents from the public health group were much more likely to receive health coverage through their employer, often at no cost to them, and had a lower rate of uninsurance (7%) than the Iowa working age population as a whole (12.4%). They also had fewer concerns about their working conditions. All other respondent groups had much higher rates of uninsurance, with percentages uninsured moving from respondents of nonprofit facilities (19%) to those from for profit facilities (32%) to the CDAC home care group (38%). For low wage workers like direct care staff, affordable health insurance coverage is a major employee need.

Part Three: Survey Groups and Total Respondents

DCW Demographics

		Direct Care Registry	Public Health Entities	CDAC List	All Respondents Total
Age	No of Respondents	547	315	355	1217
	17-20 years	7%	1%	1%	3%
	21-30 years	26%	9%	8%	17%
	31-40 years	14%	9%	12%	12%
	41-50 years	21%	27%	29%	25%
	51-60 years	22%	35%	30%	28%
	Over 60 years	10%	19%	20%	15%
	Median Age	41-yrs	51-yrs	50-yrs	47-yrs
Gender	No of respondents	546	315	353	1214
	Female	95%	99%	89%	94%
	Male	5%	1%	11%	6%
Race	No of respondents	540	324	354	1218
	Hispanic/Latino	1%		2%	1%
	White	94%	95%	87%	92%
	Black/African American	3%	1%	6%	3%
	Asian	1%		3%	2%
	Multiracial	1%		1%	1%
	Other	-	4%	1%	1%
Total Household Income	No of respondents	577	324	375	1276
	Under 10,000	7%	1%	10%	6%
	\$(10,000 to 14,999)	7%	6%	14%	9%
	\$(15,000 to 19,999)	8%	8%	10%	9%
	\$(20,000 to 24,999)	19%	16%	14%	17%
	\$(25,000 to 29,999)	10%	11%	8%	10%
	\$(30,000 to 39,999)	11%	13%	11%	11%
	\$(40,000 to 49,999)	11%	17%	8%	12%
	\$ 50,000 or more	17%	20%	12%	16%
	No answer	10%	8%	13%	10%
	Median Income	\$24,000	\$36,154	\$25,713	\$25,000
Children in the household	No of respondents	542	317	348	1207
	Yes	32%	28%	27%	30%
	No	68%	72%	73%	70%

Source: Iowa Direct Care Wage & Benefit Survey-2010

DCW Demographics

		Direct Care Registry	Public Health Entities	CDAC List	All Respondents Total
Household Structure	No of respondents	538	316	346	1200
	Single no children	28%	20%	33%	27%
	Single with children	9%	9%	9%	9%
	Married no children	40%	52%	40%	43%
	Married with children	23%	19%	18%	21%

Source: Iowa Direct Care Wage & Benefit Survey-2010

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DCW Employment Characteristics

		Direct Care Registry	Public Health Entities	CDAC List	All Respondents Total
How long have you worked in the field of direct care	No of respondents	550	316	353	1219
	Less than a year	7%	4%	15%	8%
	More than 1 year but < 3 years	12%	4%	28%	15%
	3-5 years	18%	10%	22%	18%
	6-10 years	23%	22%	18%	21%
	11-20 years	19%	32%	8%	19%
	More than 20 years	21%	28%	9%	19%
	Median Years of Work	8-yrs	12-yrs	4-yrs	7-yrs
Main direct care job*	No of respondents	551	314	358	1223
	Staffing Agency	1%	4%		2%
	Self Employed			7%	2%
	Nursing home	44%	1%	1%	20%
	Assisted living	26%	2%		12%
	Hospital	22%	3%		11%
	Home care agency (Not County or Public)	2%	11%		3%
	Home care agency (County or Public)	2%	72%	1%	20%
	Home Care (CDAC)		2%	91%	27%
	Hospice/Group home	3%	2%		2%
Adult day care		3%		1%	
Mainly you provide service to	No of respondents	547	307	355	1209
	Older adults	82%	83%	61%	76%
	Persons with disabilities	8%	16%	32%	17%
	Other	10%	1%	7%	7%

Source: Iowa Direct Care Wage & Benefit Survey-2010

* Respondents were asked to answer this question about their MAIN job (see survey question 3). It would be expected that most of those selected from the registry would be working in nursing homes, hospitals, or assisted living facilities (which require CNA certification), those from the public health entities would be working for county or public home care agencies, and those from the CDAC list would be working for home care providers or self-employed. This proved to be true, but a number of those from public health entities listed something other than county or public home care agencies. This could be because they may be sent to another type of site by the county agency or the county employment may not be the MAIN care job.

DCW Employment Characteristics

		Direct Care Registry	Public Health Entities	CDAC List	All Respondents Total
Job at a union facility	No of respondents	540	314	350	1204
	Yes	5%	10%	26%	12%
	No	79%	81%	44%	70%
	Not sure	16%	9%	30%	18%
Employer	No of respondents	531	298	329	875
	For Profit (A)	38%	2%	6%	24%
	Not for Profit (B)	52%	36%	22%	45%
	Not A or B	10%	62%	72%	31%
Job Status	No of respondents	549	319	352	1220
	Full-time	70%	56%	46%	60%
	Part-time	25%	41%	46%	35%
	On call	5%	3%	8%	5%
Additional Jobs	No respondents	544	319	353	1213
	Another direct care job	11%	15%	13%	12%
	A non direct care job	13%	17%	29%	19%
	No additional job	76%	68%	58%	69%
Do you get paid overtime	No of respondent	534	314	349	1185
	Yes	83%	61%	4%	54%
	No	17%	39%	96%	46%

Source: Iowa Direct Care Wage & Benefit Survey-2010

DCW Working Conditions

		Direct Care Registry	Public Health Entities	AFSCME	All Respondents Total
Concern for personal health, safety	No respondents	534	310	341	1185
	Not at all concerned	28%	45%	45%	37%
	Somewhat concerned	43%	38%	28%	38%
	Very concerned	29%	17%	27%	25%

Source: Iowa Direct Care Wage & Benefit Survey-2010

DCW Working Conditions

		Direct Care Registry	Public Health Entities	CDAC List	All Respondents Total
Specifically, how concerned are you about Injuries from lifting or transferring	No of respondents	531	306	298	1153
	Not at all concerned	22%	33%	51%	32%
	Somewhat concerned	43%	44%	27%	39%
	Very concerned	35%	23%	22%	29%
Working when sick	No of respondents	524	304	306	1134
	Not at all concerned	27%	43%	41%	35%
	Somewhat concerned	38%	32%	32%	35%
	Very concerned	35%	25%	27%	30%
Stress or mental health	No of respondents	524	305	297	1126
	Not at all concerned	30%	44%	49%	40%
	Somewhat concerned	39%	40%	28%	36%
	Very concerned	31%	16%	23%	25%
Required to work overtime	No of respondents	508	298	282	1188
	Not at all concerned	72%	86%	75%	77%
	Somewhat concerned	19%	10%	13%	15%
	Very concerned	9%	4%	12%	8%
Not having enough staff to provide care	No of respondents	533	303	265	1101
	Not at all concerned	23%	57%	71%	44%
	Somewhat concerned	29%	29%	18%	26%
	Very concerned	48%	14%	11%	30%
Not getting requested or earned time off	No of respondents	514	301	270	1085
	Not at all concerned	53%	70%	73%	63%
	Somewhat concerned	26%	20%	13%	21%
	Very concerned	21%	10%	14%	16%
Having shifts changed without notice	No of respondents	514	296	261	1071
	Not at all concerned	61%	78%	85%	71%
	Somewhat concerned	18%	14%	9%	15%
	Very concerned	21%	8%	6%	14%

Source: Iowa Direct Care Wage & Benefit Survey-2010

DCW Wages and Benefits

		Direct Care Registry	Public Health Entities	CDAC List	All Respondents Total
Hourly wage at your main direct care job	No of respondents	530	294	315	1139
	\$ (8 or less)	1%	1%	5%	2%
	\$ (8.01 to 9.00)	5%	3%	7%	5%
	\$ (9.01 to 10.00)	16%	11%	20%	16%
	\$ (10.01 to 11.00)	21%	22%	16%	20%
	\$ (11.01 to 12.00)	20%	22%	11%	18%
	\$ (12.01 to 13.00)	15%	20%	17%	17%
	\$ (13.01 to 14.00)	12%	14%	21%	15%
	\$ (14.01 to 15.00)	5%	4%	1%	3%
	\$ 15.01 or more	5%	3%	2%	4%
	Mean Hourly Wage	\$11.68	\$11.73	\$11.56	\$11.66
	Median Hourly Wage	\$11.50	\$11.70	\$11.50	\$11.50
Benefits offered*	No of respondents	577	324	375	1276
	Health Insurance	74%	80%	9%	56%
	Paid sick time	53%	70%	2%	43%
	Paid vacation	74%	81%	3%	55%
	Pension/Retirement	49%	76%	2%	42%
	Dental Insurance	61%	54%	3%	42%
	Long-term disability insurance	37%	32%	1%	25%
	Work related transportation	7%	25%	2%	10%
	Educational prg. reimbursement	27%	22%	1%	18%
If health insurance is offered, do you take it?	No of respondents	422	299	221	942
	Yes	54%	65%	5%	46%
	No	46%	35%	95%	54%
If yes, who pays for it?	No of respondents	330	194	27	468
	Worker pays for all of it	31%	8%	56%	23%
	Worker & Employer share the cost	67%	68%	-	66%
	Employer pays for all of it	2%	24%	44%	11%

Source: Iowa Direct Care Wage & Benefit Survey-2010

* Totals more than 100% due to multiple responses

DCW Employer Benefits

		Direct Care Registry	Public Health Entities	CDAC List	All Respondents Total	If have insurance from Main direct care employer
How satisfied are you with:		399	271	196	866	417
Cost of your premium	No of respondents					
	Not Sure	8%	3%	9%	7%	4%
	Not-satisfied	32%	22%	25%	28%	30%
	Satisfied	42%	43%	38%	41%	44%
	Very satisfied	18%	32%	28%	24%	22%
Coverage for pre-existing conditions	No of respondents	379	259	190	828	392
	Not Sure	20%	18%	19%	19%	21%
	Not-satisfied	22%	17%	17%	19%	22%
	Satisfied	41%	39%	38%	40%	40%
	Very satisfied	17%	26%	26%	22%	17%
Your out of pocket or co-pay expenses	No of respondents	185	269	191	852	409
	Not Sure	6%	4%	10%	6%	3%
	Not-satisfied	39%	27%	26%	33%	41%
	Satisfied	39%	45%	39%	41%	42%
	Very satisfied	16%	24%	25%	20%	14%
What the insurance pays for	No of respondents	392	270	190	852	409
	Not Sure	10%	3%	13%	9%	7%
	Not-satisfied	32%	22%	25%	27%	32%
	Satisfied	41%	52%	37%	44%	48%
	Very satisfied	17%	23%	25%	20%	13%
Concern about losing coverage	No of respondents	448	302	245	993	420
	Very concerned	29%	32%	29%	29%	33%
	Somewhat concern	35%	38%	35%	36%	37%
	Not all concern	36%	30%	36%	35%	30%
In the past two years has your employer	No of respondents	522	278	219	1019	401
	• Dropped its health insurance plan	2%	-	1%	1%	-
	• Improved employee coverage or lessened employee cost	5%	7%	3%	5%	8%
	• Reduced health care benefits or increased employee cost	39%	39%	4%	32%	57%
	• Not sure	54%	54%	92%	62%	35%

Source: Iowa Direct Care Wage & Benefit Survey-2010

DCW Health Coverage All Sources

		Direct Care Registry	Public Health Entities	CDAC List	All Respondents Total
Your insurance coverage	No of respondents	551	320	357	1228
	I have no insurance	23%	7%	38%	23%
	My main direct care employer	41%	61%	3%	35%
	My spouse/partner's employer	16%	17%	16%	16%
	Medicaid (Title XIX)	3%	2%	12%	5%
	Medicare	3%	7%	10%	6%
	Buying it myself/ourselves	5%	3%	7%	5%
	Other	9%	3%	14%	10%
Spouse/partner coverage	No of respondents	338	219	210	767
	My spouse/partner has no insurance	22%	7%	20%	17%
	My main direct care employer	14%	31%	1%	15%
	My spouse/partner's employer	43%	42%	32%	39%
	Medicaid (Title XIX)	2%	2%	15%	6%
	Medicare	11%	13%	16%	13%
	Buying it myself/ourselves	4%	5%	7%	5%
	Other	4%	-	9%	5%
Child/Children coverage	No of respondents	176	88	91	355
	My child/children have no insurance	7%	3%	4%	6%
	My main direct care employer	12%	31%	-	13%
	My spouse/partner's employer	28%	22%	20%	24%
	A child support agreement	3%	10%	2%	5%
	Medicaid (Title XIX)	38%	27%	50%	40%
	hawk-i	10%	6%	21%	11%
	Buying it myself/ourselves	1%	1%	3%	1%
Other	1%	-	-	-	

Source: Iowa Direct Care Wage & Benefit Survey-2010

Part Three: Direct Care Registry Respondents, by Employer Not for Profit or for Profit Status

Direct Care Registry Respondents Wages and Benefits – Direct Care Workers By Employer

		Not for Profit Employer	For Profit Employer	All Respondents Total
Hourly wage at your main direct care job	No of respondents	266	195	1139
	\$ (8 or less)	-	1%	2%
	\$ (8.01 to 9.00)	2%	8%	5%
	\$ (9.01 to 10.00)	12%	20%	16%
	\$ (10.01 to 11.00)	19%	24%	20%
	\$ (11.01 to 12.00)	21%	20%	18%
	\$ (12.01 to 13.00)	18%	13%	17%
	\$ (13.01 to 14.00)	15%	8%	15%
	\$ (14.01 to 15.00)	7%	1%	3%
	\$ 15.01 or more	6%	4%	4%
	Mean Hourly Wage	\$12.14	\$11.19	\$11.66
	Median Hourly Wage	\$11.80	\$11.00	\$11.50
Benefits offered *	No of respondents	279	200	1276
	Health Insurance	83%	72%	56%
	Paid sick time	65%	46%	43%
	Paid vacation	81%	73%	55%
	Pension/Retirement	67%	34%	42%
	Dental Insurance	72%	57%	42%
	Long-term disability insurance	47%	30%	25%
	Work related transportation	10%	3%	10%
Educational prg. reimbursement	34%	20%	18%	
If health insurance is offered, do you take it?	No of respondents	226	135	942
	Yes	60%	44%	46%
	No	40%	66%	54%
If yes, who pays for it?	No of respondents	150	65	468
	Worker pays for all of it	28%	28%	23%
	Worker & Employer share the cost	69%	71%	66%
	Employer pays for all of it	3%	1%	11%

Source: Iowa Direct Care Wage & Benefit Survey-2010

* Totals more than 100% due to multiple responses

Direct Care Registry Respondents Employer-benefits – Direct Care Workers By Employer

		Not for Profit Employer	For Profit Employer	If have insurance from Main employer Not for Profit	If have insurance from Main employer For Profit	All Respondents Total	If have insurance from Main employer
How satisfied are you with Cost of your premium	No of respondents	221	126	135	57	866	417
	Not Sure	8%	10%	7%		7%	4%
	Not-satisfied	35%	29%	38%	46%	28%	30%
	Satisfied	42%	39%	45%	40%	41%	44%
	Very satisfied	15%	22%	10%	14%	24%	22%
Coverage for pre-existing conditions	No of respondents	208	122	126	55	828	392
	Not Sure	20%	18%	22%	16%	19%	21%
	Not-satisfied	24%	24%	27%	35%	19%	22%
	Satisfied	41%	36%	40%	38%	40%	40%
	Very satisfied	15%	22%	11%	11%	22%	17%
Your out of pocket or co-pay expenses	No of respondents	216	125	132	56	852	409
	Not Sure	6%	9%	5%	2%	6%	3%
	Not-satisfied	43%	33%	49%	50%	33%	41%
	Satisfied	39%	37%	39%	39%	41%	42%
	Very satisfied	12%	21%	6%	9%	20%	14%
What the insurance pays for	No of respondents	217	125	132	55%	852	409
	Not Sure	9%	13%	9%	11%	9%	7%
	Not-satisfied	33%	30%	37%	47%	27%	32%
	Satisfied	44%	34%	47%	33%	44%	48%
	Very satisfied	14%	23%	7%	9%	20%	13%
Concern about losing coverage	No of respondents	242	143	135	55%	993	420
	Very concerned	29%	28%	33%	31%	29%	33%
	Somewhat concern	35%	36%	29%	44%	36%	37%
	Not all concern	36%	36%	38%	25%	35%	30%
In the past two years has your employer	No of respondents	269	187	134	57	1019	401
	• Dropped its health insurance plan	2%	2%			1%	-
	• Improved employee coverage or lessened employee cost	4%	4%	8%	5%	5%	8%
	• Reduced health care benefits or increased employee cost	42%	37%	58%	67%	32%	57%
	• Not sure	52%	57%	34%	28%	62%	35%

Source: Iowa Direct Care Wage & Benefit Survey-2010

Direct Care Registry Respondents Health Coverage All Sources – Direct Care Workers By Employer

		Not for Profit Employer	For Profit Employer	All Respondents Total
Your insurance coverage	No of respondents	279	200	1228
	I have no insurance	19%	32%	23%
	My main direct care employer	49%	30%	35%
	My spouse/partner's employer	14%	16%	16%
	Medicaid (Title XIX)	1%	4%	5%
	Medicare	2%	3%	6%
	Buying it myself/ourselves	6%	4%	5%
	Other	9%	11%	10%
Spouse/partner coverage	No of respondents	173	119	767
	My spouse/partner has no insurance	14%	31%	17%
	My main direct care employer	21%	4%	15%
	My spouse/partner's employer	46%	42%	39%
	Medicaid (Title XIX)	1%	3%	6%
	Medicare	9%	13%	13%
	Buying it myself/ourselves	4%	2%	5%
	Other	5%	5%	5%
Child/Children coverage	No of respondents	83	69	355
	My child/children have no insurance	6%	9%	6%
	My main direct care employer	20%	3%	13%
	My spouse/partner's employer	33%	23%	24%
	A child support agreement	4%	3%	5%
	Medicaid (Title XIX)	25%	51%	40%
	hawk-i	10%	10%	11%
	Buying it myself/ourselves	1%	-	1%
Other	1%	1%	-	

Source: Iowa Direct Care Wage & Benefit Survey-2010

**Part Four: Direct Care Workers, Family Structure,
Health Benefits, and Economic Well-Being**

In Iowa and the country, households rely upon a mix of employer-based, individually-purchased, and public health insurance coverage for themselves and their families. While the majority of health coverage for those under 65 is provided through employers, with rising health insurance costs, that percentage has been declining as employers shift more costs to their employees. Costs for family coverage are more than double that for individual coverage. Particularly for lower-wage workers, family health insurance coverage can be nearly as high as the actual wages that are provided.

Single individuals without children only require individual coverage, while married couples where both spouses work often have options for obtaining coverage through either or both of their employers. Single parents with children may have child support orders that include health coverage under the non-custodial parents' insurance, but are most likely to need some source of coverage for their children either through an employer family (or dependent, or one+one) plan.

Direct care workers are no different, and Part Four examines responses related to the direct care worker survey by household type.

As the Table below shows, compared with Iowa households as a whole, direct care workers who do not have children under eighteen living at home are more likely to be single than married than the Iowa population as a whole, but the proportion of direct care workers who have children under eighteen living at home is the same as that for households in Iowa as a whole.

Household Characteristics: Direct Care Worker Respondents and Iowa Population

	Single, No Children <18	Single, With Children <18	Married, No Children <18	Married, With Children <18
Direct Care Worker Households	27%	9%	43%	21%
Iowa Households Overall	39%	8%	32%	21%

Source for Iowa Households: 2006-8 American Community Survey

Demographic and Job Characteristic Similarities and Differences. As would be expected, those respondents with children were more likely to be younger. While only 8% of single respondents with children and 10% of married respondents with children were over the age of 50, 50% of single respondents with no children and 51% of married couples with no children were over the age of 50. As also would be expected, married respondents had higher overall household incomes. While only 12% of single respondents had incomes over \$30,000, 58% of married respondents did. Single parents with children had the lowest income levels for the group as a whole, even though they had additional dependents to support. Clearly, these differences have implications for how well the direct care jobs were able to contribute to family economic self-sufficiency.

Those were by far the most pronounced differences among the four groups on demographics and job characteristics. In fact, there was not much difference across the four groups on the site of employment, full-time work participation rates, likelihood of additional jobs, wages, benefits offered by employer, or acceptance of employer-offered health coverage. Married couples with children tended to have the longest job tenure in the direct care field (half had worked at direct care jobs more than ten years) and somewhat higher pay (\$12.00 median hourly wage compared with \$10.89 to \$11.39 for the other groups), consistent with their greater age.

Overall, however, because direct care work provides few gradations in employment and wage advancement through tenure, the differences among different household groups were small on the actual employment characteristics, although respondents' economic needs differed.

Health Coverage — Respondent. Particularly for lower-income families, securing affordable health coverage is often very difficult. The likelihood of respondents having coverage for themselves, and the source of that coverage, differed significantly by groups. Single parents with children were by far the most likely to be without coverage, with 35% having none. This group was most likely to have coverage through Medicaid, with 20% in this category, most likely as a result of eligibility under the Temporary Assistance to Needy Families (TANF) program. Beginning in 2014, under the federal Patient Protection and Affordable Care Act (PPACA), all individuals with incomes below 133% of poverty (currently equivalent to \$20,000 for a family of two, \$14,000 for a single person, and \$25,000 for a three-person family) will be eligible for Medicaid. According to reported household income, 52% of single parents with children have household incomes below \$20,000, so this group should be a major beneficiary of the federal changes. Currently, however, it is likely that private health insurance coverage, even when offered by an employer, is beyond the affordability of a large share of single parent direct care workers with children.

While uninsurance rates in the other three groups are lower, they still are much higher than the average for adults in Iowa. Among single adults with no children, 26% of respondents to the survey are not insured. Of those insured, 10% receive Medicare (22% are over the age of 60), and they also constitute the largest share that are buying insurance themselves or receiving it from other sources. Some younger workers in this category may be receiving coverage under their parents' health coverage, which is now an option for children up to 26 years of age. It also was this group with almost all of the respondents who were under 20 years of age. Only one in twenty received Medicaid (likely through the IowaCare program).

Uninsurance rates were lowest among married couples without children, at 17% of all respondents, but this was still well above the state average. In addition to having some coverage under Medicare (6%), this group was most likely to receive insurance through the main direct care job (40%). Nearly one-quarter (23%) received coverage through their spouse's employment. While 11% had reported household incomes below \$20,000 and therefore could be eligible for Medicaid when it goes to 133% of poverty in 2014, only 2% currently were covered by Medicaid. This federal provision should provide coverage to a share of currently uninsured married, direct care workers, but clearly has less impact on this group than on single parents with children.

One in four married couples with children indicated they had no health insurance for themselves, substantially higher than for married couples with no children. As indicated earlier, they also tended to be younger, to have slightly lower wages from the direct care job, and to have more expenses (related to raising their children). Of these respondents, 8% listed Medicaid as their personal coverage, again likely through participation in TANF. Since there are at least three people in these households, the 133% threshold for Medicaid eligibility in 2014 corresponds to \$25,000 household income today, with 26% of married couples with children reporting income at or below that level. They also are likely to benefit from the federal expansion of Medicaid in 2014.

Across the four household groups, a minority of respondents were covered by their direct care employer's coverage, although over 60% of Iowa adults are covered through employer-sponsored coverage in Iowa. Again, this likely is the result of the lower wages and household income that direct care workers experience, and therefore affordability of coverage is as much of a problem as is insurance being offered by direct care employers at all.

Health coverage – spouse/partner. Both parents work in most married couple families, and those families often have the option to choose health coverage under either of the spouses' employers. For both married couples with and without children, spouses' were slightly less likely to be uninsured than the respondent and more likely to be covered by Medicare, particularly for those without children. While both occurred, it was more likely that the respondent was enrolled in the spouse's health insurance coverage than the reverse. This would suggest that the direct care job was more likely to represent supplementary employment and income (with less generous benefits) than the main employment and income for families where both spouses worked. Again, however, the rate of uninsurance for spouses (18% overall) was well above the state average.

Health coverage – children. The effect of public health coverage on insurance is by far the most pronounced for children. Single parents with children reported that 72% of their children were covered by Medicaid or *hawk-i*, nine times the rate of coverage under the direct care employer's coverage. That percentage was 41% for married couples with children, still above the statewide average of 35% of all children covered by Medicaid or *hawk-i*. If children in married couple families were covered by employer health insurance, it was much more likely to be the spouse's coverage (31% compared with 16%) than the direct care worker's coverage, again suggesting that the spouse's employment provided better health insurance coverage options.

Compared with adults, the insurance rates were much higher for children, with respondents reporting that 95% of all children are covered. The high rate of coverage under Medicaid and *hawk-i* also suggests that these programs are well known by direct care workers and accessed for the care of their children, even when they cannot afford coverage for themselves.

Takeaway messages. Low pay and household income make health care coverage, even when offered by employers, outside the affordability reach of a large share of direct care workers. Family circumstances play a significant role in affordability, with more than one in three single parents with children uninsured, but the rates of uninsurance are high for direct care workers, regardless of family structure. Current public programs (Medicaid and Medicare) provide limited coverage protection for some groups (the lowest income families with children and

individuals who are above 65), or these uninsurance rates would be even higher. The federal increase in Medicaid benefits to adults up to 133% of poverty should lower the uninsurance rate significantly among direct care workers, but it will not eliminate it.

While a small percentage (5%) of children in direct care worker households is uninsured, public health insurance has played a very major role in providing children with coverage, even when parents cannot afford to provide coverage themselves. Over half of all children in direct care worker households have health insurance coverage either through Medicaid or *hawk-i*. Direct care workers make use of these public health insurance opportunities for their children, even when they cannot access them for themselves. State and federal policies over the last three years to expand coverage and streamline eligibility have resulted in an increase in children covered under Medicaid and *hawk-i* from 26% to 35% of all Iowa children. This expansion has greatly benefited direct care worker households with children.

Part Four: Household Structure, All Respondents

Demographics

		Single No Children	Single With Children	Married No Children	Married With Children
Household Structure	No of respondents	329	106	517	248
	Household Type	27%	9%	43%	21%
Age	No of Respondents	326	106	513	247
	17-20 years	8%	3%	1%	1%
	21-30 years	20%	29%	9%	24%
	31-40 years	4%	29%	3%	34%
	41-50 years	18%	31%	26%	31%
	51-60 years	28%	7%	40%	9%
	Over 60 years	22%	1%	21%	1%
	Median Age	50-yrs	33-yrs	44-yrs	37-yrs
Total Household Income	No of respondents	329	106	517	248
	Under 10,000	14%	12%	2%	3%
	\$(10,000 to 14,999)	16%	20%	4%	6%
	\$(15,000 to 19,999)	13%	20%	5%	7%
	\$(20,000 to 24,999)	26%	25%	13%	10%
	\$(25,000 to 29,999)	12%	10%	9%	10%
	\$(30,000 to 39,999)	6%	7%	15%	14%
	\$(40,000 to 49,999)	2%	2%	18%	19%
	\$ 50,000 or more	4%	3%	24%	27%
	No answer	7%	1%	9%	4%
Median Income	\$22,000	\$17,500	\$41,000	\$35,000	

Source: Iowa Direct Care Wage & Benefit Survey-2010

Employment Characteristics By Household Structure – All Respondents

		Single No Children	Single With Children	Married No Children	Married With Children
How long have you worked in the field of direct care	No of respondents	328	106	509	248
	Less than a year	12%	17%	5%	6%
	More than 1 year but < 3 years	18%	19%	10%	16%
	3-5 years	19%	20%	13%	23%
	6-10 years	20%	18%	22%	25%
	11-20 years	13%	14%	24%	21%
	More than 20 years	18%	12%	26%	9%
	Median Years of Work	6-yrs	3-yrs	8-yrs	7-yrs
Site of Job	No of respondents	329	106	512	247
	Staffing Agency	1%	4%	1%	2%
	Self Employed	3%	4%	2%	1%
	Nursing home	22%	22%	16%	25%
	Assisted living	11%	11%	12%	14%
	Hospital	11%	6%	12%	11%
	Home care agency (Not County or Public)	3%	4%	4%	3%
	Home care agency (County or Public)	14%	18%	24%	19%
	Home Care (CDAC)	33%	25%	26%	23%
	Hospice/Group home	1%	2%	2%	1%
	Adult day care	1%	4%	1%	1%

Source: Iowa Direct Care Wage & Benefit Survey-2010

Employment Characteristics By Household Structure – All Respondents

		Single No Children	Single With Children	Married No Children	Married With Children
Job Status	No of respondents	327	106	513	247
	Full-time	57%	56%	59%	64%
	Part-time	36%	39%	37%	30%
	On call	7%	5%	4%	6%
Additional Jobs	No respondents	326	105	510	246
	Another direct care job	11%	12%	13%	14%
	A non direct care job	19%	16%	18%	20%
	No additional job	70%	72%	69%	66%

Source: Iowa Direct Care Wage & Benefit Survey-2010

CNA Wages and Benefits by Household Structure– All Respondents

		Single No Children	Single With Children	Married No Children	Married With Children
Hourly wage at your main direct care job	No of respondents	297	103	483	233
	\$ (8 or less)	6%	1%	2%	1%
	\$ (8.01 to 9.00)	20%	8%	4%	5%
	\$ (9.01 to 10.00)	21%	20%	14%	14%
	\$ (10.01 to 11.00)	16%	26%	15%	24%
	\$ (11.01 to 12.00)	16%	15%	19%	20%
	\$ (12.01 to 13.00)	11%	9%	19%	18%
	\$ (13.01 to 14.00)	3%	13%	18%	14%
	\$ (14.01 to 15.00)	1%	3%	4%	2%
	\$ 15.01 or more	6%	5%	5%	2%
	Mean Hourly Wage	\$11.23	\$11.43	\$12.04	\$11.52
	Median Hourly Wage	\$11.00	\$10.89	\$12.00	\$11.39
Benefits offered *	No of respondents	329	106	517	248
	Health Insurance	38%	41%	48%	49%
	Paid sick time	49%	56%	62%	60%
	Paid vacation	52%	58%	60%	65%
	Pension/Retirement	37%	41%	51%	42%
	Dental Insurance	24%	24%	29%	26%
	Long-term disability insurance	40%	45%	46%	47%
	Work related transportation	8%	12%	13%	9%
Educational prg. reimbursement	16%	23%	20%	18%	
If health insurance is offered, do you take it	No of respondents	244	69	427	187
	Yes	45%	48%	48%	47%
	No	55%	52%	52%	53%
If yes, who pays for it?	No of respondents	120	34	222	87
	DCW pays for all of it	28%	23%	19%	25%
	DCW & Employer share the cost	61%	65%	69%	66%
	Employer pays for all of it	11%	12%	12%	9%

Source: Iowa Direct Care Wage & Benefit Survey-2010

* Totals more than 100% due to multiple responses

Employer-Benefits By Household Structure – All Respondents

		Single No Children	Single With Children	Married No Children	Married With Children	If have insurance from Main direct care employer
How satisfied are you with Cost of your premium	No of respondents	223	61	399	171	417
	Not Sure	12%	5%	5%	4%	4%
	Not-satisfied	29%	24%	27%	28%	30%
	Satisfied	38%	33%	45%	42%	44%
	Very satisfied	21%	38%	23%	26%	22%
Coverage for pre-existing conditions	No of respondents	210	58	378	171	392
	Not Sure	23%	17%	18%	15%	21%
	Not-satisfied	23%	26%	17%	19%	22%
	Satisfied	35%	28%	44%	38%	40%
	Very satisfied	19%	29%	21%	28%	17%
Your out of pocket or co-pay expenses	No of respondents	219	60	386	174	409
	Not Sure	10%	8%	5%	3%	3%
	Not-satisfied	38%	25%	32%	30%	41%
	Satisfied	37%	37%	43%	40%	42%
	Very satisfied	15%	30%	20%	27%	14%
What the insurance pays for	No of respondents	216	61	388	175	409
	Not Sure	14%	8%	7%	6%	7%
	Not-satisfied	34%	26%	25%	23%	32%
	Satisfied	36%	40%	46%	47%	48%
	Very satisfied	16%	26%	22%	24%	13%
Concern about losing coverage	No of respondents	240	87	440	211%	420
	Very concerned	32%	36%	26%	30%	33%
	Somewhat concern	34%	37%	36%	36%	37%
	Not all concern	34%	27%	38%	34%	30%
In the past two years has your employer	No of respondents	274	95	424	211	401
	• Dropped its health insurance plan	1%	1%	1%	3%	-
	• Improved employee coverage or lessened employee cost	4%	6%	6%	4%	8%
	• Reduced health care benefits or increased employee cost	30%	21%	35%	30%	57%
	• Not sure	65%	72%	58%	63%	35%

Source: Iowa Direct Care Wage & Benefit Survey-2010

CNA Health Coverage All Sources By Household Structure – All Respondents

		Single No Children	Single With Children	Married No Children	Married With Children
Your insurance coverage	No of respondents	329	106	517	248
	I have no insurance	26%	35%	17%	25%
	My main direct care employer	33%	31%	40%	32%
	My spouse/partner's employer	1%	3%	23%	27%
	Medicaid (Title XIX)	5%	20%	2%	8%
	Medicare	10%	1%	6%	1%
	Buying it myself/ourselves	7%	6%	5%	3%
	Other	18%	4%	7%	4%
Spouse/partner coverage	No of respondents	322		505	242
	My spouse/partner has no insurance	14%		16%	21%
	My main direct care employer	14%		16%	13%
	My spouse/partner's employer	-		37%	45%
	Medicaid (Title XIX)	29%		5%	8%
	Medicare	14%		16%	6%
	Buying it myself/ourselves	29%		5%	4%
	Other	-		5%	3%
Child/Children coverage	No of respondents		102		245
	My child/children have no insurance		7%		4%
	My main direct care employer		8%		16%
	My spouse/partner's employer		5%		33%
	A child support agreement		8%		4%
	Medicaid (Title XIX)		59%		30%
	Hawk-i		13%		11%
	Buying it myself/ourselves		-		2%
Other		-		-	

Source: Iowa Direct Care Wage & Benefit Survey-2010

Part Five: Direct Care Worker Knowledge and Use of Public Benefits and Employment Searches Outside the Field

Because their wages are low, many direct care workers are eligible for a variety of public benefits. Part Four reported on the use of public health insurance benefits, under Medicaid, Medicare, and, for children only, *hawk-i*. DCW respondents reported relying upon Medicaid and *hawk-i* for the coverage of their children, even when they were unable to obtain coverage for themselves.

Respondents also were asked about their knowledge and their use of other public programs designed to provide income supports to individuals and families. These included the Earned Income Tax Credit (EITC), food stamps, the child care subsidy program, other health services (the Iowa Care program, which is part of Medicaid but may not be recognized as such, and Community Health Centers), subsidized housing, and home energy assistance. They also were asked about use of voluntary tax preparation assistance and individual development accounts.

These programs have different eligibility requirements, based upon income (often as a percentage of household poverty) and family characteristics (presence of children). Respondents provided information on household size, number of children under eighteen, and household annual income (within \$5,000 increments from \$10,000 to \$30,000, and \$10,000 increments to \$50,000). From this, it was possible to provide a rough estimate of the number of respondents who, according to stated income, household size, and number of children, would be eligible for the different programs.

Specifically, of those providing information about the household income, 18.2% reported income that would place their household at or below 100% of poverty, but 49.9% reported income that would place their household at or below 200% of poverty. Public opinion polls, as well as different economic analysis, generally show that it takes 175% to 225% of poverty to be economically able to meet basic needs without outside support (the differences depending on household characteristics and child care needs).

The following are the eligibility criteria for each of these public programs, with very rough estimates of the number of direct care worker (DCW) respondents who might be eligible in parenthesis. While eligibility for the federal and state earned income credits are the same, the federal EITC is much more generous and provides after-tax refunds for most participants, while the state EITC generally only lowers income tax liability.

**Eligibility for Public Programs and
Direct Care Worker (DCW) Respondents Most Likely to Be Eligible**

Earned income tax credit: Single individual up to \$12,880 income; married couple with no children up to \$15,880, single parent with one child up to \$33,995, married couple with one child up to \$36,995, single parent with two or more children up to \$38,646, married couple with two or more children up to \$41,646. [Number of DCW respondents estimated to be eligible: 375-400]

Food stamps (now known as Supplemental Nutrition Assistance Program, or SNAP benefits): Households up to 130% of poverty gross income, provided income is below 100% of poverty when deductions for expenses are made. Gross income level will change to 160% on or before January 1, 2011. [Number of DCW respondents estimated to be eligible at 130% of poverty: 275-300 and at 160% of poverty: 400-450]

Iowa Care Program: generally single individuals up to 200% of poverty, with primary care restricted to Broadlawns or the University of Iowa currently, but scheduled to include federally qualified community health centers in the future.

Community Health Center or Free Health Clinic, generally used for episodic care.

Child care subsidy: Households up to 145% of poverty but only for younger children in care. [Number of DCW respondents estimated to be eligible: 80-120, but not all may have any child care expenses]

Subsidized housing: Housing and Urban Development (HUD) public housing may be up to 80% of median household income for community, but the availability is limited and there are often long waiting lists.

Home energy assistance program: Households up to 150% of poverty for homeowners and renters with energy costs. [DCW respondents estimated to be eligible: 200 to 300, depending upon proportion with any qualified expenses]

The Table below shows the actual responses to these questions.

Table: Direct Care Worker (DCW) Responses on Public Program Knowledge and Participation				
Participation – All Respondents				
		Not sure what it is	Know what it is, but don't participate	Know what it is, and do participate
If you know what it is or participate in the following				
	No of respondents	386	322	366
Federal earned income tax credit		36%	30%	34%
	No of respondents	428	316	330
State earned income tax credit		40%	29%	31%
	No of respondents	35	884	164
Food stamps		3%	82%	15%
	No of respondents	351	603	99
Iowa Care Program		33%	57%	10%
	No of respondents	166	760	127
Community Health Center or free health clinic		16%	72%	12%
	No of respondents	216	768	56
Child care subsidy program		21%	74%	5%
	No of respondents	544	463	32
Individual development account		52%	45%	3%
	No of respondents	364	611	76
Voluntary income tax preparation assistance		35%	58%	7%
	No of respondents	194	784	78
Subsidized housing		18%	74%	7%
	No of respondents	137	771	167
Home energy program		13%	72%	15%

Source: Iowa Direct Care Wage & Benefit Survey-2010

As the Table shows, DCW respondents are most likely to indicate that they use the Earned Income Tax Credit (EITC), with 34%, or 366, indicating they participate, close to the estimate of the 375-400 number of those most likely to be eligible according to their reported information. The overall uptake of the EITC nationally is over 90% of those eligible, so the estimate seems in line with such data. The federal EITC program is now the largest income support program in the country, much larger in size than the temporary assistance to needy families (TANF) program.

The two programs with the next greatest participation were food stamps (SNAP benefits) and home energy assistance programs, with 15% of DCW respondents indicating they participated. The rate of participation, based upon estimates of eligibility, were lower than for the EITC, but

still fairly high. Most respondents reported knowing about both programs. In 2010, the Iowa General Assembly changed Iowa’s SNAP eligibility to raise the gross income level to 160% of poverty and eliminate the assets test, with the Department of Human Services planning to put these provisions in place on or before January 1, 2011. This is likely to benefit a significant share of the DCW workforce, particularly those with children (as some of the expenses that can be deducted to get down to the net 100% of poverty level relate to children).

Many fewer DCW respondents reported participating in the child care subsidy and subsidized housing program, but for those that do, the benefits are very substantial economically.

In a final set of questions, the survey asked whether respondents were actively seeking employment outside the DCW field and, if they responded in the affirmative, what reasons they had for doing so. More than one in five, 22%, indicated they were actively seeking employment outside the field, and the preponderant reasons cited was low pay (77%), with more than one third (38%) also reporting absence of benefits that met household needs. Although working conditions were cited in earlier questions as being a source of concern, they did not show up as a primary reason for seeking employment outside the field.

Takeaway Messages. The federal EITC plays a very significant role for many DCWs, particularly those with children. Food stamps, home energy assistance, and child care subsidies also play important roles for a significant proportion of DCWs, but the eligibility for these programs ends far below that where households are likely to be self-sufficient without such support. The changes in food stamp/SNAP benefits will be of particular benefit to DCWs, and state administration of the program has eliminated a good deal of the stigma for participation.

If the DCW workforce is to be able to provide for its own family and household as it cares for others, some actions will need to be taken, to increase wages and employer benefits, to significantly expand public programs such as the EITC, child care subsidies, and housing assistance, or both. This is needed to address present shortages and future needs for an even larger DCW workforce.

Additional Questions on Active Direct Care Worker (DCW) Responses to Questions on Employment Searches Outside the Field			
Employment search outside the field – All Respondents			
		Yes	No
	No of respondents	271	940
Are you seriously looking for work outside the field of direct care	1211	22%	78%

Source: Iowa Direct Care Worker Wage & Benefit Survey-2010

Employment search outside the field – All Respondents

		Yes
	No of respondents	
If yes, please tell us why*		
Pay is too low	210	77%
Benefits don't meet my needs	104	38%
Other (All)	95	35%
Lack of hours	20	7%
Stress/Working Conditions	19	7%
Miscellaneous	56	21%

Source: Iowa Direct Care Wage & Benefit Survey-2010

* Totals more than 100% due to multiple responses

Appendix One: Methodology for Survey Distribution

Mailed surveys of Iowa's Direct Care Workers (DCWs) were conducted in 2001 and 2004. For the 2010 survey, the 2004 questionnaire was reviewed and updated. Where possible, key 2004 survey questions were not changed to be able to compare the 2010 survey with the 2004 and 2001 surveys.

There is no single registry or source of information about all Direct Care Workers, which required use of multiple strategies for distributing and interpreting the surveys.

The only centralized source of contact information is the DCW Registry, and this Registry includes primarily, but not exclusively, DCWs who are Certified Nursing Assistants (CNAs). Most CNAs work in nursing facilities and other medical facilities, so those DCWs who work in home care are underrepresented. Both the 2001 and 2004 surveys drew a random samples from the Direct Care Worker Registry, however, which enabled comparisons of responses between 2001, 2004, and 2010.

In an effort to obtain information from DCWs in as many settings as possible, the same survey was distributed using three mechanisms:

1. A random sample of CNAs on the DCW Registry, (plus an additional sample of 75 Hispanic CNAs on the Iowans for Social and Economic Development (ISED) Barnabas program mailing list).
2. A sample of home care workers employed by Authorized Public Health Agencies.
3. All Consumer Directed Attendant Care (CDAC) Workers (also referred to as "providers") are listed with the Iowa Medicaid Enterprise (Iowa Department of Human Services). Through Executive Order 43, signed by Governor Tom Vilsack, the American Federation of State, County, and Municipal Employees (AFSCME) union was granted the authority to organize CDAC workers. AFSCME is provided that list of CDAC workers, some of whom are AFSCME members and others who are not.

All respondents were provided a postage-paid return envelope addressed to the Iowa CareGivers Association. The surveys were color-coded to identify each of the returned responses as part of one of the three samples.

Each of the three methodologies is described in more detail below.

1. Iowa Direct Care Worker Registry Sample

Like the 2001 and 2004 surveys, a random sample of Certified Nursing Assistants (CNAs) on the Iowa Direct Care Worker Registry was mailed a survey. To encourage representation from Hispanic CNAs, 75 names from the Iowans for Social and Economic Development (ISED) were merged into the Registry mailing so that these individuals would not receive duplicate mailings. In total, 3,494 surveys were mailed and 577 were returned, for a response rate of 16.5%. This was similar to the response rate for the 2004 survey (808 responses of 4,500 mailed, for a response rate of 19.0%).

2. Public Health Agencies

There is no list of DCWs working in public health agencies, although public health agencies employ a good share of DCWs to provide home health care. The Iowa Department of Public Health (IDPH) expressed a willingness to facilitate the survey distribution to these public health entities.

Packets of 25 surveys were mailed to all 132 IDPH-Authorized Agencies (3,300 surveys total). The packet included a request to distribute the surveys to the agency's home health DCWs. Of the 3,300 surveys sent to the 132 IDPHs, 324 were returned, for a response rate of 10%.

There are limitations to this method of survey distribution which should be considered in the interpretation of the results:

- The sample includes publicly funded home care entities only. It does not include private not-for-profit or for-profit entities.
- The survey was, of necessity, distributed by the employer rather than sent directly to the worker, so this should be kept in mind when interpreting the results.
- It cannot be known how the publicly funded entities actually distributed the surveys to their workers or from which publicly funded entities the responses were received. It is possible that many came from the same entity, with few or none from other entities.

3. Consumer Directed Attendant Care Workers (CDAC)

The survey was delivered to the American Federation of State, County and Municipal Employees (AFSCME) for mailing to its list of all CDAC home care providers registered with the state of Iowa as of March 2010. The list includes both AFSCME members and non-members. This mailing provides an additional source of home care workers who do not work for public health agencies, as well as information about home care workers who are self-employed. Surveys were mailed to all 3,443 names on the list, and 375 were returned, for a response rate of 11%.

The methodology for distributing the surveys to the Public Health and CDAC samples, while not ideal, does provide responses from this part of the directed care workforce that was not available in previous surveys.

The report provides separate analyses for each of the three surveys, but it also does combine the responses to provide an overall picture of respondents. This combination enabled some types of analyses (e.g. by household type) that otherwise could not be conducted.

Methodology appendix prepared by: Di Findley, Linda Simonton, Charles Bruner, and Syed Noor Tirmizi

Appendix Two: Survey Instrument

IOWA DIRECT CARE WORKER WAGE AND BENEFITS SURVEY – 2010

Please complete this important survey to help us better understand the jobs of direct care workers. Your answers are anonymous – your returned survey doesn't tell us who you are.

Please **return** your survey in the enclosed postage-paid envelope by **May 31, 2010**

1. Are you **currently** working as a **direct care worker (DCW)**? (DCWs provide hands-on, personal care in nursing homes, hospitals, homes, facilities for people with disabilities, hospices, adult day centers, assisted living, and other settings. DCWs **do not include** licensed nurses or other licensed health and long term care professionals.)

- Yes, I am currently working as a direct care worker. Please continue with Question 2.
- No, I am not currently working as a direct care worker. Thank you! (You do not need to complete the survey.)

2. How long have you worked in the **field of direct care**?

- Less than one year
- More than 1 year, but less than 3 years
- 3-5 years
- 6-10 years
- 11-20 years
- More than 20 years

The following questions have to do with your **MAIN** direct care job. Although you may have more than one job in direct care, you should answer these questions about your **main** job - where you work the **most hours** in a typical week.

3. Where is your **MAIN** direct care job?
(It is **important** that you **check** only **ONE**.)

<input type="checkbox"/>	Staffing agency where I am sent to different facilities, agencies, or individuals as needed
<input type="checkbox"/>	Self employed
<input type="checkbox"/>	Nursing home, skilled care, or dementia unit
<input type="checkbox"/>	Assisted living, independent living
<input type="checkbox"/>	Hospital
<input type="checkbox"/>	In-Home Care
<input type="checkbox"/>	Home care agency (Not county or public)
<input type="checkbox"/>	Home care agency (County or public)
<input type="checkbox"/>	Home care - (CDAC) Consumer Directed Attendant Care program
<input type="checkbox"/>	Non-medical, companion (In-home or facility)
<input type="checkbox"/>	Residential Care Facility (RCF)
<input type="checkbox"/>	Group Home
<input type="checkbox"/>	Hospice
<input type="checkbox"/>	Adult day center
<input type="checkbox"/>	Other _____

4. On your MAIN direct care job are you (Check **ALL** that apply)

- Certified Nursing Assistant (CNA)
- CNA **plus** other **certification**, such as medication aide, rehabilitation aide, etc.
- Home Care Aide (HCA)
- Home Health Aide (HHA)
- Universal Worker
- Patient Care Technician (PCT)
- Consumer Directed Attendant Care (CDAC) worker or Personal Care Assistant
- Hospice Aide
- Companion, non-medical assistant
- Other _____

5. Which **ONE** group do you mainly provide services for on your MAIN direct care job?
 Older adults Persons with disabilities of all ages Other _____

6. On your MAIN direct care job are you:
 Full time Part time On call/as needed Other _____

7. Do you have **another job** in addition to your MAIN direct care job?
 Yes, another direct care job(s) Yes, a non-direct care job(s) No

8. In a typical week, about how many **hours** do you work at the following?
____ Hours at MAIN direct care job ____ Hours at non-direct care job(s)
____ Hours at other direct care job(s)

9. What is your **hourly wage** at your MAIN direct care job? _____ **per hour**, regular

10. Do you get paid **overtime** (time and one-half) for over 40 hours worked in one week on your MAIN direct care job?
 Yes No

11a. Does a union represent workers at your MAIN direct care job? Yes No Not sure

11b. If **yes**, which union?

AFCSME SEIU Other _____

12. Which of the following **benefits** are offered to you through your MAIN direct care job?

- | | |
|--|--|
| <input type="checkbox"/> Paid sick time | <input type="checkbox"/> Dental insurance |
| <input type="checkbox"/> Paid vacation | <input type="checkbox"/> Work-related transportation |
| <input type="checkbox"/> Health insurance | <input type="checkbox"/> Other work-related expenses |
| <input type="checkbox"/> Pension/retirement plan (not including Social Security) | <input type="checkbox"/> Educational program reimbursement |
| <input type="checkbox"/> Disability insurance for long periods of illness/injury | <input type="checkbox"/> Other _____ |

13. In the past two years, has your MAIN direct care employer:

- Dropped its health insurance plan Reduced health care benefits or increased employee cost
 Improved employee coverage or lessened employee cost Not sure

14. **Your own** health insurance situation – Which best describes it?

I have no health insurance for myself at this time. Please continue with Question 15.

I have health insurance through:

- My MAIN direct care employer - Please skip to Question 16
 My spouse/partner's employer - Please skip to Question 17
 Medicaid (Title XIX) - Please skip to Question 17
 Medicare- Please skip to Question 17
 Buying it myself/ourselves (not through employer) - Please skip to Question 17
 Other _____ -Please skip to Question 17

15. If you **do not** have health insurance coverage, can you indicate why? Check **all** that apply.

- Employer doesn't offer health insurance - Please skip to Question 18
 Can't afford premiums - Please skip to Question 18
 Insurance doesn't pay what I need it to pay for- Please skip to Question 18
 Other _____ - Please skip to Question 18

16. Who pays the premium cost of the health insurance coverage you get through your MAIN direct care employer?

- I pay all of it My employer and I share the cost My employer pays it all

17. How satisfied are you with the overall health insurance coverage you have for **yourself**?

	Very Satisfied	Satisfied	Not Satisfied	Not Sure
Cost of your premium				
Coverage for pre-existing conditions				
Your out-of-pocket or co-pay expenses				
What the insurance pays for				

18. Do you have a spouse/partner living in your household at this time?
 Yes Please continue with Question 19 No Please skip to Question 20

19. Your **spouse/partner's** health insurance situation – Which best describes it?
 My spouse/partner has no health insurance at this time. Please continue with Question 20
 My spouse/partner has health insurance through:
 My MAIN direct care employer – Please continue with Question 20
 My spouse/partner's employer – Please continue with Question 20
 Medicaid (Title XIX) - Please continue with Question 20
 Medicare - Please continue with Question 20
 Purchasing it him/herself (not through employer) - Please continue with Question 20
 Other _____ -Please continue with Question 20

20. Do you have dependent children under 18 living in your household at this time?
 Yes - Continue with Question 21 No - Skip to Question 22

21. Your **child/children's** health insurance situation – Which best describes it?
 My child/children have no health insurance at this time. Please continue with Question 22.
 My child/children have health insurance through:
 My MAIN direct care employer- Please continue with Question 22
 My spouse/partner's employer - Please continue with Question 22
 A child support agreement - Please continue with Question 22
 Medicaid (Title XIX) - Please continue with Question 22
 hawk-i (Iowa's children's health insurance program) - Continue with Question 22
 I/we purchase it (not through an employer) - Please continue with Question 22
 Other _____ -Please continue with Question 22

22. Thinking now about the overall health insurance that both you and your family have, how concerned are you about losing your current health insurance?
 My family and I have **no** health insurance **coverage** at this time.
 I am **very** concerned about losing my/our coverage.
 I am **somewhat** concerned about losing my/our coverage.
 I am **not at all** concerned about losing my/our coverage.

23. In general, how concerned are you about your personal health and/or safety on your MAIN direct care job?
 I am very concerned I am somewhat concerned I am not at all concerned

24. Specifically, how **concerned** are you about the following on your MAIN direct care job?

	Very Concerned	Somewhat Concerned	Not at All Concerned
Injuries from lifting or transferring			
Working when sick			
Stress or mental health			
Required to work overtime			
Not having enough staff to provide good care			
Not getting requested or earned time off			
Having shifts changed without enough notice			
Other _____			

25. Please check one box that indicates if you **know what it is** or **participate** in the following:

	Not sure what it is	Know what it is, but don't participate	Know what it is and do participate
Federal earned income tax credit			
State earned income tax credit			
Food stamps			
Iowa Care Program			
Community Health Center or free health clinic			
Child care subsidy program			
Individual development account			
Voluntary income tax preparation assistance			
Subsidized housing			
Home energy assistance program			

26. Are you seriously looking for work outside the field of direct care?

Yes Please continue with question 26a No Please skip to Question 27

26a. If yes, please tell us why. Check all that apply.

Pay is too low Benefits don't meet my needs Other _____

Please answer the following about **yourself** and your family **household**.

27. Zip code where you WORK _____ 28. County where you WORK _____

29. Are you: Female Male

30. Household size: include yourself, spouse/partner and children under age 18 ____ Total

31. Number of people besides those in Question 30 you are financially supporting. ____ Total

32. Are you: Asian Hispanic/Latino White
 Black, African American Multi-Racial Other _____

33. What is your age?

17-20 years 41-50 years
 21-30 years 51-60 years
 31-40 years Over 60 years

34. Please include the **total annual household income** from **all household wage earners**.

Under \$10,000 \$20,000-\$24,999 \$40,000-\$49,999
 \$10,000-\$14,999 \$25,000-\$29,999 \$50,000 or more
 \$15,000-\$19,999 \$30,000-\$39,999

35. Please look at the enclosed sheet for your current MAIN employer and tell us if they are in:

Category A Category B Not in Category A or B

Please **return** your completed survey in the enclosed postage-paid envelope by **May 31**. Thanks!

Iowa CareGivers Association, 1211 Vine St., Ste. 1120, West Des Moines, IA 50265
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This survey is made possible in part through a grant from the Mid-Iowa Health Foundation.



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