



## **Strengthening and Modernizing Iowa's Caregiving Workforce: A Critical Component in Long Term Care Redesign**

*Summary: The Iowa CareGivers Association (ICA) believes that an important element in the redesign of Iowa's long term care system is the enhancement of the direct care workforce through the development of better education levels and the worker categories necessary to meet the changing needs of consumers of long term care. For this reason, ICA supports the establishment of a Direct Care Worker Education Task Force within the Iowa Department of Public Health – as proposed in House File 781 – charged with the responsibility of creating a comprehensive direct care worker classification system structured according to statewide educational and training standards. Whereas direct care worker categories and training requirements are currently linked to places of employment, a dynamic direct care workforce with the capacity to meet the demands of Iowa's changing population must be comprised of worker classifications linked to the needs of consumers and the skills of direct care workers. The Direct Care Worker Education Task Force should be fully funded by the State – a minimal cost of approximately \$70,000 per year.*

The Iowa CareGivers Association (ICA) believes that the redesign of Iowa's long term care system, to expand the range of supports and provide more choices to older Iowans and people with disabilities, must take workforce issues into account. Individual support needs can include everything from on-going health care, to assistance with activities of daily living, respite care, hospice, and many kinds of personal assistance and supports. Each category of care carries with it the practical necessity for a particular set of skills, training, and experience. Furthermore, Iowa's demographic changes forecast a rapidly growing need for all of these services – a need which is exceeding the capacity of our direct care workforce, both in terms of its size and its training.

Stability of the system, informed planning and management, and quality assurance can be enhanced by the development of a coherent set of standards governing the education of direct care workers, including Certified Nurse Aides, Home Care Aides, and others, based upon a defined relationship between the needs of care recipients and the skills required to meet them. For this reason, ICA supports the establishment of a Direct Care Worker Education Task Force, within the Iowa Department of Public Health, to undertake a comprehensive analysis of individual long term care needs, the education and skills demanded of the workforce providing them, and the appropriate education standards for these important workers.

### **Statement of Problem**

Iowa's aging population presents a significant challenge to the patchwork system of long term care in the State. In fact, adults with disabilities are the fastest growing component of the population needing long term care supports. Long term care is the largest component of the State's Medicaid budget, and policymakers are naturally concerned with finding the most cost-effective way to deliver supports to older Iowans and people with disabilities. Advocacy groups are vigorously promoting an expansion of services to people in their own homes and communities, such as home health care, adult day care, personal care, and respite services. Unfortunately, there is a crisis in caregiving due to the growing shortage of direct care workers providing frontline care in nursing homes, assisted living facilities, residential care facilities for people with disabilities, respite and day services, hospice, and many forms of home care.

The causes of the direct care worker shortage are numerous. These workers are low-paid and more likely than the general population to lack health coverage. An issue extremely relevant to the current long term care redesign efforts is the wage disparity between nursing facility employees and those working for home health agencies. Of equal concern to many workers is the lack of opportunities for advancement within the field of direct care, and the need and desire for more education and training.

Federal and State policies recognize and establish certification requirements for a number of direct care worker categories, but not all. Furthermore, the array of educational and testing requirements lacks coherence. Worker categories and training requirements are linked to the location where services are provided rather than to the relevant skills of the direct care worker. The current system is fragmented and inconsistent, needlessly hampering the direct care worker's ability to transition between various levels of care.

ICA takes note of the concerted efforts underway to develop tools and processes for the uniform assessment of the cognitive and functional needs of people requiring long term supports. These measures are intended to form the basis of individual care plans, assuring that consumers receive the care they need where they want it. It simply makes sense to build a direct care workforce around consumer demand and to ensure uniformity in certification and training standards (as well as in pay and benefits) across all care settings.

### **A Step Toward Solving the Problem: The Direct Care Worker Education Task Force**

ICA supports the establishment of a Direct Care Worker Education Task Force within the Iowa Department of Public Health, as proposed in House File 781. The Task Force should be fully funded by the State – a minimal cost of approximately \$70,000 per year for meeting expenses, printing costs, and the salary and benefits of one full-time employee in the Department of Public Health. Insofar as efforts to rebalance Iowa's long term care system cannot succeed without the development of a strong and flexible direct care workforce, the costs incurred by the Task Force are both reasonable and modest, especially considering the grandeur of the overall goal of redesigning Iowa's long term care system and the central role played by direct care workers in the provision of long term care. The Task Force would be charged with the following responsibilities:

1. Define direct care worker classifications.
2. Define educational and training requirements, testing, and any other standards for certification within the direct care worker classifications while ensuring worker portability between classifications.
3. Recommend appropriate state public policy initiatives for effective support and oversight of direct care workforce development, including expansion of the Iowa Direct Care Worker Registry to include all direct care worker classifications and their respective credentials.

ICA recommends the establishment of a Direct Care Worker Advisory Council made up of representatives from the Iowa CareGivers Association Direct Care Worker Advisory Council, as well as consumer and provider representatives, to provide meaningful consultation with the Task Force in the execution of its responsibilities. Iowa's direct care workers are at the front line of the struggle to meet our long term care challenges. Their insights into their work, their personal experience with direct care issues, and their dedication to quality of care will be an invaluable resource to the Task Force, supporting informed decision-making and the development of a qualified and dependable workforce.