

**CERTIFIED NURSING ASSISTANTS
WAGE AND BENEFIT SURVEY
REPORT OF FINDINGS**



October 2004



IOWA BETTER JOBS BETTER CARE (BJBC) COALITION

1117 Pleasant Street, Suite 221
Des Moines, IA 50309
Phone: (515) 241-8697
Fax: (515) 241-8587

Email: iowacga@aol.com
National BJBC Website: www.bjbc.org
Contact: Linda Simonton, Iowa BJBC Project Director

Funded through a 3 ½ -year, \$1.4 million grant from the Robert Wood Johnson Foundation and the Atlantic Philanthropies, The Iowa Better Jobs Better Care Coalition is a group of long-term care providers, workers, consumers, and policy makers that is working to reduce turnover among Iowa’s direct care workers. The members of the Iowa BJBC Coalition as of September 2004 are:

Iowa CareGivers Association, Lead Agency
AARP Iowa
Aging Resources of Central Iowa
Alzheimer’s Association, Greater Iowa Chapter
Center for Healthy Communities
Des Moines Area Community College
Direct Care Worker Advisory Council
Generations, Incorporated
Iowa Association of Area Agencies on Aging
Iowa Association of Homes and Services for the Aging
Iowa Commission on the Status of Women

Iowa Department of Elder Affairs
Iowa Department of Human Services, Bureau of Protective Services
Iowa Department of Inspections and Appeals, Health Facilities Division
Iowa Department of Public Health
Mid-Iowa Health Foundation
Northwest Iowa Community College
Office of the Long Term Care Ombudsman
Older Iowans Legislature
Lin Salasberry, Direct Care Worker
Southwestern Community College
University of Iowa College of Nursing Certification Center



IOWA CAREGIVERS ASSOCIATION (ICA)

1211 Vine Street, Suite 1120
West Des Moines, IA 50265
Phone: (515) 223-2805
Fax: (515) 226-3214

Email: iowacga@aol.com
Website: www.iowacaregivers.org
Contact: Di Findley, Executive Director

Founded in 1992, the **mission** of the Iowa CareGivers Association is “to enhance the quality of care through dedication to the direct care worker and all caregivers.” To accomplish its mission, ICA fosters partnerships between and among workers, advocates, providers, consumers, policy makers, labor, educators, and others committed to quality care. ICA has three main **goals**: 1) increase access to quality care for those who need it, 2) increase the number of caregivers, and 3) enhance quality of care. ICA’s focus is on four core **mission-driven activities**: 1) advocacy, 2) public awareness, 3) education, and 4) research and innovation.

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IOWA COMMISSION ON THE STATUS OF WOMEN

Lucas State Office Building
Des Moines, IA 50319
Phone: (515) 281-4461 or (800) 558-4427

Email: [dhr.icsw@iowa.gov](mailto:ahr.icsw@iowa.gov)
Contact: Charlotte Nelson, Executive Director

The Iowa Commission on the Status of Women, a division in the Department of Human Rights, is a state agency that promotes the full participation by women in the economic, political, and social life of the state.

TABLE OF CONTENTS

Introduction	1
Methodology	2
Findings	
Demographics	4
Job Characteristics	7
Work Place Characteristics	8
Working Conditions	9
Wages and Benefits	14
Health Insurance	18
Table of Statistically Significant Differences	23
Conclusions and Recommendations	24

INTRODUCTION

Background

- This study is conducted under the auspices of the Iowa Better Jobs Better Care (BJBC) Coalition through a 3-½ year, \$1.4 million grant sponsored by the Robert Wood Johnson Foundation and Atlantic Philanthropies.
- The Iowa BJBC Coalition is a group of long-term care providers, workers, consumers, and policy makers that is working to reduce turnover among Iowa's direct care workers*.
- The Iowa CareGivers Association (ICA) is the lead agency for the BJBC Coalition.
- This study builds on the 2001 Certified Nursing Assistant (CNA) Wage and Benefits Study conducted by the Iowa Commission on the Status of Woman and the Iowa CareGivers Association.

*Direct care workers are Certified Nursing Assistants (CNAs), Nursing Assistants, Home Care Workers, and Personal Attendants who work in nursing homes, home care agencies, hospices, and hospitals.

Purpose

- The purpose of this study is to determine the wage and benefit status of Iowa's Certified Nursing Assistants (CNAs).

METHODOLOGY

Population and sample

- Mail was selected as the methodology for this study.
- The population is CNAs who are listed on the Iowa Direct Care Worker Registry (formerly known as the State of Iowa Nurse Aide Registry).
- Currently, any nurse assistant who works in a long-term care facility (NF, SNF, and certified long-term care units in hospitals) is required to be active on the Registry.
- From the Registry, a random sample of 4,500 names was drawn. Of the 4,500 names, 1,500 were a sub-set of those in the Registry designated as pool workers.

The survey

- The survey was mailed on July 8, 2004.
- The returns were collected until August 20, 2004
- Of the 4,500 surveys mailed, 956 came back in the mail marked “undeliverable.”
- A total of 808 surveys was returned, which is a 23% response rate.
- The first survey question determined if the respondent is currently working as a CNA. If not, the respondent skipped to demographic and pool worker questions at the end of the survey.

Data analysis

- Frequencies have been calculated for all the questions on the survey.
- Statistical analysis has been done for several key factors related to wage and benefit issues.
- Statistically significant differences among the variables are identified in the report.
- Statistically significant differences are those that are large enough not to be attributable to chance. When differences are not significant, the responses may be considered a “statistical tie.”
- The maximum standard error range at the 95% confidence level for a sample of 808 respondents is $\pm 3.4\%$.

To obtain questionnaire and/or verbatim responses

- The transcribed verbatim responses to the open-ended questions and the 2004 Wage and Benefits questionnaire are posted on the ICA website at www.iowacaregivers.org or are available by contacting the Iowa CareGivers Association at 515-241-8697 or iowacga@aol.com.

FINDINGS - DEMOGRAPHICS

		2001	2004
How long a CNA?	Number of respondents	(744)	(733)
	Less than 1 year	2%	0%
	More than 1 year, but less than 3 years	20%	1%
	3 - 5 years	20%	9%
	6 - 10 years	20%	24%
	11 - 20 years	25%	37%
	More than 20 years	14%	29%
Total hours of CNA training	Number of respondents	(721)	(716)
	60 hours	7%	17%
	75 hours	37%	35%
	120 hours	18%	20%
	More than 120 hours	39%	28%
Age	Number of respondents	(726)	(786)
	17 to 20 years	12%	<1%
	21 to 30 years	25%	16%
	31 to 40 years	20%	18%
	41 to 50 years	21%	24%
	51 to 60 years	16%	23%
	Over 60 years	7%	18%
	Mean age 2001: 38.48 years		
	Mean age 2004: 46.34 years		
Gender	Number of respondents	(738)	(805)
	Female	94%	96%
	Male	6%	4%

Race/ethnicity	Number of respondents	Not asked in 2001	2004 (808)
Hispanic/Latino			2%
White			93%
Black, African American			3%
Asian			1%
Multi-racial			1%
No answer			2%
Household makeup – Number of adults over 18			
	Number of respondents	Not asked in 2001	2004
One			(802) 28%
Two			57%
Three			11%
Four or more			5%
Household makeup – Number of children under 18			
	Number of respondents	Not asked in 2001	2004
None			(808) 62%
One			15%
Two			13%
Three			7%
Four or more			3%

		Not asked in 2001	2004
Household makeup – Number of full or part time job holders	Number of respondents		(772)
	One		44%
	Two		46%
	Three		7%
	Four or more		3%
Total household income	Number of respondents	Not asked in 2001	2004 (808)
	Under \$10,000		5%
	\$10,000 to \$14,999		11%
	\$15,000 to \$17,999		7%
	\$18,000 to \$19,999		8%
	\$20,000 to \$24,999		14%
	\$25,000 to \$29,999		10%
	\$30,000 to \$39,000		15%
	\$40,000 to \$49,999		14%
	\$50,000 or more		12%
No answer		5%	

FINDINGS – JOB CHARACTERISTICS

Tenure on current job		2001	2004
		(743)	(727)
	Number of respondents		
	Less than one year	19%	8%
	More than one year, but less than three years	29%	14%
	3 to 5 years	19%	16%
	6 to 10 years	14%	20%
	11 to 20 years	14%	28%
More than 20 years	6%	14%	
Job title		2001	2004
		(744)	(733)
	Number of respondents		
	Certified Nursing Assistant (CNA)	68%	60%
	CNA plus CMA (Certified Med Aide)	15%	21%
	Home Health Aide (HHA)	7%	4%
	CNA plus title other than CMA	9%	12%
	Health Care Technician	2%	<1%
Other	5%	6%	
Totals more than 100% due to multiple responses			
Job status		2001	2004
		(723)	(730)
	Number of respondents		
	Full time	68%	68%
	Part time	23%	24%
	On call	4%	5%
Pool	3%	2%	
Other	1%	1%	

FINDINGS – WORK PLACE CHARACTERISTICS

Site of job		Number of respondents	2001 (720)	2004 (727)
	Nursing home		74%	79%
	Home care		7%	6%
	Hospital		14%	6%
	Assisted living		3%	3%
	Adult day center		0%	0%
	Other		2%	6%
Job at a union facility?		Number of respondents	(729)	(733)
	Yes		8%	7%
	No		91%	93%
If yes, which union?		Number of respondents	(56)	(51)
	AFSCME		27%	51%
	Service Employees International Union		18%	8%
	Teamsters		7%	16%
	Other		5%	2%
	No answer		43%	24%
Rural/Urban facility		Number of respondents	2001 (621)	2004 (802)
	Rural		63%	77%
	Urban		37%	23%
For-profit/Not-for-profit facility (Nursing homes only)		Number of respondents	(515)	(567)
	For-profit		44%	42%
	Not-for-profit		56%	58%

FINDINGS – WORKING CONDITIONS

		2001	2004
Number residents/patients assigned per day	Number of respondents	(498)	(704)
	1 to 5 residents/patients	6%	8%
	6 to 10 residents/patients	23%	23%
	11 to 15 residents/patients	21%	24%
	16 to 20 residents/patients	18%	17%
	Over 20 residents/patients	33%	28%

2001 Mean: 20.7 residents/patients per day

2001 Median: 16 residents/patients per day

2004: Ranges were used on the questionnaire. It is not possible to calculate the mean or median of a range.

		2001	2004
Satisfaction with number hours worked in a typical week	Number of respondents	(735)	(724)
	Too many hours	9%	6%
	Just about right	84%	84%
	Not enough hours	7%	10%

The following two questions were asked in slightly different ways in 2001 and 2004, so the results are not strictly comparable and are reported separately. (The 2001 survey asked about “days,” and the 2004 asked about “hours.”)

	Number of respondents (508)	
Number of days per week asked to “work over” on main CNA job (2001)	0 days	48%
	1 day	18%
	2 days	17%
	3 days	9%
	4 days	5%
	5 days	2%
	More than 5 days	1%
	2001 Mean: 1.2 days	
	2001 Median: 1 day	

	Number of respondents (618)	
Number of hours per week asked to “work over” on main CNA job (2004)	0 hours	53%
	1-7 hours	23%
	8 hours	10%
	9-15 hours	6%
	16 hours	4%
	More than 16 hours	3%
	2004 Mean: 4.02 hours	
	2004 Median: 0 hours	

Number of CNA jobs worked		Number of respondents	2001 (717)	2004 (727)
	1 job		89%	87%
	2 jobs		9%	9%
	3 or more jobs		3%	4%

The following two questions were asked in slightly different ways in 2001 and 2004, so the results are not strictly comparable and are reported separately. (The 2001 survey asked about “days,” and the 2004 asked about “hours.”)

Number of days asked to “work over” on additional CNA job (2001)		Number of respondents (60)
	1 day	28%
	2 days	35%
	3 days	18%
	4 or more days	18%

Number of hours asked to “work over” on additional CNA job (2004)		Number of respondents (97)
	0 to 7 hours	43%
	8 hours	30%
	9 to 15 hours	12%
	16 hours	7%
	More than 16 hours	7%

		2001	2004
Number of additional non-CNA jobs			
		Number of respondents	(651) (629)
	0 jobs	77%	77%
	1 job	20%	20%
	2 or more jobs	4%	3%
Number of hours in typical week for the following:			
		Number of respondents	(563) (647)
Main CNA job	0 to 8 hours	7%	3%
	9 to 16 hours	8%	8%
	17 to 32 hours	24%	27%
	33 to 40 hours	51%	53%
	More than 40 hours	10%	9%
		Number of respondents	(65) (71)
Additional CNA jobs	0 to 8 hours	79%	39%
	9 to 16 hours	12%	25%
	17 to 32 hours	8%	27%
	33 to 40 hours	1%	8%
	More than 40 hours	0%	0%

		2001	2004
Non-CNA jobs	Number of respondents	(156)	(138)
	0 to 8 hours	65%	28%
	9 to 16 hours	11%	22%
	17 to 32 hours	14%	28%
	33 to 40 hours	7%	16%
	More than 40 hours	3%	6%

		Not asked in 2001	2004
Concern for personal health, safety on CNA job	Number of respondents		(723)
	Very concerned		36%
	Somewhat concerned		41%
	Not at all concerned		23%

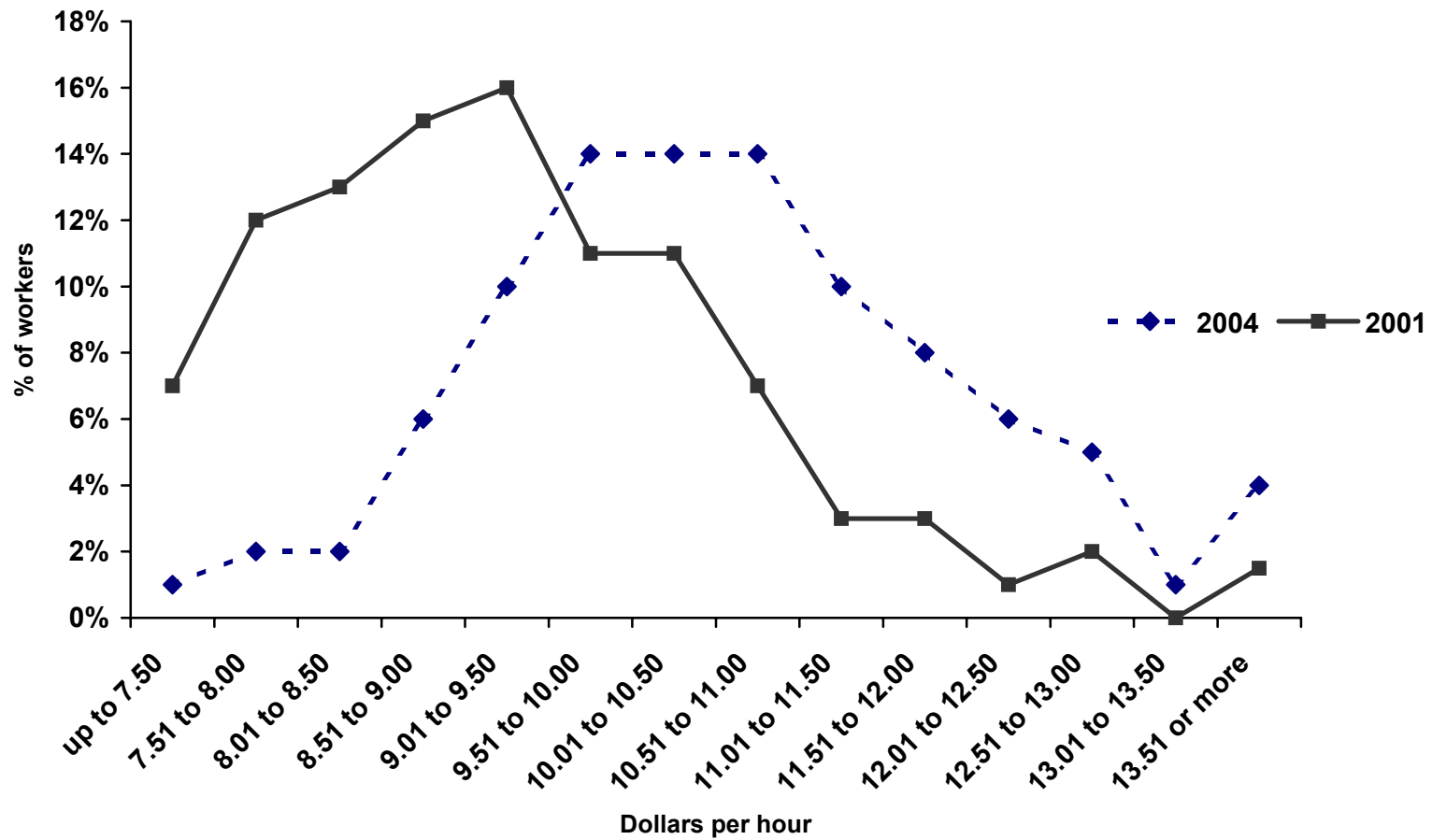
Those who have been CNAs for five years or less are more likely than those whose tenure as a CNA is longer to be very concerned about their personal health and safety on the job.

FINDINGS – WAGES AND BENEFITS

Regular hourly pay: main CNA job		Number of respondents	2001 (700)	2004 (705)
	Up to \$6.50		1%	<1%
	\$6.51 to \$7.00		1%	0%
	\$7.01 to \$7.50		5%	<1%
	\$7.51 to \$8.00		12%	2%
	\$8.01 to \$8.50		13%	2%
	\$8.51 to \$9.00		15%	6%
	\$9.01 to \$9.50		16%	10%
	\$9.51 to \$10.00		11%	14%
	\$10.01 to \$10.50		11%	14%
	\$10.51 to \$11.00		7%	14%
	\$11.01 to \$11.50		3%	10%
	\$11.51 to \$12.00		3%	8%
	\$12.01 to \$12.50		1%	6%
	\$12.51 to \$13.00		2%	5%
	\$13.01 to \$13.50		0%	1%
	\$13.51 to \$14.00		<1%	1%
	\$14.01 to \$14.50		<1%	<1%
	\$14.51 to \$15.00		<1%	<1%
	\$15.01 to \$15.50		<1%	<1%
	\$15.51 to \$18.00		0%	2%

The graph on the following page depicts the above 2001-2004 wage comparison.

Hourly wage ranges for CNAs in 2001 and 2004



Mean and median regular hourly pay: main CNA job 2001-2004 comparisons

2001 Mean hourly wage: \$9.31
2001 Median hourly wage: \$9.16

2004 Mean hourly wage: \$10.77
2004 Median hour wage: \$10.55

2001-2004 hourly pay comparisons

2001: 73% earned under \$10.00
2001: 96% earned under \$12.00

2004: 35% earn under \$10.00
2004: 82% earn under \$12.00
2004: 90% earn under \$14.00

Regular hourly pay on main CNA job: 2004 statistically significant differences

- The mean hourly pay is significantly higher for CNAs who work full time (\$10.87) than for those who work part time (\$10.42).
- The mean hourly pay is significantly higher for CNAs whose work is in urban areas (\$11.27) than for those who work in rural areas (\$10.61).
- The mean hourly pay is significantly higher for CNAs who work for not-for-profit nursing homes (\$11.01) than for those who work for for-profit nursing homes (\$10.59).
- As the table below indicates, the mean hourly pay is significantly higher for CNAs who have more tenure as CNAs.

Tenure as CNA	Mean hourly pay
5 years or less	\$10.15
6 to 10 years	\$10.38
11 to 20 years	\$10.84
More than 20 years	\$11.21

		2001	2004
Overtime hourly pay on main CNA job	Number of respondents	(511)	(456)
	Up to \$10.00	11%	9%
	\$10.01 to \$12.00	17%	5%
	\$12.01 to \$14.00	33%	13%
	\$14.01 to \$16.00	26%	34%
	\$16.01 to \$18.00	8%	22%
	Over \$18.00	5%	17%
	2001 Mean hourly rate: \$13.43 2004 Mean hourly rate: \$15.84		
2001 Median hourly rate: \$13.42 2004 Median hourly rate: \$15.50			

		2001	2004
Benefits offered at main CNA job	Number of respondents	(744)	(733)
	Health insurance	77%	80%
	Paid sick time	59%	63%
	Paid vacation	82%	85%
	Pension/retirement	32%	46%
	Dental insurance	51%	44%
	Long term disability insurance	31%	28%
	Totals more than 100% due to multiple responses		

FINDINGS – HEALTH INSURANCE

Coverage for CNA or family from any source

	Number of respondents	Not asked in 2001	2004 (733)
Single coverage just for CNA			30%
Single coverage just for CNA's spouse			1%
Family coverage			34%
hawk-i coverage			3%
Medicaid just for children			6%
Medicaid for family			3%
Medicare			8%
Other			7%
No coverage for CNA			25%
No coverage for rest of family			16%
Totals more than 100% due to multiple responses			

Type of family coverage

	Number of respondents	Not asked in 2001	2004 (212)
CNA plus spouse plus children			58%
CNA plus spouse			38%
CNA's children only			4%

		2001	2004
		(744)	(733)
Health insurance offered at main CNA job?	Number of respondents		
	Yes	77%	80%
	No	23%	20%

CNAs in the 2004 survey who work at not-for-profit nursing homes are more likely to be offered health insurance on their jobs than are CNAs who work at for-profit nursing homes.

		2001	2004
		(694)	(587)
If health insurance is offered, do you take it?	Number of respondents		
	Yes	42%	50%
	No	58%	50%

		2001	2004
		(402)	(292)
If no, why not?	Number of respondents		
	Cost/affordability	41%	59%
	Have alternate	37%	42%
	Not eligible	13%	14%
	Dissatisfied with health insurance	3%	9%
	Minor	1%	0%
	Medicare	1%	0%
	Have another job, enrolled there	0%	2%
Totals more than 100% due to multiple responses			

2001	2004
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If yes, who pays for it?	Number of respondents	(291)	(295)
	CNA pays for all of it.	26%	24%
	Employer pays for all of it.	10%	9%
	CNA and employer share the cost	64%	67%
Percent paid by CNA	Number of respondents	Not asked in 2001	(200)
	25% or less		17%
	26% to 50%		25%
	More than 50%		7%
	Not sure		44%
	No answer		8%
Premium cost	Number of respondents	Not asked in 2001	2004 (261)
	Lower than last year		6%
	Same as last year		15%
	Higher than last year		69%
	Don't know		10%

Co-pay required?		Number of respondents	Not asked in 2001	(290)
	Yes			94%
	No			4%
	Don't know			2%
Co-pay cost		Number of respondents	Not asked in 2001	(273)
	Lower than last year			4%
	Same as last year			33%
	Higher than last year			51%
	Don't know			12%

Has co-pay cost kept CNA from seeking health care?

	Number of respondents	Not asked in 2001	
Yes		(270)	36%
No			64%

The co-pay is more likely to be a barrier to seeking health care for CNAs who work in urban areas than for those who work in rural areas.

Concern about losing coverage

	Number of respondents	Not asked in 2001	
Very concerned		(286)	34%
Somewhat concerned			39%
Not at all concerned			27%

Level of satisfaction overall with coverage

	Number of respondents	2001	2004
		(291)	(295)
Very satisfied		15%	11%
Satisfied		49%	44%
Not satisfied		28%	39%
Don't know		8%	5%

TABLE OF STATISTICALLY SIGNIFICANT DIFFERENCES

For ease of comparison, the following table summarizes some of the key significant differences* for the 2004 survey. The blank cells indicate factors that are not statistically significant.

	For profit/not for profit		Tenure as a CNA				Urban/rural		Full/part time	
	Not-for-profit	For-profit	5 yrs or less	6-10 years	11-20 years	More than 20	Urban	Rural	FT	PT
Yes, health insurance is offered	90%	76%							90%	63%
If health insurance offered, CNA enrolled	55%	35%								
Mean hourly pay	\$11.01	\$10.59	\$10.15	\$10.38	\$10.85	\$11.21	\$11.27	\$10.61	\$10.87	\$10.42
Co-pay is barrier to getting health care							49%	31%		
Mean age (years)	48.23	45.86					44.31	47.07	44.97	51.34

*Statistically significant differences are those that are large enough not to be attributable to chance. When differences are not significant, the responses may be considered a “statistical tie.”

CONCLUSIONS AND RECOMMENDATIONS

Conclusions: Demographics of current work force

- The proportion of respondents who have been certified nursing assistants for more than 20 years has doubled from the 2001 survey to the current survey.
- Since 2001, the average age of respondents has increased by eight years.
- Iowa's aging population, the resulting increased need for direct care workers, and the aging direct care work force heighten the need to recruit and retain more direct care workers.
- Direct care work is physically challenging and is becoming even more so because people needing care are more acutely ill and physically larger. A work force with an average age of 46 requires appropriate resources to address this situation.

Recommendations: Demographics of current work force

- Encourage implementation of work place technology that makes it safer for all direct care workers and especially older direct care workers.
 - Compare this survey's demographics to Iowa's demographics to determine if there is a pool of younger Iowans from which to recruit.
 - Consider targeting recruitment efforts toward people age 40 and over, as they seem more likely than younger people to do direct care work.
-

Conclusions:
Workplace characteristics

- The “site of current job” finding is likely skewed toward nursing facilities because individuals who work in nursing facilities are required to be on the Registry from which this sample was drawn whereas individuals working in other sites do not have this requirement.
- More than three-fourths of CNAs indicate they have some concern for their personal health and safety on their jobs. More than one in three is *very* concerned.
- CNAs who have been on the job for five years or less are most likely to be *very* concerned about their personal health and safety on their jobs.

Recommendations:
Workplace characteristics

- Expand the Registry to include additional categories of direct care workers.
 - Further investigate CNAs’ specific concerns about their personal health and safety on the job with the goal of identifying ways to lessen or eliminate these problem areas.
 - Based on additional information about CNAs’ specific health and safety concerns, implement change strategies, including policy or process changes, mentoring, training, and use of technology.
-

**Conclusions:
Wages**

- The average (mean) and median hourly wage for CNAs have increased from 2001 to 2004.
- There are about one in three CNAs earning under \$10.00 per hour in 2004 compared to about seven out of ten in 2001.
- In 2001, almost all CNAs (96%) earned under \$12.00 per hour while in 2004, 82% earn under \$12.00 per hour.
- In 2004, fully 9 of 10 (90%) CNAs earn under \$14.00 per hour.
- The impact of factors affecting wages such as inflation, the increased proportion of CNAs with long work force tenure, and poverty level definition cannot be determined by this research.

**Recommendation:
Wages**

- Further analysis, including examining the impact of the above factors will help determine if the wage increases are real.
-

**Conclusion:
Benefits other than
healthcare coverage**

- In 2001, approximately one in three CNAs was offered pension/retirement benefits. In 2004, approximately half were offered this benefit. This is the largest increase for any benefit in the survey.

**Recommendations:
Benefits other than
healthcare coverage**

- Conduct further research to learn CNAs' opinions regarding the desirability and affordability of various benefits to determine which would have the most impact on recruitment and retention.
 - Share the results with employers of CNAs.
-

**Conclusions:
Healthcare coverage from
any source**

- One in four CNAs has no healthcare insurance coverage for themselves from any source.
- About one in six has no coverage for the rest of their family from any source.
- More than one in ten has coverage for themselves or someone in their family from income-eligible sources (*hawk-i* and Medicaid).

**Recommendations:
Healthcare coverage from
any source**

- Make this information available to the general public, policy makers, and others who are interested in the health care insurance feasibility issue.
 - The information regarding income-eligible sources should be made available to administrators of those programs.
 - Further analysis of this information should include a side-by-side comparison of the healthcare coverage for CNAs and all lowans.
-

**Conclusions:
Healthcare coverage at
CNA's workplace**

- Eight of ten CNAs are offered health insurance coverage at work; half of those offered coverage do not enroll. Of those who do not enroll, nearly six out of ten cite cost/affordability as the reason.
- The cost of health insurance for most of the CNAs who are enrolled where they work is covered at least in part by the CNA's employer. Even so, there are CNAs who do not enroll due to the cost of the coverage.
- The cost of the co-pay has kept more than one-third of CNAs from seeking healthcare.
- Almost three-fourths of CNAs are concerned and one-third are *very* concerned that they might lose their health care coverage

**Recommendations:
Healthcare coverage at
CNAs' workplace**

- This information will be analyzed and included in the Direct Care Worker Health Care Insurance Feasibility Study which will be available on the Iowa CareGivers Association website at www.iowacaregivers.org or in hard copy by contacting the Iowa CareGivers Association at 515-241-8697 or iowacga@aol.com.
- Communicate to the general public and policy makers that co-pay costs and fear of losing coverage magnify the picture of CNAs without adequate health care coverage. Communicate the importance of providing affordable coverage for CNAs.

**Conclusions:
Overall**

- The CNA work force consists primarily of women of middle age and older who are concerned about their personal health and safety on the job and who provide healthcare for others.
- Too many are without adequate affordable healthcare coverage for themselves and their families.

**Recommendation:
Overall**

- Take this message to the general public and policy makers to generate support for change.
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