

# **Environmental Scan of Direct Care Worker Curriculumms and Career Pathway Programs Offered by Iowa's Community Colleges**

Iowa Department of Public Health Contract #5881NW02

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Prepared by Iowa CareGivers

## **Environmental Scan of Direct Care Worker Curriculums and Career Pathway Programs Offered by Iowa's Community Colleges**

**INTRODUCTION:** Many industries in Iowa face difficulties in recruiting and retaining workers. Workforce shortages have been compounded by the coronavirus pandemic with the health and long-term services and supports (LTSS) sector being hit especially hard with hundreds of COVID outbreaks in some care settings, over 2000 COVID-related nursing home resident deaths, and 28 staff deaths (source: AARP's COVID-19 nursing home dashboard). The direct care workforce has been plagued by shortages and high turnover long before COVID-19. There are multiple causes for direct care worker\* (DCW) shortages that range from demographic shifts resulting in too few people to fill job vacancies; an increasing number of retirements; demand for more in-home care and community supports over institutional care settings; and gaps in technology, data, and infrastructure that surfaced during Iowa's response to COVID-19. Other contributing factors to the shortages of DCWs specifically are overall inequities, inadequate provider Medicaid reimbursement rates, physical and emotional demands of the work causing burnout, low pay, lack of family leave and other benefits, lack of affordable childcare, and regulation that burdens workers, employers, and educators. The purpose of this environmental scan is not to conduct an analysis on these workforce factors, but these important factors do serve as a backdrop, and impact the state's overall ability to ensure access to a strong direct care workforce to meet the growing needs of Iowans. These conditions were further exacerbated by the COVID-19 pandemic as workers contracted the virus or were exposed and forced into quarantine, lost childcare providers, and others left the field due to fear and burnout... the fallout of which is yet to be fully realized.

There are fifteen community colleges that serve all 99 Iowa counties, and they are one of the key sources of education for DCWs and provide an array of DCW programs from Nurse Aide to Medication Aide. They offer classroom and lab training, and

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they work with health and LTSS employers to provide clinical opportunities. Classes are offered in person, virtually, online, and hybrid delivery modes. COVID-19 required community colleges to swiftly pivot their DCW programs when nursing homes and other clinical sites were shut down due to CDC guidelines or COVID outbreaks.

**Purpose:**

Iowa CareGivers (IC), as part of its state contract was charged with conducting an environmental scan of the DCW curriculums and career pathway programs offered by Iowa's community colleges. The following steps were taken: 1) sought input from the Department of Public Health, University of Iowa Certification Center, and representatives from Des Moines Area Community College on the best approach for outreach to community college representatives; 2) developed a 56-question survey using Survey Monkey; 3) tested the survey, and the link was disseminated to health and nursing deans, health occupation educators, and instructors by the partners mentioned above. 100% of the community colleges responded to the extensive survey.

The environmental scan presents a summary of the various DCW programs provided through Iowa's community college network. It is intended to increase awareness about these offerings and the role that community colleges play in development of the health and LTSS workforce; prompt greater collaboration and innovation among community colleges and community partners, and align actions that may grow out of this scan with the implementation of the state's Rural Health Workforce Strategic Action Plan. It also identifies areas where enhancements may help to facilitate a more streamlined system that will benefit the stakeholders, communities, and the state moving forward.

Key findings were reviewed by partners, and it was agreed that next steps might include a meeting with community college representatives to share the key findings.

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KEY FINDINGS**

**Text in italics represent survey participant comments to open-ended questions. Complete survey findings are submitted as an attachment.**

Question	Key Findings
Community College Response	100% (At least one response from all community colleges and multiple responses from several with a total of 26 responses)
Q4: Define health and LTC workforce pipeline.	<p>A few people struggled with answering this question. <i>A shortage of workers in all areas of the LTC workforce.</i></p> <p><i>Even though nurse aides are obtaining their certifications, once employed the turnover is high and facilities are still struggling to maintain staff.</i></p> <p><i>Pipeline would be defined as any trained nurse aide that applies for a job in long term care. Those with experience in a LTC facility with nutritional services or housekeeping often transition into a nurse aide position. Anyone in the state of Iowa can challenge the state nurse aide test and work at a long-term care facility.</i></p> <p>Direct Care Workers' Top of Mind Definitions:</p>

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	<p><i>the pipeline would be the top trade associations or top officials that set workforce policies, procedures, and protocol. All comes down the pipeline to the lower direct care workforce to comply with.</i></p> <p><i>Aides, nurses, kitchen workers, maintenance, an administrator.</i></p>
Q5: Define career pathway.	Most viewed as a pathway from a CNA to an LPN or RN.
Q6: Do you have a CNA program?	100% yes
Q7-8: Do you have a nursing program:	<p>100% have some level of nursing program (LPN, ADN, 3 plus 1)</p> <p>85% LPN 100% ADN 3 Plus 1 BSN Agreement 35%</p> <p>88% CNA is pre-requisite to nursing. 12% CNA is not a pre-requisite to nursing.</p>
Q9: Do you require nursing students:	<p>87% to be CNAs listed on Nurse Aide Registry 0% to hold equivalent such as hospice NA 22% other (e.g., completion of college offered NA course or Prepare to Care)</p>
Q10: Which programs do you offer:	<p>96% face to face classroom 100% face to face skills on campus 35% skills at place of employment 85% online classroom 23% online skills</p>

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Q11-13: Is there a system in place to track DCWs who also complete nursing, PA, dental hygienist, etc.	<p>4% yes 27% no 69% don't know.</p> <p><i>If no: Students do not always go to the same college that they took their C.N.A. at and this makes it difficult to track.</i></p>
Q14/15: What courses did you offer pre and post COVID?	<p>All courses except 75-hour nurse aide training declined during COVID Hybrid-web-based jumped from 71% (pre-COVID) to 87% during COVID</p>
Q16-17: Do you offer NA Refresher Course? (2 skipped question)	<p>63% yes 38% no</p> <p><i>If no: for credit side of the college does not see the need for a CNA Refresher Course.</i></p> <p><i>Never has been offered but want to get it started.</i></p> <p><i>Very little need or requests.</i></p> <p><i>I'm working with an instructor now to offer this class. Offered it in the past but had to cancel due to insufficient enrollment.</i></p>
Q18: What other programs do you offer? (7 skipped)	<p>Greatest number of community colleges provide:</p> <p>100% Nurse Aide 100% Medication Manager 95% Medication Aide 82% Prepare to Care Core 41% "Paid" Nutrition Assistant</p>

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	<p>36% Prepare to Care Home Community Living 36% Medication Aide Review</p> <p>Other: NA State Testing</p>
Q18: Community colleges offering Prepare to Care courses.	<p>82% Prepare to Care CORE Module (Percentage could be high because it has been a pre-requisite to the Medication Aide course). 36% Prepare to Care Home and Community Living (HCL) Module 32% Prepare to Care Instrumental Activities of Daily Living (IADL) Module 32% Prepare to Care Instrumental Activities of Daily Living (IADL) Module 32% Prepare to Care Personal Activities of Daily Living (PADL) Module 32% Prepare to Care Health Monitoring and Maintenance (HMM) Module 27% Prepare to Care Personal Support (PS) Module 18% Direct Support Professional Training</p>
Q19-20: Do you know what the Care Book is, and do you have a person designated to enter information?	<p>68% know what the Care Book is 32% do not know what Care Book is</p> <p>Of those who know what the Care Book is, 73% have a designated person to enter the student completion information into the care book.</p>
Q22: Interest in offering Mouth Care Matters.	<p>39% yes 9% no 52% don't know.</p>

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<p>Q23-26: Maintenance of completion, certification records on all DCW programs; and how are records maintained; and for how long? (6 skipped)</p>	<p>95% yes 5% no 70% maintained electronically. 65% maintained by hard copy.</p> <p>Length of time records are maintained range from 3 years to “forever”.</p> <p><i>We maintain completion records but not success records.</i></p>
<p>Q27: Mark programs that are certified, recognized, or accredited.(7 skipped)</p>	<p>88% Medication Aide 76% Medication Manager 65% Prepare to Care Core (Note: CNA wasn't included but is a federal/state-approved certification)</p> <p><i>I believe the Prepare to Care modules (all) are recognized and qualify for State certification.</i></p>
<p>Q28: Do CNAs have a continuing education standard that enables them to maintain their certification? (7 skipped)</p>	<p>53% yes 32% no 16% unsure</p>
<p>Q29-30: Should CNAs have a continuing education standard that enables them to maintain their certification? (7 skipped)</p>	<p>95% yes 5% no</p> <p>If no: why? <i>Not sure if it is realistic for that population. We have the registry which I think is a helpful way to track.</i></p>

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Q 31-32: How many Nurse Aide classes does your community college offer each term?	Class size ranges from 1 to 30. 100% Offer Fall (Average 8 classes) 100% Offer Spring (Average 9 classes) 100% Offer Summer (Average 8 classes)
Q33-34: Do you have access to information from certification center re: students' pass/fail and challenge test scores? And if not, what information, if any, would be helpful to receive from the certification center? (8 skipped)	28% yes 22% no 50% don't know.  Information that would be helpful to receive from certification center e.g.  <i>If students have taken state testing at another college location and not passed.</i>  <i>Overall pass/fail rates for all.</i>  <i>Areas students struggle in.</i>  <i>Individual college pass/fail rates.</i>
Q35: Do you track enrollment for DCW programs?	68% yes 16% no 16% don't know.
Q36: Do you assess student satisfaction at completion?	94% yes 6% no

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Q37: How important is curriculum consistency across community colleges?	9.6 Ranked on scale of 1 to 10 with 10 being “extremely important.”
Q38: Do you partner with any of the following? (Health and LTC providers, home and community-based providers, PACE, IowaWORKS, workforce boards, Job Corps, FRI, Local United Ways, High Schools, (7 skipped)	<p>95% High schools  84% Health and LTC providers  84% GAP  68% IowaWORKS  63% PACE  53%Future Ready Iowa  42% Home and community-based providers  26% Job Corps  26% Local Workforce Boards  21% Local United Ways</p>
Q39-41: Have DCWs benefited from Future Ready Iowa Program/Dollar for Scholars; if yes and if no? (8 skipped)	<p>83% yes  17% no</p> <p><i>If yes: it has allowed them to receive training free of costs (out of pocket).</i></p> <p><i>Assistance with tuition.</i></p> <p><i>Additional GAP funds.</i>  <i>Able to be employed as a CNA.</i></p> <p><i>If no: Potential students need to be better educated on the program.</i></p>

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	<p><i>Students don't know about the benefits available to them.</i></p> <p><i>Monies have been given to "program specific" college credit courses which could include some CNAs, but GAP benefits the non-credit students more.</i></p>
<p>Q42: Is there a general perception that CNAs and other DCW jobs are low-skilled and entry-level?</p>	<p>44% yes 56% no</p> <p><i>If yes: Yes, for some reason, it is viewed as so low entry level, when in fact the job and work is VITAL!</i></p> <p><i>Not treated like individuals who hold professional licensure.</i></p> <p><i>I believe the unfortunate reality is, these DC providers are so desperately needed, the standard set for employment is minimal and become less all the time. No investment on either end, no ongoing education or onboarding for retention, not to mention safety of those served.</i></p> <p><i>Many see the CNA as a steppingstone and not a career option.</i></p>
<p>Q 43: What are some of the COVID-19 specific barriers to providing nurse aide and other DCW training?</p>	<p><i>Decreased access to facilities for clinicals.</i></p> <p><i>Turnover of CNA instructors during COVID.</i></p> <p><i>Decreased hands-on clinicals with patients/residents.</i></p>

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	<p><i>Access to PPE</i></p> <p><i>Initially, it was trying to get the waiver for the clinical portion of the program... also nursing facilities were (and still are) concerned with students who might be working in other facilities where there are positive cases and coming into their facility asymptomatic.</i></p>
<p>Q44: What barriers are DCWs currently experiencing in accessing training? Ranked on scale of 1-10 with 1 ranking as the biggest barrier.</p>	<p>Top barriers:  Money for tuition.  Work schedules.  Childcare.  Transportation.  Language barriers.</p>
<p>Q45-46: Does your community college have a routine follow-up with individuals who do not successfully complete the nurse aide or other DCW training?</p>	<p>22% yes  78% no</p> <p><i>If yes: As a coordinator, I meet with each student individually to discuss their status, talk about what their expectations are, and discuss a future plan for the individual.</i></p> <p><i>Our instructors reach out to the students as well as myself to follow up to see if there are barriers that we can assist with to achieve success.</i></p> <p><i>We monitor closely during classes to identify problems with reading comprehension, etc. If a problem is identified, we refer to resources on campus to help the student. We rarely have a person who doesn't pass the classroom and lab portions of the class. Most often it is a problem</i></p>

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	<i>with testing. And when a person simply decides that the field, they are working in isn't a good fit for them, we assure them that it is ok.</i>
Q47-49: Are there barriers for community colleges in creating a more streamlined, consistent system of portable training for nurse aides and other DCWs? If yes, what; and provide ideas for increased collaboration among community colleges to ensure more consistency in programs.	<p>39% yes 61% no</p> <p><i>If yes: High school students without on-campus options.</i></p> <p><i>Some students have to travel to get to classes.</i></p> <p><i>Instructors' time, money, community understanding.</i></p> <p><i>Lack of communication.</i> <i>The fact that our regulations are very rigid as to the number of hours needed in a LTC facility.</i> <i>Lack of administrative buy-in.</i></p> <p>Ideas for increased collaboration: Overall agreement that community colleges, and the HOE group work very closely and well together.</p>
Q50: How important is portability of DCW credentials?	9 (8.75) Ranked on scale of 0-10 with 10 being "extremely important".
Q51-53: Would DCWs across all settings benefit from a state DCW database or expanded DCW registry? If yes, why? If no, why?	<p>88% yes 13% no</p>

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	<p><i>If yes: This option would make it much easier for a person to track their training records. I would like to see Iowa track Med Manager and Med Aide trainings.</i></p> <p><i>Having all their credentials in one centralized location, not only benefits the DCWs but the future employer as well.</i></p> <p><i>Community colleges would be able to verify training certificates held and would be able to determine what is transferrable and what is not.</i></p> <p><i>Many students are consistently needing copies. It would make it easier for community colleges when submitting testers who test multiple times at different sites.</i></p> <p><i>Because with job change, proof of their credential in one database would speed up employment.</i></p> <p><i>Right now, only CNAs are in the database. It would be nice to have medication managers, medication aides, etc. in the database too to help employers see what education their employees have beyond the basic.</i></p> <p><i>If no: In Iowa we have the direct care registry already.</i></p>
<p>Q54-56: Would community colleges benefit from a state-based database to house credentials or programs for</p>	<p>88% yes 12% no</p>

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<p>the direct care workforce? If yes, why; If no, why?</p>	<p>If yes: <i>Would be easier to locate credentials for continued education.</i></p> <p><i>For Med Aide and Manager, a state database would be very helpful.</i></p> <p><i>Multiple students jump around to different testing sites. This would allow all colleges to know scores and where they tested.</i></p> <p><i>Help to have certificates all in one place.</i></p> <p>If no: <i>I'm not sure of the value? A common website at DIA or DOE may be a better choice. Right now, DOE is the common database.</i></p>
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## **CONCLUSION:**

The community college network is strong and working to adapt to the changing environment, trends in health and long-term services and supports (LTSS) delivery systems, changing trends in education, and the unique needs of their communities. They provide an array of primary educational programs for DCWs as well as programs that supplement employer-based and community partner training programs. They work closely with the University of Iowa Certification Center, Departments of Education, Inspections and Appeals, Workforce Development, and others in addressing demands for the workforce. The community colleges and certification center meet regularly as they seek ways to enhance and maintain consistency in their direct care worker (DCW) programs and protect curriculum and testing integrity while maintaining autonomy and flexibility in their delivery using different learning management systems.

## **RECOMMENDATIONS:**

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Based on survey findings and participant comments, the following recommendations are proposed for consideration and further discussion:

**Internal Considerations:**

- 1) Continue the Health Occupation Educator group meetings to ensure good relationships, continuity of programs, and overall communication.
- 2) Establish a process for the University of Iowa Certification Center to share appropriate testing results with community colleges to aid community colleges' quality assurance policies (e.g., reviewing a test question that is frequently missed by students to determine if it is a question that needs rewording, etc.)
- 3) Address lack of student access to technology by incorporating the state's move for better broadband access into their goals for students.
- 4) Conduct needs assessment surveys of health and LTSS employers and of direct care worker students to determine if learning needs and preferences of students align with those preferred by employers, compare results, and make enhancements, if necessary, accordingly.
- 5) Consider better preparation for nurse aide and DCW educators to help ensure greater success of students by incorporating more principles of instructing, adult learning, and empowerment.
- 6) Ensure that all community colleges and participating entities share the same definition of pipeline and career pathways to avoid confusion among stakeholders and the public, and to keep those same goals at the forefront of workforce development and recruitment.
- 7) Adjust model for apprenticeship programs away from "fast-tracking" employees to allow individuals more flexibility to integrate into those programs and consider the learning needs of students are being met.

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### **Collaborative Deeper Dive Considerations:**

- 1) Host a meeting or meetings with partners to discuss a) the meanings of workforce pipeline and pathway; b) portability of DCW credentials for DCWs and the community colleges current and future roles in any state efforts to expand the DCW registry; c) Identify external activities/policies that create challenges for community college efforts to maintain consistency in programs for DCWs; d) continuing education standards for DCWs vs the current 8-hour work rule and how an employer's requirement to provide twelve hours of in-services annually coincide; e) CNA pre-requisite for nursing programs; f) career opportunities within the field of direct care, the use of entry-level, workplace setting or population served to define DCWs; g) assess the overall status of the Prepare to Care program; h) potential for other specialty training programs for DCWs; and i) purpose, utilization, and awareness of nurse aide refresher courses.
- 2) Determine community college's interest in offering Mouth Care Matters (MCM) training by engaging a MCM instructor who is employed by a community college to provide the class to the Health Occupation Educators and other community college representatives who may be interested.
- 3) If it does not already exist, prepare a resource to target potential DCW students or those returning to the profession that explains in simple terms, the various programs, the benefits, and eligibility (PELL, GAP, and Future Ready Iowa opportunities) and work with partners in its distribution.
- 4) Identify additional strategies and solutions to assessing student's needs for financial and other assistance to help students navigate the resources available to them to ensure greater success such as increasing collaboration with stakeholders.
- 5) Explore opportunities for new partnerships and examine the types of partnerships that exist in community colleges in other states.

### **Systemic and Policy Considerations:**

- 1) Refer to the Department of Public Health/Human Service Rural Health Workforce Strategic Action Plan to align strategies.

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- 2) Ascertain whether the recommendations of this environmental scan can be instrumental in supporting the state's recommendations for the utilization of federal American Rescue Plan Act funding, particularly the Home and Community Based Services (HCBS) provision.
- 3) Advocate for more scholarships for high demand DCW occupations through Future Ready Iowa and eliminate the requirement that students must be on a 2-year college track to be eligible for some programs. Scholarship opportunities should consider the student barriers identified by survey respondents (e.g., tuition fees, childcare, stipends so they don't have to juggle work, school, family since they are shorter term programs, and transportation.)

**Note: A list of other state-approved nurse aide training programs can be obtained from the Iowa Department of Inspections and Appeals.**

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