

# A Comprehensive System to Build a Strong Direct Care Workforce

## STRATEGIES AND ACTIVITIES

### Assess and Increase Awareness About Iowa's Outstanding Training Programs for Direct Care/Health Care Workers (DCWs)

Convene a meeting of stakeholders to showcase what Direct Care/Support Worker training programs currently exist and how they can be accessed for training as specialty endorsements (providing an opportunity for individuals to grow within the field of direct care) or as collection/catalog of high quality, ongoing, competency-based training programs that community colleges, employers, and students can select from.

These programs could be integrated into Registered Apprenticeship programs. Potential Participants:

Community Colleges, Alzheimer's Association, NAMI, University of Iowa Colleges of Dentistry and Nursing, University of Iowa's Center for Excellence on Development and Disabilities (UCEDD), Iowa Public Health Association, Iowa Brain Injury Alliance, Epilepsy Foundation, Lutheran Services, Workforce Sector Boards, Iowa Hospital Association, Iowa Health Care Association, LeadingAge, Iowa Association of Community Providers, Autism Society, EveryStep, Hospice and Palliative Care Association of Iowa, I4A, Iowa Developmental Disabilities Council, Iowa CareGivers, and many others.

### Bring Existing Programs to Scale

Prepare to Care (P2C) was recognized as a Best Practice by the National Academy of State Health Policy (NASHP) in 2021/2022. It is a unique training designed to prepare DCWs to provide the best care/support regardless the workplace setting or population served, making their credentials more portable. It is a preferred curriculum for some who are launching Registered Apprenticeship programs.

## State Recognized Competency-based Training

## EXPECTED AND DESIRED OUTCOMES

- Recognizes and utilizes already established programs and curricula which reduces the cost and burden on development of new programming which can be used for Registered Apprenticeship programs for direct care workers or existing Certified Nurse Aide, Direct Support Professional and other training.
- Reduces redundancies of trainings.
- Enhances collaboration among stakeholders.
- Meets learner needs in terms of multiple options of learning styles (online, in-person, hybrid).
- Opportunities for DCWs to specialize in areas of interest, contributing to job satisfaction.
- Reduces burden on students who may have travel, childcare, work demands, and other challenges while completing their training.

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## STRATEGIES AND ACTIVITIES

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Most community colleges teach the 6-hour P2C Core because it is a pre-requisite to the Certified Medication Aide Class. The Core is also available online through the University of Iowa College of Public Health. Its development was made possible by a federal Health Resources and Services Administration (HRSA) grant. When federal funding ended, there was no State investment. The following steps are needed to bring Prepare to Care to scale:

- Update the P2C Core curriculum (online and in-person).
- Promote the P2C Core curriculum as an introduction to direct care and/or nursing or other health professions.
- Update all P2C modules.
- Explore converting P2C to an online format.
- Present (P2C) as an option by more fully integrating into community colleges, Registered Apprenticeship and other programs. Most community colleges already teach the P2C Core and at least some of the other modules.
- Develop and implement a promotional plan.
- Provide resources needed to administer the program. (quality assurance, tracking those who complete P2C training, and maintain a cadre of P2C instructors).

- Collaboration between the University of Iowa Certification Center, the current testing product vendor (Headmaster), Department of Inspections and Appeals and licensure (DIAL), Iowa Health and Human Services, Iowa Department of Education, Iowa Workforce Development, Iowa CareGivers and others to ensure infrastructure is in place to support systems changes. Community college testing locations are critical to an effective testing experience. Explore the expansion of Headmaster to best serve direct care workers, employers, consumers, and others in Iowa.
- Support the establishment of a health care workforce licensing and credentialing “system” that includes direct care workers and is led by DIAL.
- Establish priorities that are critical needs in current testing and registry usage and for possible expansion of testing and registry features.

### Infrastructure: Testing and Certification Center

## EXPECTED AND DESIRED OUTCOMES

- A central location to permanently record DCW training is critical infrastructure.
- Provides students testing prep.
- Proctored testing.
- Safeguards and quality assurance measures in place to ensure public safety.

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## STRATEGIES AND ACTIVITIES

### Amend Burdensome Federal Law - OBRA'87:

**Problem: Certified Nursing Assistants (CNAs) do not have a continuing education standard to maintain their certification. An amendment to the federal law would give DCWs that option.**

Federal regulation, (42 CFR 483.156), the Omnibus Budget Reconciliation Act of 1987, (OBRA '87), required nurse aides who worked in nursing homes to become certified by completing a minimum of 75 hours of training, and every state to establish a Nurse Aide Registry for the purpose of:

- Maintaining a list of all Certified Nurse Aides (CNAs) or those who successfully completed the 75 hours of training.
- Maintaining a list of those who are ineligible for employment as CNAs due to substantiated findings of abuse, neglect. **They are also deemed ineligible to work if they haven't worked 8 hours in a nursing home in a 24 month period of time.** They do not have a continuing education standard. Nursing homes are required by the same federal law to check the standing of a CNA on the Registry before hiring and to inform the Registry to report employment of any new hires.

- Include Iowa Department of Education's health professions dashboard system into any licensure and credentialing "system" that may be initiated by DIAL.

- Expand the Governor's Emergency Education Recovery (GEER) program that provides free CNA/ DCW training through the Community Colleges. Multi-year funding is needed to allow time to measure student success.

Eliminate Burdensome Federal Regulation

Department of Ed Health Workforce Dashboard

Easy Access to Quality Training for Those Interested in Entering the Field

## EXPECTED AND DESIRED OUTCOMES

- An Amended federal law would allow Certified Nurse Aides (CNAs) to maintain their certification through a state-approved continuing education standard and thereby eliminating burden.
- Older workers would stay in the field beyond retirement if they could maintain certification through continuing education.



- Learn how many health professionals begin careers in direct care.
- Learn how many DCWs transition to other health professions.
- Learn how much DCW turnover is attributable to advancing education.

- Accelerated CNA/DCW training to help fill the high number of job vacancies that now exist in Iowa.
- No income eligibility for students.
- More flexibility and autonomy for DCWs.
- Data to ascertain program's impact on workforce recruitment and retention and overall student success.

## STRATEGIES AND ACTIVITIES

- Fund Iowa Workforce Development (IWD) to repeat the **2019 Direct Care Worker Wage and Benefit Survey** and compare to previous survey results. (Allocation from American Rescue Plan Act)
- Fund IWD and the University of Iowa to conduct extensive analysis on DCW wage data that would include the impact of variables such as the COVID-19 pandemic, inflation, increasing use and cost of temporary agency staff, the trend of traveling CNAs and other DCWs, bonuses or hazard pay during the pandemic, high numbers of experienced CNAs/DCWs leaving the field during the pandemic and being replaced with new DCWs at lower hourly wages, and possibly accounting for the stagnation of wages since 2019, and additional analysis through a rural/urban lens.

**In-Depth Analysis of Existing Direct Care Workforce Wage and Benefit Data, Demand, and Projected Growth**

## EXPECTED AND DESIRED OUTCOMES

- Determine the number of DCWs who are now receiving SNAP and other state supports compared to the 10% revealed in the 2019 DCW Wage and Benefit Survey.
- Assess the impact inflation and COLA has had on the economic stability of the direct care workforce and retention.
- Wage enhancement policy options for all DCWs regardless the setting or population served.
- Prevent an already dire workforce shortage from worsening.

## Considerations On Matters of the *Direct Care Workforce*

**When it comes to recruitment, retention, training and portability, wages, and other matters of the direct care workforce, please consider the following:**

- Recognize that direct care/support is a career choice for many and should not be viewed as an entry level position but rather implement existing opportunities to grow professionally within the field of direct care.
- Avoid defining the direct care workforce by the population served or workplace setting.
- Invest in infrastructure to support collection of consistent, accurate, and long-term demographic, training and portability, and career pathway data on the direct care/support workforce.
- Ensure equitable DCW wage policy across settings, titles, and populations served.
- Provide resources to bring successful models and best practice programs to scale and sustain them rather than allowing them to falter after start-up public or private foundation grants end.
- View solutions to the direct care workforce shortage more globally but with a statewide perspective.
- Promote Iowa's long-time history of leading on direct care workforce initiatives.



*Direct Care Worker  
Wage Issue Brief*

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