BRIEF

The Need for Data Collection on the Direct Care Workforce

Iowa's "Care Gap"

A stable direct care workforce is vital to Iowa's ability to provide care and support to its citizens. The issues of Iowans having **access** to care and supportive services are directly linked to their **access** to a highly qualified direct care workforce to provide that care. These issues, centered on workforce and economic development, education and professional development for direct care workers, and social justice, are complex in nature. The state must address this "Care Gap" in a comprehensive way, so direct care workers have the resources they need to successfully care for and support Iowans. **This brief addresses the need for Iowa to have access to accurate data on the direct care workforce, which is currently nonexistent.**

A stable direct care workforce is vital to Iowa's ability to provide care and support to its citizens. The issues of access to care, workforce and economic development, education and professional development for direct care workers, and social justice affect the entire state by virtue of their impact on a critical segment of the health and long term care workforce. The state will need to address this care gap in a comprehensive way, so direct care workers have the resources they need to successfully care for and support Iowans.

Introduction

The Iowa CareGivers Association's (ICA) work to provide direct care workers with the educational tools and support systems they need has been critical to the success of the profession in Iowa. ICA has long recognized the need for infrastructure to support direct care workers and has been a part of a crucial effort to create a system that would support direct care worker training and education, the Direct Care Worker Advisory Council. Through the work of the Advisory Council, it has become clear that the existing data on direct care workers is limited at best. In order to plan for a systemic change in the way that direct care workers are prepared for the work place, information must be gathered to identify needs, demographics, and other information in a comprehensive way. Additionally, evaluation data on promising practices and pilot projects to address worker recruitment and retention will be critical to the future development and maintenance of supportive systems for direct care workers.

The Need for Data

Nationally

According to a report published by the National Direct Service Workforce Resource Center, there are no states currently collecting comprehensive data on direct care workers across settings.[1] The report highlights the setting-specific nature of existing data and that researchers and policymakers lack the data needed to develop a consistent, comprehensive, and fiscally responsible workforce strategy, regardless of setting. The authors point to multiple organizations collecting data that is specific to their audiences as a contributing factor to the fragmentation of data. Among other issues, it is also difficult to evaluate interventions impacting recruitment and retention without access to baseline data on the workforce as a whole.

Iowa

In Iowa, the issues are no different when it comes to data. According to the Iowa Direct Care Worker Task Force (now an Advisory Council), there is a lack of data collection infrastructure to accurately count and track direct care workers across all settings. The estimated number of direct care workers according to the Advisory Council could be as many as 75,000 to 100,000 workers, to include 40 different job titles.[2] Nationally, official data estimate that there are 42,400 direct care workers in Iowa, which indicates that there is a disparity in information, which could have a dramatic impact on the state's ability to plan for or predict the fiscal impact of efforts to create systems to support the workforce.

A July 2009 final report from the Department of Health and Human Services Health Resources and Services Administration (HRSA), Office of Performance Review on a discussion of HRSA grantees in Des Moines and Polk County highlighted the lack of a central data system for tracking health care workers.[3] Additionally, the group noted that there is no way to track non-licensed and non-certified segments of the direct care workforce.

Recommendations for Data Collection

The HRSA grantee meeting recommendations called for the establishment of a central bank of data on the direct care workforce in order to aid in the implementation of certification and tracking of direct care workers, to assist in planning for future needs in the direct care workforce, to track direct care workers and why they leave the field, to gain demographic information, and to monitor whether educational standards are being met. Additionally, the group identified the need for a clear definition of a direct care worker and types of positions they fill, in order to inform data collection.

In 2007, the Iowa Department of Public Health hosted a Health and Long-Term Care Workforce Summit, from which recommendations were made.[4] Included in these recommendations, among others, were the following related to data collection:

- Establish a structure (team) for coordination of all health and long-term care workforce efforts, including data collection, management, and analysis and recruitment, retention, and training. Consider public-private partnership in this structure.
- Maintain the infrastructure (a center) established for coordination of health and long-term care workforce efforts.
- Maintain and improve data collection, tracking, and accessibility.
- Continue to sustain recruitment, retention, and training programs that are working, adjust those that need changes, and develop new programs to address emerging workforce needs. (In order to implement this last recommendation, it will be critical for Iowa to collect baseline data on the direct care workforce, by which to compare recruitment, retention, and training initiatives.)

In their report to the National Direct Service Workforce Resource Center, the Paraprofessional Healthcare Institute (PHI) recommended that data should be collected in a comprehensive, across the board way. The report cites the need for state and nationwide data for policymakers to address issues of retention and recruitment and recommends that states collect a minimum data set. They recommend that data is collected through a comprehensive approach that allows for compilation across service types, populations served, settings, and job titles.

Among the data elements that PHI recommends are at minimum, the numbers of direct service workers, both full-time and part-time; data on turnover and vacancy rates that indicate the stability of the direct care workforce; and the average compensation for direct care workers, to include wages and benefits. Additional data elements that they recommend to be a part of collection efforts include hours worked, frontline supervisor data (i.e. numbers of workers, hours, numbers supervised, vacancies, turnover), changes in demand for direct service workers, entry training, career ladder advancement programs, training for supervisors, and injury rates.

In terms of recommended methods for data collection, PHI recommends that entities use and build on existing data collection systems. They note that states could attempt to implement a census approach, where all providers that are reimbursed with public funding are required to report on these items, or a sampling approach, with balance provided for population served, services, and settings. The report also highlights the need for data on independent providers who work in consumer-directed services and notes that data collection may be possible through consumer surveys or intermediary reporting.

How Data Collection Will Help in the Future

In their report, PHI notes that if their recommendations for the collection of a minimum data set are implemented, the implementation will allow policymakers to achieve five objectives:

- To create a baseline against which the progress of workforce initiatives, including systemic interventions to improve workforce outcomes, can be measured.
- To inform policy formulation regarding workforce initiatives.
- To help identify and set long-term priorities for long term care reform and systems change.
- To promote integrated planning and coordinated approaches for long term care and comparability of data across programs to assist in the assessment and evaluation of adopted policy initiatives.
- To compare state progress with the progress of other states or with overall national performance, assuming cross-state collaboration to develop a common framework for effective collection, analysis, and use of direct service worker workforce data.

Additionally, data collection will serve to determine the feasibility of consumer utilization of the data. With the implementation of data collection recommendations, the Iowa and national direct care workforce could greatly benefit. Data help to identify issues and priorities within the direct care workforce, inform policy decisions, allow for comparability with baseline data and between states, and promote comprehensive efforts to address workforce issues and the assessment of those initiatives.

About the Iowa CareGivers Association

Since 1992, the IowaCareGivers Association (ICA) has worked to provide direct care workers with the education, leadership tools, and resources they need to succeed in their profession. With a mission of enhancing quality of care by providing education, recognition, advocacy, and research in support of direct care workers, the ICA continues to advocate for policy that positively affects direct care workers, addresses the care gap, and provides the systems needed to support the direct care profession. The Iowa CareGivers Association is nationally recognized as a voice for direct care workers and has been involved in numerous state and national efforts to gauge the needs of direct care workers and advocate for policy solutions to address those issues.

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This issue brief was developed by the Iowa CareGivers Association as part of a series of four briefs on the issues that impact direct care workers every day, to include education and professional development, social justice, workforce and economic development, and data collection. The development of these resources has been made possible through DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) Grant #: D1DHP16330

For additional resources on the care gap and other issue briefs, or to request a hard copy of materials, contact the Iowa CareGivers Association at:

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