Solutions are obvious for Iowa’s direct-care crisis

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Recent op-ed pieces by John Hale shed light, once again, on direct-care workforce issues in Iowa — a critical shortage due to a people gap, a care gap, high turnover, an aging workforce, and other factors.

What Hale describes is well-founded, and we’ve exhausted ways to say that there are too few people to fill health and long-term care and support jobs, or ways to express the public safety and economic impact of these issues. Experienced, dedicated workers, forced to work mandatory overtime, are burning out and leaving, compounding the shortage. Their employers can’t operate.

Family caregivers, unable to rely on home caregivers, are forced to leave their jobs to care for a loved one, placing their own financial or retirement security at risk. The business community loses productivity when employees leave their jobs or miss work to care for loved ones when help isn’t there to supplement their care. Taxpayers and providers foot the bill for millions of dollars in turnover costs. Ultimately, Iowans don’t receive the care and support needed.

Let’s stop asking “what do we need to do?” when the solutions are obvious and have been scrutinized by workers, employers, educators, Iowa receiving services, and others time and again. Lawmakers, constituents will benefit if they place a higher priority on the recruitment and retention of the direct-care workforce and other high-demand occupations such as mental health workers, geriatricians, psychiatrists, dentists and others.

Good news: There’s no need to start from scratch. We can recognize, implement and build upon work in progress, administered by the Department of Public Health.

Bad news: Despite tremendous support, House File 275, didn’t make it out of subcommittees. It was proposed by the Older Iowans Legislation to task and fund the department to serve as the “backbone” for addressing recruitment and retention of the direct-care workforce and other high-demand occupations.

The solution? Comprehensive systemic change includes six steps:

1. Expand competency-based, standardized, and portable credentials for those who work in direct care. The training of the workforce is fragmented by where the services are provided (home, personal care, nursing home, hospice, hospital) rather than by the needs of those served regardless where it’s provided. We need an expansion of current training initiatives and opportunities for direct-care workers to specialize in oral health, dementia, autism, mental health and other areas. By removing the heavy lifting, we can even keep older workers in the field longer and provide opportunities for individuals with disabilities to work in the field.

2. Establish a central data base system, currently nonexistent, to maintain accurate records of credentials for all direct-care workers.

3. Convene a multi-stakeholder interagency committee to explore ways to increase worker compensation. The wages of direct-care workers, when factoring in the cost of living, have actually gone down over the past several years. Child-care workers might be included.

4. Change the mindset regarding regulation. Stop talking about over-regulation or de-regulation, and begin talking about right regulation. Conduct an analysis of the outdated regulations that govern those in direct care, creating hardships for workers and their employers.

5. Conduct analysis on staff turnover data. Nursing homes are required to report staff turnover by title, on cost reports submitted to the Department of Human Services. The annual turnover of certified nurse aides (CNAs) can range from 0 to 400 percent, but no analysis on the data is being done. Many leave due to low wages, lack of training, and burnout. One can’t assume it in all beds since CNA rehires or advance their education, or the community may acquire a new business to which they lose employees. Data is only good if it’s analyzed and used to enhance the quality of care.

6. Ramp-up forgivable loans and scholarships for high-demand healthcare occupations.

The Legislature can still advance House File 275/Senate File 214.

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