



# DEFINING IOWA'S DIRECT CARE WORKFORCE

ISSUE BRIEF #1

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## Background:

Years after the advent of nursing homes in the United States and the evolution of new levels of care and support expanding options for lowans, Iowa's policies and practices related to the direct care workforce have not kept pace. There is a tendency to define, pay, and train direct care workers (DCWs) based on where they work or the populations they serve. DCWs are forced to function in a fragmented and often dysfunctional system seemingly stuck in the outdated and burdensome federal law known as the Omnibus Budget Reconciliation Act of 1987 (OBRA'87)<sup>1</sup>

Certified Nurse Aide (CNA) is one of the more commonly known titles under the umbrella of DCW. After the federal government began investing in nursing homes as outlined in the Social Security Act of 1934 the number of nursing homes continued to grow and became the primary option for extended care.<sup>2</sup> Nurse aides worked in these facilities but had no training requirements or certification. After concerns were raised by states and nursing home resident advocates, OBRA'87 was passed that required:

1. all nurse aides who work in nursing homes to complete a federal minimum of 75 hours of training to become certified and pass competency and skill testing, making them Certified Nurse Aides (CNAs) and eligible to work in a nursing home.
2. nursing homes to provide twelve hours of continuing education annually for CNAs.
3. every state to establish a Nurse Aide Registry to house the names of those who successfully complete the federally required 75-hour nurse aide training and to maintain a record of CNAs who have a substantiated case of abuse or criminal history and deem those individuals as ineligible to work in a nursing home.

Today lowans/Americans are fortunate to have many options for care and supportive services delivered in the homes of individuals served, including those who self-direct their care, adult day services, assisted living facilities, group homes, residential and intermediate care facilities, veteran facilities, hospices, and hospitals that often provide acute, skilled, home care, and hospice care. As a result, more than 30 different job titles have been assigned to DCWs that include some of the following: Certified Nurse Aide

(CNA), Direct Support or Service Worker, Direct Support Professional (DSP), Home Health Aide (HHA), Medication Aide, Rehabilitation or Restorative Aide, Hospice Aide, Resident Assistant, Personal Care Assistant, Job Coach, Community Living Specialist, Consumer Directed Attendant Care Worker (CDAC), Universal Worker, Resident Treatment Worker, and non-medical Caregivers, Helpers, or Companions.

These definitions tend to narrowly classify and silo DCWs by the population they serve or setting within which they work, making portability of competencies, training, or certifications difficult. This causes confusion among consumers and others about who DCWs are and what they are qualified to do.

In 2019, Iowa CareGivers (IC) was charged with conducting an environmental scan of the DCW curriculums and career pathway programs offered by Iowa's community colleges. The process included a survey of community college Health Occupation Educators and nurse aide instructors. Those findings along with a DCW survey and previous stakeholder outreach activities revealed gaps in awareness about different aspects of the direct care workforce and DCW Registry. This combined data and information were the impetus behind a series of three issue briefs and helped determine the three topics: 1) Defining Iowa's Direct Care Workforce; 2) Iowa's Direct Care Worker Registry; and 3) Reducing the Regulatory Burden on Direct Care Workers.





The U.S. Bureau of Labor Statistics (BLS) recognizes these main titles or occupational codes for DCWs that are determined by responsibilities or functions. However, the overlap in job tasks and responsibilities is significant.

## 31-1010 Nursing, Psychiatric, and Home Health Aides<sup>3</sup>

### 31-1011 Home Health Aides

Provide routine individualized healthcare such as changing bandages and dressing wounds, and applying topical medications to the elderly, convalescents, or persons with disabilities at the patient's home or in a care facility. Monitor or report changes in health status. May also provide personal care such as bathing, dressing, and grooming of patient. Illustrative examples: Home Health Attendant , Home Hospice Aide

### 31-1013 Psychiatric Aides

Assist mentally impaired or emotionally disturbed patients, working under direction of nursing and medical staff. May assist with daily living activities, lead patients in educational and recreational activities, or accompany patients to and from examinations and treatments. May restrain violent patients. Includes psychiatric orderlies. Illustrative examples: Mental Health Orderly , Psychiatric Nursing Aide , Psychiatric Technician Assistant

### 31-1014 Nursing Assistants

Provide basic patient care under direction of nursing staff. Perform duties such as feed, bathe, dress, groom, or move patients, or change linens. May transfer or transport patients. Includes nursing care attendants, nursing aides, and nursing attendants. Excludes "Home Health Aides" (31-1011), "Orderlies" (31-1015), "Personal Care Aides" (39-9021), and "Psychiatric Aides" (31-1013). Illustrative examples: Certified Nurse Aide , Certified Nursing Assistant , Nursing Care Attendant

### 31-1015 Orderlies

Transport patients to areas such as operating rooms or x-ray rooms using wheelchairs, stretchers, or moveable beds. May maintain stocks of supplies or clean and transport equipment. Psychiatric orderlies are included in "Psychiatric Aides" (31-1013). Excludes "Nursing Assistants" (31-1014).

## 39-9020 Personal Care Aides

### 39-9021 Personal Care Aides

Assist the elderly, convalescents, or persons with disabilities with daily living activities at the person's home or in a care facility. Duties performed at a place of residence may include keeping house (making beds, doing laundry, washing dishes) and preparing meals. May provide assistance at non-residential care facilities. May advise families, the elderly, convalescents, and persons with disabilities regarding such things as nutrition, cleanliness, and household activities. Illustrative examples: Blind Escort , Elderly Companion , Geriatric Personal Care Aide

# DIRECT CARE WORKERS (DCWS) DEFINED BY VARIOUS ENTITIES



What Is a Direct Care Worker? The term direct care workers (DCWs) refers to individuals who provide essential services through behavioral health, community mental health, and long-term care systems to support individuals with physical, cognitive, and intellectual/ developmental disabilities and older adults in a range of long-term care settings including their own homes. The term includes but is not limited to, certified nursing assistants, home health aides, hospice aides, personal care assistants, home care workers, direct support professionals, job coaches, personal care assistants, home care companions, and other workers who support people in self-directing their own care. (This Guide does not address workers who are caring for children.) The majority of DCWs are paid through Medicaid, but their services may also be covered by private insurance, through Medicare, directly by their clients, or through other sources of funding. Most DCWs have a core set of responsibilities that generally include assisting with hands-on personal care, activities of daily living, instrumental activities of daily living, rehabilitation, and habilitation. DCWs may also engage in vocational assistance, skills development, community integration, crisis prevention and navigation, and other tasks that contribute to an individual's highest possible level of independence and quality of life.<sup>4</sup>



DCWs are responsible for the care of thousands of clients, patients, residents, or tenants in health care facilities throughout Iowa. DCWs provide assistance with daily activities, administer medications, and ease the burden for Iowa's elderly and persons with disabilities.<sup>5</sup>



Direct care workers assist older adults and people with disabilities with daily tasks, such as dressing, bathing, and eating. Direct care workers include personal care aides, home health aides, and nursing assistants. Personal care aides also help their clients with housekeeping and might assist them with errands, appointments, and social engagements outside of the home. Home health aides and nursing assistants perform some clinical tasks, such as blood pressure readings and assistance with range-of-motion exercises.<sup>6</sup>





iowa direct care worker  
**TASK FORCE**



Direct caregivers are paraprofessional workers who provide care to New Mexico's aging and disabled populations and work as personal care assistants, home care aides, home health aides and certified nursing assistants (CNAs). They work in diverse settings, including private homes, adult day centers, assisted living residences and other residential care settings, and nursing homes.<sup>7</sup>

DCWs assist the elderly in nursing homes, work with children with physical and mental disabilities, support individuals who need assistance in their homes, monitor vital signs in hospitals, help with grocery shopping, administer medications, and provide decision-making and emotional support, among many other things. DCWs are employed in a variety of settings, including long-term care facilities (which includes nursing homes), residential care facilities, intermediate care facilities, hospitals, assisted living programs, home care agencies, supportive community living settings, other community-based settings, and individual homes. A DCW is an individual who provides services, care, supervision, and emotional support to people with chronic illnesses and disabilities. This definition does not include nurses, case managers, or social workers.<sup>8</sup>

Direct Care Worker/Professional (DCW/DCP) is an umbrella name for one of the largest sectors of the workforce in Iowa. Direct care professionals are defined as individuals who provide supportive services and care to people experiencing health conditions, illnesses, or disabilities and receive compensation for such services. They work in home-based, community-based, or facility settings. They may have job titles such as direct support professional, supported community living worker, home health aide, universal worker, hospice aide, personal assistant, patient care technician, consumer directed attendant care provider, senior helper/companion, and certified nursing assistant.<sup>9</sup>

# IS A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) DESIGNATION FOR DIRECT CARE WORKERS (DCWs) NEEDED?

Despite the high demand and dire shortages of DCWs that existed long before the COVID 19 pandemic, there is no federal “Health Professional Shortage Area (HPSA)” designation for this essential workforce. Through inquiries to both the Bureau of Health Workforce at the federal level and Iowa Department of Public Health (IDPH) Rural Health and Primary Care Program, we learned that they do not have a standard definition for DCW, and it would take an act of Congress to add new provider disciplines or programs to the Bureau of Health Workforce. A more standard definition for DCWs and the streamlining of the US Department of Labor’s occupational codes/titles would go a long way toward determining shortage areas for this segment of this workforce, enabling them to better “fit” into today’s service delivery system. <sup>10 and 11</sup>

## Considerations for Next Steps

State	Federal
<p><b>1)</b> Assign an entity knowledgeable about direct care workers to convene a meeting of stakeholders that includes DCWs, consumers, family caregivers, health, long-term care, and home and community-based setting employers, advocates, educators, and government officials to reach consensus on a generally accepted definition of the direct care workforce and the considerations outlined in this issue brief.</p>	<p><b>1)</b> There are advocacy efforts by the National Association of Direct Support Professionals (NADSP <sup>12</sup>) and others to establish a Standard Occupation Classification within the Bureau of Statistics for Direct Support Professionals. While occupational titles are updated only every six years by the BLS, it is believed that the pending federal legislation (S. 1437 / H.R. 4779) to recognize Direct Support Professionals as its own occupational title will help advance those efforts when the time comes. Consideration should be given to streamlining the thirty or more titles assigned to the direct care workforce by advocating for only two occupational titles – Direct Support Professional (DSP) with a focus on serving people with disabilities, and Direct Care Professional (DCP) with a greater focus on the medical model of care serving all Iowans. Portability of DCW credentials across settings and populations served would be beneficial to workers, consumers, family caregivers, and employers.</p>
<p><b>2)</b> Promote the accepted definition for DCWs, develop and implement a plan to uniformly announce it statewide via media releases, social media, and other venues.</p>	<p><b>2)</b> Call upon Congress to work with US Department of Labor and the US Department of Health and Human Services, Health Resource Service Administration (HRSA)/Bureau of Workforce) to establish a Health Professional Shortage Area designation for Direct Care Workers under new streamlined occupational titles of Direct Support Professionals (DSPs) and Direct Care Professionals (DCPs) to better define this vital segment of the workforce.</p>

## CONCLUSION

How stakeholders and federal, state, and local elected officials define the direct care workforce impacts public policy, practices, reimbursement and other payment systems, programs, recruitment and retention strategies, and the state's ability to build and sustain a strong direct care workforce ready to serve the complex needs of Iowans and meet the workforce needs of employers.

Meeting the complex needs of Iowans will require a well-prepared and competent direct care workforce able to work across settings and consumer needs. Changes to some deeply entrenched public policies that burden the system, and all stakeholders should be explored.

## RESOURCES

<sup>1</sup> United States Congress, <https://www.congress.gov/bill/100th-congress/house-bill/3545>, Part 2, Subtitle C.

<sup>2</sup> *Improving the Quality of Care in Nursing Homes*, Institute of Medicine (US) Committee on Nursing Home Regulation. 1986. Appendix A, History of Federal Nursing Home Regulation. Washington (DC): National Academies Press (US). <https://www.ncbi.nlm.nih.gov/books/NBK217552/#:~:text=The%20federal%20government%20first%20became,Social%20Security%20Act%20of%201935>.

<sup>3</sup> U.S. Bureau of Labor Statistics. Standard Occupational Classification. Healthcare Support Occupations. [https://www.bls.gov/soc/2010/2010\\_major\\_groups.htm](https://www.bls.gov/soc/2010/2010_major_groups.htm) (Accessed June 2022).

<sup>4</sup> *Direct Care Workforce Policy and Action Guide*, Milbank Memorial Fund, May 18, 2022, <https://www.milbank.org/publications/direct-care-workforce-policy-and-action-guide/>.

<sup>5</sup> Iowa Department of Inspections and Appeals. Direct Care Worker Registry for CNAs. <https://dia.iowa.gov/health-facilities/direct-care-worker-registry-cnas> (Accessed June 2022).

<sup>6</sup> PHI National, Frequently Asked Questions, <http://www.phinational.org/policy-research/key-facts-faq/> (Accessed June 2022).

<sup>7</sup> New Mexico Caregivers Coalition, Purpose and Legislative Principles. <https://www.nmdcc.org/purpose-and-statement-of-goals/> (Accessed June 2022).

<sup>8</sup> *Recommendations for Establishing a Credentialing System for Iowa's Direct Care Workforce*, Iowa Direct Care Worker Task Force. May 2008. [https://idph.iowa.gov/Portals/1/Files/DirectCare/task\\_force\\_report\\_2008.pdf](https://idph.iowa.gov/Portals/1/Files/DirectCare/task_force_report_2008.pdf) (Accessed June 2022).

<sup>9</sup> *Iowa CareGivers, Who Are Direct Care Workers*, [https://www.iowacaregivers.org/uploads/pdf/DCW\\_workforce\\_defined-2021-NOV11.pdf](https://www.iowacaregivers.org/uploads/pdf/DCW_workforce_defined-2021-NOV11.pdf).

<sup>10</sup> Iowa Department of Public Health. Bureau of Policy & Workforce Services. Rural Health and Primary Care. Primary Care Shortage Designations. <https://idph.iowa.gov/policy-and-workforce-services/rural-health-primary-care/primary-care-shortage-designations> (Accessed June 2022).

<sup>11</sup> Health Resources and Services Administration. Bureau of Health Workforce. <https://bhw.hrsa.gov/about-us> (Accessed June 2022).

<sup>12</sup> National Association of Direct Support Professionals (NADSP) <https://nadsp.org/nadsp-news2022-nadsp-advocacy-symposium-review/>, phone interview 7/11/22.

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