

Iowa a National Leader in Direct Care Training

The state, with the help of direct care workers, is developing career pathways within the direct care profession and will establish a Board of Direct Care Professionals by 2014.

My name is Matthew Clevenger. I am a Direct Care Worker and Certified Med Aide at Altoona Nursing and Rehabilitation in Altoona, Iowa. I have been a Direct Care Worker for 20 years and currently serve on the NAHCA Iowa Steering committee. Last year I was asked to join the Iowa Direct Care Worker Advisory Council. This council was established by the Iowa legislature in 2008 to provide the Iowa Department of Public Health recommendations on the Direct Care workforce. The Council consists of Direct Care Workers and others from different areas of both the medical and disability fields.



Recent legislation passed by the Iowa General Assembly last year provided expectations for the Advisory Council through 2014 when a board of Direct Care Professionals will be established. The Advisory Council recommends that the board be composed of nine members to include five direct care professionals (DCP) – three representing different categories of DCP credentials and two to provide additional balance among settings and populations served — two members of the public, one registered nurse who serves as a DCP instructor, and one human services professional. The nine-member board will be appointed by the Governor and will be given the authority, in legislation, to credential direct care professionals in Iowa.

An important issue for the Advisory Council, me included, has been to change the name of workers to Direct Care Professionals, as our work will finally be recognized as a profession. Within our profession, through the new credentialing system developed by the Advisory Council, will be the ability to specialize in areas such as Alzheimer's/dementia, brain injury, mental health and many more. The portability of these credentials between settings, employers, and states – which as a Direct Care Professional, myself – will be an important benefit of the new system and will open so many doors for direct care workers in Iowa. The ability to take your training with you across settings and states is due to the diligence of the Advisory Council in ensuring that all training and education align with existing state and national curriculum and training best practice (including our own NAHCA training).

Iowa is beginning to test these recommendations in a pilot project supported through a \$2,244,000 federal grant from the Health Resources and Services Administration (HRSA). This grant makes Iowa one of just six states selected to develop a model for education and credentialing of the state direct care workforce. The pilot will allow IDPH to test recommendations and make necessary changes before implementing any training or credentialing activities statewide. This project is providing the funding needed for Iowa to realize the goal of developing a direct care training and credentialing system that is nationally recognized, provides responsive and flexible training, promotes the highest quality of care, and develops career pathways to professionalize the direct care workforce in Iowa.

Specifically, the grant will pilot the recommendations for a portion of the direct care workforce, home health aides and personal and home care aides. Iowa's project will target two geographic regions in the state, one urban and one rural. The sample of direct care professionals participating in the pilot project will work in a variety of settings, including homes, intermediate care facilities, residential care facilities, supported employment, assisted living programs, and adult day programs. Direct care professionals participating in the project will provide services and supports to individuals with disabilities, individuals who are aging, and individuals with health conditions. To best measure the impact of the proposed training and credentialing process, the project will seek full-time, part-time, new, and experienced workers to participate. Project participants will receive an interim credential to be fully recognized by the state when the credentialing system is implemented statewide. Receiving this grant has been an exciting and fulfilling milestone for the Advisory Council.

As a Direct Care Professional, I believe it is time we are recognized as professionals – that our work is valuable and a career, not a stepping stone to another career. I take pride in what I do, like most other direct care professionals. I also take pride in being a member of the Iowa Direct Care Advisory Council and building a foundation for our profession.

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