

Iowa Direct Care Worker Task Force

Executive Summary



Background

As a result of the growing health care needs of Iowans and the impending shortage of workers to meet those needs, the Iowa General Assembly in 2005 established the Direct Care Worker Task Force to make recommendations regarding education and training of direct care workers in Iowa. The work of the Task Force in 2005-2006 and then again in 2007-2008 involved multiple stakeholders, including direct care workers, consumers, family members, health care providers, long term care providers, disability providers, mental health providers, and all state agencies impacted by these issues. Information and feedback was sought through outreach activities across the state in the form of focus groups and surveys.

The charge of the Direct Care Worker Task Force established in 2005 (which met throughout 2006) was to “review the education and training requirements applicable to and to make recommendations regarding direct care workers” (HF781, 2005). The Task Force issued a report of its recommendations to the Governor, the Iowa General Assembly, and the Iowa Department of Public Health in December of 2006. The recommendations were related to education and training, governance, and certification. Most significantly, the Task Force recommended establishing direct care worker classifications based on function (not setting or population served) to allow for consistency and portability of education and training. In addition, the Task Force recommended development of a governing body, a single approved curriculum, and certification of all direct care workers.

The 2008 Direct Care Worker Task Force

In 2008, the Iowa Department of Public Health re-convened the Iowa Direct Care Worker Task Force in response to 2007 legislation (HF 909) directing the implementation of the 2006 Task Force recommendations. Additional members included experts in the areas of governance and curriculum development. The charge of the re-assembled Task Force, provided by the Iowa Department of Public Health, was to “develop, implement, and evaluate a collaborative plan of action to achieve and sustain a qualified direct care workforce in Iowa that assures public protection.” Specifically, the plan was to include recommendations, a timeline, and necessary resources for:

- Standardized curriculum for initial practice as a direct care worker in Iowa
- Educational equivalency for other health care professions
- Standardized qualifications for educators and trainers
- Continuing education requirements for direct care workers, educators, and trainers
- Governance

The Task Force members understand the complexity of the undertaking, considering the size of the workforce in Iowa, the multitude of settings in which they work, and the diverse needs of populations they serve. The challenges are only exacerbated by high turnover, low wages, and inflexible regulations that require the employer, not the direct care worker, to ensure training needs are met. Therefore, there was recognition by the Task Force members that successful implementation of an education and credentialing system for direct care workers in Iowa must be deliberative and comprehensive, and must be implemented over several years.

The Task Force members continually focused their work on one essential overarching theme – that all Iowans will have access to quality care. The ultimate goal of the Task Force was to develop recommendations to create an accessible, comprehensible, flexible, quality system of education and training for all direct care workers in Iowa. This report is a result of the comprehensive, thoughtful, and often challenging, work led by the Direct Care Worker Task Force.

Who are Direct Care Workers?

Most likely, you know or have interacted with direct care workers. They 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.

Direct care workers 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.

The first task of the Direct Care Worker Task Force in 2006 was to establish a definition. The Task Force defined a direct care worker as 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.

Recommendations

The Iowa Direct Care Worker Task Force has made recommendations to achieve and sustain a qualified direct care workforce. These recommendations build upon the recommendations from the Task Force in 2006, providing the framework to implement a credentialing system for Iowa's direct care workforce. Details of the recommendations are provided in the full report. Key recommendations of the Task Force include:

- **Establish an Advisory Council to the Iowa Department of Public Health**

The Iowa Department of Public Health should convene an Advisory Council to continue the work of the Iowa Direct Care Worker Task Force to provide additional recommendations regarding implementation of the direct care workforce credentialing system.

- **Establish the Iowa Board of Direct Care Workers**

The Iowa General Assembly should establish the Iowa Board of Direct Care Workers within the Iowa Department of Public Health Bureau of Professional Licensure. The Board will be given the authority, in legislation, to certify direct care workers in Iowa.

- **Establish Certification Levels for Direct Care Workers**

The Iowa Board of Direct Care Workers should establish a credentialing system for direct care workers. The Task Force recommends three levels of certification for direct care workers in Iowa, which are progressive in level of job responsibilities and educational requirements. Other education and training needs for specialty skills will be available through endorsements. Core competencies for certification levels will be developed by a multidisciplinary work group in the next phase of work directed by the Advisory Council.

- **Certify Direct Care Workers**

The Iowa Board of Direct Care Workers should certify all workers performing the functions outlined in the established certification levels and specialty skills. Direct care workers will be certified upon demonstration to the Board that they have satisfactorily completed the required education and training and will be listed on the Directory of Certified Direct Care Workers managed by the Iowa Department of Inspections and Appeals. The transition and certification of the existing direct care workforce, estimated to be as many as 100,000 workers, will be addressed in the next phase of work.

- **Develop a Standardized Curriculum for Direct Care Worker Education**

To create consistency statewide in the content and delivery of direct care worker education and training, only one standard curriculum should be developed. The curriculum will be developed by a work group of curriculum experts and with input from stakeholders based on core competencies and using previous work of the Task Force as a starting point.

- **Establish Continuing Education Requirements and Standards for Direct Care Workers**

The Iowa Board of Direct Care Workers will establish continuing education requirements for Certified Direct Care Workers. Continuing education will be required to maintain certification and specialty endorsements. The Board will also establish continuing education standards to ensure that continuing education activities are appropriate for credit, advance the knowledge and skills of direct care workers, and meet or exceed existing state and federal requirements.

- **Develop a Direct Care Worker Instructor Training Course**

As part of the curriculum development process, the work group will develop an accompanying training course for direct care worker instructors. Individuals meeting requirements for qualified instructors outlined by the Iowa Board of Direct Care Workers will be eligible to participate in the course, allowing them to train additional direct care worker instructors.

- **Certify Instructors**

Consistent with existing practice, the Iowa Direct Care Worker Task Force recommends that primary instructors of direct care workers be certified by institutions of higher education.

- **Equivalency for Other Health Care Professions**

The Iowa Direct Care Worker Task Force recommends that all individuals performing functions of a Certified Direct Care Worker receive the prescribed education and training regardless of education or experience in another health profession.

- **Establish a Plan for Education and Outreach**

As significant as planning and recommendations in this report for implementation is the development of a comprehensive education and outreach plan to educate direct care workers, consumers, providers, and the public about the new credentialing system. The Task Force recommends that a plan be developed in conjunction with continuing work of the Advisory Council.