

# Providing Health Care for Direct-Care Workers

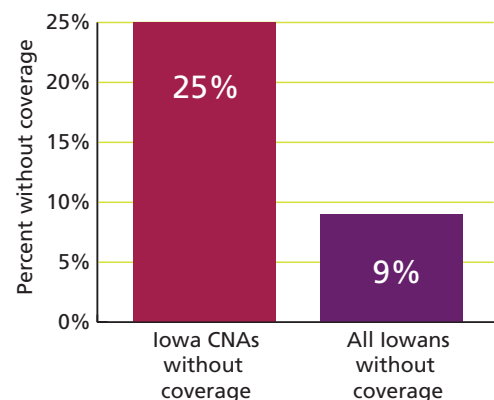


Quality health and long-term care depends on a stable, healthy direct-care workforce, yet the caregivers who provide the bulk of the hands-on care to Iowa's elders and people with disabilities often lack health insurance. The lack of adequate and affordable health insurance contributes to a growing shortage of direct-care workers in Iowa; a shortage that has been called a crisis in the making.

### Who are Iowa's direct-care workers?

- They are over 60,000 Iowans who work on the front lines in nursing homes, assisted living centers, hospices, private residences, hospitals, and other settings throughout the state.
- They provide "hands-on" support to help clients and residents eat, dress, bathe, groom, toilet, take medications and exercise. Because of their concern, compassion, and companionship, they are often viewed as "family" by those they care for.
- They are among Iowa's least compensated workers: certified nurse's aides (CNAs) earn an average of \$10.77 per hour and home care aides earn on average \$9.65 per hour.
- They lack access to affordable health coverage: one in four CNAs have *no* health care coverage, and 12 percent rely on public assistance for health care coverage. Further, many direct-care workers have health coverage from which they get little value due to limited benefits, high deductibles, and co-pays.

CNAs are almost three times more likely to lack coverage than all other Iowans



### A revolving door of direct-care workers

In Iowa, turnover of CNAs has been estimated at over 70 percent annually. Direct-care workers leave their jobs due to low pay, poor health care and other benefits, lack of initial and ongoing training, few advancement opportunities, and the emotional and physical demands of the work. Yet we are increasingly dependent on these paid direct-care workers to take care of our families and meet consumers' expectations of consistent quality care.

### The impact of the revolving door

- **Turnover results in less quality of care.** When a person with knowledge of and a relationship with a client or resident is replaced by someone new—quality and client satisfaction declines. When turnover leads to a shortage of staff, those who stay on the job have to do more work, do it faster, and do it with more stress and frustration. The impact? Rushed care. Delayed care. Forgone care.

*Continued on back*

- **Turnover costs dollars.** Estimates are that Iowa consumers and taxpayers spend more than \$44 million annually to pay for the costs of recruiting and training new direct-care employees.
- **Turnover decreases when workers are provided health coverage.** Researchers have found a strong, positive link between health insurance benefits for direct-care workers and worker retention. In fact, health insurance may be even more important than wages in increasing the supply of health workers and hours worked.

### We can change this if...

Iowans use what they are known for—good old common sense. Commonsense Iowans would say that it makes no sense to continue to spend over \$44 million annually to produce what no one wants: high amounts of turnover that lead to higher costs and less quality of care. Commonsense Iowans would suggest that it would be a whole lot smarter to use those same dollars to do things that would *prevent* turnover and produce a higher quality of care, such as:

- Improving wages and providing health care benefits;
- Enhancing initial and ongoing training; and
- Reinventing workplaces to give direct-care workers a greater sense of being a critical part of the health care team, and more recognition for a job well done.

### Why it matters

The trend lines are ominous. Americans, and especially Iowans, are living longer. Those 85 years of age and older are the fastest growing sector of our population. Baby boomers are reaching retirement age. Demand for services is growing.

The concern? When the direct-care worker is most needed, there simply will not be the supply of qualified workers to meet the demand. A September 2005 report from a White House panel summed it up this way: “We are on the threshold, and may have already crossed the threshold, of a large crisis of long-term care.” The report warned that the lack of qualified workers threatens to lead to a “warehousing” of elderly in nursing homes in the future.

### Where to begin

A good start would be to focus on bringing adequate and affordable health coverage to Iowa’s direct-care workers. In addition to common sense, Iowans are known for their strong sense of right and wrong. Most Iowans would say:

*It’s just not right that those who care for others in Iowa can’t get care for themselves.*

Health care coverage is a necessity. If Iowans value those who care for and support their friends, neighbors and loved ones, *and* if they want to encourage people to enter and stay in the direct-care profession, they must call on elected leaders (and candidates) to create ways for direct-care workers to get improved access to affordable and meaningful health care coverage.



**IOWA Caregivers**  
ASSOCIATION

Contact John Hale at the Iowa Caregivers Association (see below) to learn more about some of the coverage programs and strategies being explored in Iowa—and in other states—and how the ICA can help you become more informed and involved in addressing this crucial issue.



### Health Care for Health Care Workers—Iowa

1117 Pleasant Street, Suite 221  
Des Moines, IA 50309  
John Hale, Policy Director • 515.313.7766 • hale\_johnd@msn.com