



# Iowa Helping Community Policy Group – Mission and Q & A

April 10, 2021

The Iowa Helping Community Policy Group’s mission is to *advance federal and state policies that recognize and support those in the helping fields – paid and unpaid – in their vital roles in society*. The Group believes that strengthening this workforce is core to reflecting Iowa values in policy, meeting the needs of Iowans young and old and in-between, and ensuring Iowa’s prosperity.

The Iowa Helping Community Policy Group includes those working in the different helping professions, those who care about and advocate for them, those receiving support from them, and those who see this work as vital to Iowa society. These workers have been the backbone in the country’s response to COVID-19 and will be needed in continued response and recovery. In economic terms, they are essential both to enabling Iowa workers to be productive and in themselves contributing to the economy as a valued part of the workforce.

The following offers some Q’s and A’s about this workforce and its importance to Iowa’s prosperity.

## **1. Who is in the Helping Community Workforce?**

The helping community workforce includes those providing direct care to support children, seniors, and those in between, offering care and help to meet health maintenance and development needs – social workers, counselors, home health aides, nurses and aides in nursing homes and hospitals, child care workers, home visitors, and workers in child protection and group homes and other settings for persons with disabilities.

Their, and society’s goals, are to provide direct, day-to-day supports that ensure safety, promote independence and self-sufficiency, and provide supportive services to enable people to live in dignity.

## **2. Why Do We Need to Look at the Helping Community Workforce Today?**

COVID-19 has raised the visibility and recognition of frontline workers in health, education, and human services. They have been the backbone of the country’s response to COVID-19, both medical and social. They have stepped up to respond – in the immediate term despite strains on themselves and their families.

At the same time, the COVID-19 pandemic has shown the precarious nature of their work and often the lack of support they are provided in performing their roles, including very low pay for many frontline positions.

In terms of further responses to COVID-19 – stimulating an economic recovery and ensuring a robust helping workforce as a part of the economy – the helping community must not be taken for granted. It deserves and requires concerted public policy attention. The helping community workforce is a core part of the economy and should be viewed in that right.

### ***3. What Has Been Government's Role in Supporting this Workforce?***

This workforce is at the frontline in responding to the long-recognized role of government in ensuring the safety and health of the population, meeting basic and special needs, and enabling people to be as productive and self-sufficient as possible.

Through Medicare, Medicaid, and public health services, the federal government funds a large share of this workforce – in hospitals, nursing homes, and as home health aides to seniors and persons with special health care needs. Through block grants like TANF, SSBG, CCDBG, CAPTA, Title IV-b, and CSBG; and through Head Start, WIC, EFNEP, IDEA, and MIECHV, the federal government supports child care, home visiting, and special needs services to children that enable their parents to work and provide for their families, as well as supporting services to enable seniors and those with disabilities to live and contribute. Some of these workers are public employees, but a large share work in nonprofit community organizations with whom government contracts for such services. Government plays a key role in supporting this workforce, as many of those receiving help cannot afford to pay for the cost of the services they receive, particularly when they have special care needs.

### ***4. What is the Size, Composition, and Compensation of the Helping Community Workforce?***

Broadly considered, the health, education, and human services workforce represents nearly one-fifth of the overall workforce nationally, when including teachers in the K-12 education system. This workforce helps ensure the long-term well-being of society through its emphasis upon human capital development and maintenance – performing roles essential for the private sector workforce and economy. It both contributes to the prosperity of the economy and is a part of that economy. The Bureau of Labor Statistics provides information at both the state and federal level on the workforce in terms of different job classifications. These allow estimates of the size of this helping community workforce, shown for 2019 for Iowa. As the chart shows, 180,000 jobs, or one in eight jobs in the Iowa economy, are in one of these helping professions, and another five percent are in the K-12 education fields.

## Iowans in the Helping Professions: Bureau of Labor Statistics 2019 Data

All Iowa Workers	1,549,400
Community and Social Service Occupations (social workers, therapists, counselors, mental health workers)	21,040
Healthcare Practitioners and Technical Operations (doctors, RNs, and LPNs, EMTs/paraprofessionals, and others)	85,780
Health Care Support Occupations (medical assistants, home health aides, other aides and assistants)	59,580
Child Care Workers and Preschool Teachers	13,360
<b>Total</b>	<b>179,760</b>
Percent of All Employment	<b>11.6%</b>
K-12 Full-time Teachers	46,680
K-12 Teaching Assistants and Substitute Teachers	32,860
Above + K-12 as Percent of All Employment	<b>16.7%</b>

This workforce includes many highly-trained professionals (particularly in the medical world), but a large share of those providing care and help is done by aides, assistants, and paraprofessional and community-based staff – those providing the most day-to-day caregiving and support. Frontline workers in these health and human services positions themselves represent at least five percent of the overall workforce. They are primarily women (90 percent of all such positions in Iowa) and a disproportionate source of employment for people of color. Despite their value and need, those at the frontline also have some of the lowest levels of compensation of workers in the economy.

## Select Frontline Workers With Most Direct Care Contact, Median Income Levels, Iowa

Frontline Worker Classifications and Income	Number	Median Hourly	Median Annual
Licensed Practical/Vocational Nurses	6,260	21.32	44,340
Emergency Medical Technicians/Paramedics	2,200	17.02	35,410
Rehabilitation Counselors	1,850	15.17	31,550
Medical Assistants	4,970	17.12	35,610
Social and Human Service Assistants	4,780	15.65	32,560
Nursing Assistants	22,450	14.25	29,630
Home Health and Personal Care Aides	21,830	12.54	26,090
Preschool Teachers, Except Special Education	4,970	12.88	26,780
Child Care Workers	8,390	9.35	19,460
		[Mean]	[Mean]
<b>Total (90 percent women)</b>	<b>77,700</b>	<b>15.20</b>	31,610

As the chart shows, according to the BLS classifications, there are at least 77,700 Iowans working in direct care in lower-level positions – positions with generally lower formal education and certification requirements. The lowest paid of these – nursing assistants, home health aides, and child care and preschool teachers – are the primary focus of the Plan for a 21<sup>st</sup> Century Caregiver and Education Workforce and make less, and many substantially less, than \$15 per hour or \$30,000

per year. Raising the minimum wage to \$15 per hour would affect many of these workers and begin to raise their compensation closer to levels of their worth and value.

Most of these workers rely in very significant measure upon the government and the public sector to support their work, as a public good and because most of the people they serve cannot afford to bear the full cost for their services. Their low compensation, in large measure, is a consequence of low levels of reimbursement received for their services, with low levels of public sector reimbursements. Many direct care workers are part of health systems which rely upon Medicare and Medicaid payments, while half of all current financing of child care is through federal child care subsidies or tax credits (the rest is from parent contributions).

Other positions in the helping professions – registered nurses, social workers, therapists, and mental health providers – receive higher rates of compensation, but still well below that for other workers with similar education and training backgrounds.

## ***5. What Will Increasing the Size, Compensation, and Resources for the Helping Community Workforce Produce?***

The first and most important benefits to strengthening the size, compensation, and resources for the Helping Community Workforce is to improve the quality of life of those who need and benefit from the services they provide. This includes eliminating shortages in the availability of such workers, but it also means improving the continuity and skill of this workforce in providing care. Reducing turnover and burnout is particularly important for jobs that require trusting and respectful relationships to the people being served.

In addition, however, the Helping Community Workforce plays a vital role in ensuring economic vitality and prosperity. In fact, investing in this workforce has multiple “returns-on-investment” to business, society, and the economy as a whole, through:

- Strengthening society through enabling people to maintain themselves and reach their potential.
- Providing new sources of jobs (in a world where many sectors are subject to AI and automation and competition in an increasingly world-wide source of labor) and therefore growth in the economy.
- Making those currently in the workforce more productive (through providing child care to enable work and home health care to remove burdens from families for 24-7 care)
- Reducing poverty within the helping workforce itself and creating long-term and career employment (also reducing turnover and therefore improving continuity and skill in the workforce)
- Advancing equity in society – through both employment and earnings and response to people in urban and rural communities most affected by COVID-19 and by economic disadvantage
- As part of a stimulus package, immediately putting money into local economies to aid in economic recovery
- Reducing needs for other government safety net expenditures and increasing the overall tax base, through providing more family-sustaining employment and higher earnings.

Simply put, increasing the size and improving the compensation for this workforce should be viewed as an investment in the economy and recognized for the jobs such investments create and sustain.

## Multiple Benefits: Investing in the Size and Compensation of the Helping Community

- **BENEFITS TO PEOPLE SERVED BY WORKFORCE** – Meeting real need, providing continuity of quality care, quality of life, improving own self-sufficiency (and, for child care, school readiness and success)
- **BENEFITS TO FRONTLINE WORKFORCE** – Valuing their contribution to society, reducing stress and burnout, offering family-sustaining employment, reducing poverty
- **OVERALL BENEFITS TO ECONOMY** – Enabling people served to work and be productive and more self-sufficient, providing new jobs and sources of work in the economy, putting resources into local economy through increased pay, reducing demands upon other safety net services
- **ECONOMIC STIMULUS AND RECOVERY** – Immediately putting money into the economy, with among the highest returns of any form of federal stimulus spending

### 6. *Where are there Current Opportunities for Leadership in Public Policy?*

The COVID-19 pandemic has raised to new visibility the importance of this workforce. At both the federal and state levels, leaders have provided a new vision for government in recognizing and advancing this workforce.

At the federal level, President Joe Biden has proposed a “Plan for a 21<sup>st</sup> Century Caregiving and Education Workforce” involving a ten-year, \$775 billion federal investment in strengthening the direct care and child care workforces. These are now incorporated into his proposals for infrastructure legislation in the American Jobs Act and the American Families Act. Coupled with other plans to strengthen school-based services, health care, juvenile justice, and community health, the President Biden has outlined an agenda for economic recovery and meeting the needs of rural and urban America for quality health, education, and human services. Some of these provisions already have been initiated through shorter term-funding in both CARES Act funding and the American Rescue Plan Act funding. The Administration and Congress now are working on infrastructure legislation, with specific provisions to build that workforce.

At the state level, in her Vision for Iowa, Governor Kim Reynolds has emphasized the need for prioritizing support for this essential workforce of caregivers and educators:

“Iowa’s economic recovery plan is about more than yesterday’s goals. It’s a new opportunity to build a better Iowa, elevate how we do business, modernize how we work and learn, and further improve our quality of life.”

- “One of the most significant barriers to entering the workforce is the availability and affordability of childcare. ... The child care crisis is not only affecting families, it’s impacting the state’s workforce at a time when Iowa is missing out on nearly \$675 million in annual GDP because of a shortage of employees.”
- “Health care the way it exists today may not be sustainable in some areas. But with change comes the opportunity to create a more integrated, coordinated system promoting the health and wellness of every Iowan. ... The Governor acknowledges the importance of home and community-based care for aging and disabled individuals, and the difference these services make in maintaining health and quality of life. “ – from – *Vision for Iowa: Preparing a Future Ready Iowa ... Supporting Strong & Healthy Families ... Empowering Rural Iowa*

While the federal government is essential in providing financing to strengthen this workforce, states must play a major role in implementation and making effective use of that federal financing. Leadership is required at the federal and state levels at the policy-making and administrative levels.

There is strong public support for such actions, based upon Iowa values of community spirit, caring for one another, and enabling Iowans to contribute to the economy and raise the next generation. The Iowa Helping Community Policy Group is committed to working in a nonpartisan way to advance this work, bringing the expertise of those in the caregiving and education community and the people they serve – to enacting and implementing effective approaches to advance this workforce.

## **7. What actions are the Iowa Helping Community Policy Group supporting?**

At the federal level, the Iowa Helping Community Policy Group is supporting the proposed investments in the American Jobs Act to provide \$400 billion over ten years to support the home and community-based workforce, the proposed investments of up to \$6.5 billion annually to create a community health workforce, and the proposed investments in the American Families Act to provide \$420 billion over ten years to expand child care and preschool. The Policy Group supports the direction of these proposals to expand these workforces, increase their compensation, benefits, and career opportunities, and ensure their rights and values in the workplace.

In particular, the Policy Group is calling for Iowa Congressional leadership in support of these specific provisions.

At the state level, the Iowa Helping Community Policy Group is supporting improvements to the direct care workforce registry and infrastructure (as set out in House File 692) and establishing a state infrastructure, including an inclusive planning process that involves those at the frontline providing such care and the people they serve, for designing and implementing federal funding that comes through the state, as set out in House Concurrent Resolution 8.

The Iowa Helping Community Policy Group supports viewing these workers as the essential workforce they are and recognizing their value in compensation, training, and opportunities for professional growth and development. The Policy Group further supports viewing this workforce for its economic contributions to the state as the workforce behind the workforce and as a part of the economy and the jobs Iowa needs for its future growth and prosperity.

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For more information about the Iowa Helping Community Policy Group, contact Charles Bruner at [bruner@childequity.org](mailto:bruner@childequity.org) or visit and join the facebook group, Iowa Helping Community Policy Group (<https://www.facebook.com/groups/3401982129885549>). The following are the individuals who have served as the founding steering committee. The Group has not yet incorporated and is supported by inkind contributions of its members but considers itself a nonpartisan, nonprofit group.

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