

National Association of Social Workers — Iowa Chapter

# 2009–2010 POLICY PRIORITIES



## ***Preface***

The National Association of Social Workers (NASW), established in 1955, is the largest organization representing the social work profession, with over 150,000 members worldwide. The Iowa Chapter of NASW represents approximately 1,100 social work professionals and students throughout the state. Social workers are employed in various service capacities, including, but not limited to:

- chemical dependency treatment,
- child and family welfare,
- criminal justice and victim advocacy,
- disability services,
- gerontology and end-of-life care,
- medical and rehabilitative care,
- mental health treatment,
- policy advocacy,
- program and community development,
- school-based services, and
- social services.

NASW serves a dual purpose: it works to enhance the health and well-being of the individuals and communities that social workers serve, and it works to advance the social work profession as a whole. Toward these ends, NASW supports social policies that uphold social justice and that build community capacity. It promotes professional standards and education to assure best practice among social workers, and it represents the social work community and advocates on behalf of its members. The NASW also provides education to legislators and the public regarding its mission to serve those in need.



## **2009-2010 Policy Priorities NASW, Iowa Chapter**

### **CIVIL MARRIAGE FOR SAME-SEX COUPLES**

NASW, Iowa Chapter, believes that the state of Iowa should extend to same-sex couples the right to enter into civil marriage and to receive all the accompanying rights, protections and privileges.

#### ***Recommendations:***

- Enact legislation that extends to same-sex couples the right to enter into civil marriage in Iowa.
- Provide legal recognition in Iowa of same-sex civil marriages, civil unions, and domestic partnerships bestowed in other states.
- Oppose all efforts to impose a constitutional ban on non-heterosexual marriages.

### **DEATH PENALTY**

NASW, Iowa Chapter, is opposed to the death penalty because it represents cruel and unusual punishment, it is applied disproportionately to minorities and persons who are poor, it risks executing those who are innocent, it is overly costly, and it does not provide an effective deterrent.

#### ***Recommendations:***

- Iowa should not pass a law to re-institute the death penalty in any form.

### **GENDER EQUITY**

NASW, Iowa Chapter, supports the United Nations Declaration of Human Rights (1948) which affirms the right of all women and men to be free of discrimination in all spheres of life, including the educational and health care arenas, and to receive equal remuneration for equal work.

#### ***Recommendations:***

- Increase access to tuition assistance to working and middle class families through the use of grants, scholarships and access to low interest loans.
- Create loan forgiveness programs for students who stay in Iowa.
- Continue to expand provisions that give small businesses the opportunity to pool efforts and collectively offer more affordable health insurance options.
- Continue to support a woman's right to choose and increase access to a variety of contraceptive options including emergency contraception known as the "morning-after pill." This also includes the right of both men and women to fill their prescriptions at the pharmacies of their choice without unnecessary interference by pharmacists.
- Expand public health programs to reach a wider range of at-risk and uninsured women, including non-English speaking and low-income women not eligible for Medicaid but still in need of public funding.
- Increase women's earnings by strengthening support for the enforcement of equal opportunity laws.
- Expand paid parental and dependent-care leave policies to include both men and women and increase access to the lowest-paid workers.

## **IMMIGRATION POLICY AND UNDOCUMENTED PERSONS IN IOWA**

NASW affirms the nation's need for secure borders as well as a just immigration policy that provides an expeditious route to citizenship, affords the right to family reunification, addresses state workforce needs, ensures the rights of workers to pursue a livelihood and receive fair treatment, and promotes the positive value of diversity in communities across the state.

### ***Recommendations:***

- Work with federal officials to expand the number of allowable work visas, especially for unskilled workers, thereby speeding the process to citizenship and ensuring fair and equal treatment for workers.
- Allow undocumented persons to obtain state-issued drivers' licenses; these would not serve as legal immigration documents, but they would bestow legal driving privileges and would require undocumented person to learn the rules of the road, thereby enhancing public safety.
- Work with federal officials, employers and local communities to develop alternatives to raids as a means to deal with immigration violations.
- Work with federal officials to create real legal avenues for family unification.
- Expand state funding of English-language and adult literacy programs, delivered through public schools and community colleges, to assist the integration of new immigrants into Iowa communities.
- Support the federal Development, Relief and Education for Alien Minors Act (DREAM Act) to assist qualified high school graduates in gaining access to higher education.
- Support cross-cultural initiatives, including second language education for native-born Iowans, as a way to facilitate cultural exchange and understanding in local communities.

## **OLDER IOWANS**

NASW, Iowa Chapter, believes older Iowans should have access to quality medical care, services and support in an appropriate setting, either in their own homes or other facilities, based on their individual needs. NASW, Iowa Chapter recognizes the need to balance the issues of safety, cost containment and informed choice.

### ***Recommendations:***

- Provide an appropriate Medicaid reimbursement rate to expand the menu of services available in communities across the state.
- Provide funding to allow the Department of Elder Affairs to deliver education to consumers and technical assistance as a means of increasing its quality.
- Restore all funds diverted from the Senior Living Trust to preserve the program, or create funding streams to replace the SLT funding.
- Fully fund the Office of Substitute Decision Making.
- Affirm the basic protection of Older Iowans right to long-term care insurance through the development of standardized terminology/definition/general education, creation of a claim denial review system and establishment of a consumer protection unit.
- Explore options to reduce medication costs of Older Iowans.

## **PREDATORY LENDING**

NASW, Iowa Chapter, believes that lending practices known to take advantage of financially vulnerable Iowans should be regulated and monitored by the state of Iowa.

### ***Recommendations:***

- Limit interest rates, close lending-limit loopholes, and regulate the lending industry by imposing restrictions and penalties through the Iowa's Consumer Fraud Act.
- Provide public education through the Attorney General's office to inform citizens of their rights and protection under consumer law, and the risks of borrowing from predatory lenders.
- Develop a mechanism through which the public and private sectors can work collaboratively to provide vulnerable Iowans access to alternative financial resources.

- Work with the federal government to provide protections and assist families and communities affected by the subprime lending fallout.
- Legalize a private right of action for violations of Iowa’s Consumer Fraud Act, allowing victims of predatory lending to be protected and compensated for losses.
- Encourage Financial Literacy becoming part of required High School curriculum.

## **RESPONSIBLE FATHERHOOD**

NASW, Iowa Chapter, believes that children in the state of Iowa should have the benefit of two positive, active and involved parents and that the state of Iowa should support parents’ involvement by enacting laws that promote and enhance the parent-child relationship, regardless of marital or residential status. However, NASW, Iowa Chapter, also recognizes there are times when such involvement is contraindicated, such as in cases of child abuse or neglect or domestic violence. In these cases, the safety and well being of the children and mother are paramount.

### ***Recommendations:***

- Replace “visitation” with “parenting time” in the Iowa Code to reaffirm that non-custodial parents are parents of their children, regardless of their marital or residential status. Several states have already made this change, including Colorado, Wisconsin, and Indiana.
- Provide a mechanism for unwed, non-custodial parents to initiate custody and parenting time proceedings when a child support order is executed.
- Provide pro se forms to initiate and/or review child custody and parenting time proceedings.
- Provide a systematic review of parenting time plans when changes occur in either parent’s life.
- Expand access to low cost or free mental health, substance abuse, and medical services for low-income parents.
- Advocate that child support guidelines include a reserve to allow the non-custodial parent to meet their own basic living expenses in accordance with the cost of living for that household size.

## **SERVICES FOR CHILDREN AND FAMILIES**

NASW, Iowa Chapter, believes that the state of Iowa should provide a comprehensive array of prevention and intervention services and supports to improve child safety and permanency, and to promote child and family well-being in instances where children have been or are a risk of being abused or neglected.

### ***Recommendations:***

- Provide funding for additional DHS child welfare caseworkers to increase the percentage for children and parents that have monthly caseworker visits.
- Provide support for family drug courts and increase access to substance abuse treatment for parents involved in the child welfare system.
- Provide increased funding to support domestic violence programs in Iowa.

## **SEX OFFENDER RESTRICTIONS**

NASW, Iowa Chapter, believes the state of Iowa has a responsibility to develop comprehensive programs to interdict sexual predators, incarcerate and rehabilitate offenders, provide services to victims and families, and provide education to help prevent future sexual crimes. Sex offender legislation should be designed, implemented, and assessed from an evidence-based “best practice” approach, with the goal of keeping children and communities safe from all offenders.

### ***Recommendations:***

- Replace the current statute with one which defines certain protected areas -- schools, parks, play grounds, day-care centers, etc. -- where sex offenders are barred from entering except in special, pre-approved circumstances, such as parent-teacher conferences.
- Provide appropriate funds to staff and develop evidence-based “best practice” programs for the treatment of convicted sex offenders.

- Create a tiered-system to distinguish between levels of risk, and differentiate between offenders who are amenable to treatment and those who are not.
- Apply a targeted mix of incarceration and treatment to limit the reoccurrence of sex crimes.
- Utilize a system of electronic monitoring and tracking to enhance community safety
- Provide research funds to evaluate program effectiveness.
- Provide appropriate funds to staff, deliver and evaluate programs that provide confidential, effective treatment and support for sexual abuse victims and their families.
- Provide statewide community education programming
  - Develop a media campaign to delivery comprehensive and accurate information to Iowans about sexual assault, risks and resources.
  - Provide funding to ensure the delivery of age-appropriate curricula for children and teens designed to deliver information about the risks of and means to avoid sexual predation.
  - Continue to support and evaluate parent education programs.

## **SOCIAL WORK REINVESTMENT**

NASW, Iowa Chapter, believes that social workers play a central role in the delivery of services necessary for the support and well-being of individuals, children, and families living in Iowa. NASW, Iowa Chapter, affirms the use of public resources to support the recruitment and retention of a professionally educated, highly skilled, diverse, and well paid workforce.

### ***Recommendations:***

- Forgive educational loans for individuals who make a commitment to work in underserved geographic areas or designated fields of practice.
- Restore state funding to support the education of DHS social workers.
- Provide educational funds to recruit and educate social workers from minority communities.
- Provide funding to support cross-cultural, bilingual and geriatric education and training for social workers.
- Ensure that funding of human service programs is linked to salaries that provide a living wage and are commensurate with a worker's credentials, skills, experience, and caseload.





# CIVIL MARRIAGE FOR SAME-SEX COUPLES

## *Position Statement*

NASW, Iowa Chapter, believes that the state of Iowa should extend to same-sex couples the right to enter into civil marriage and to receive all the accompanying rights, protections and privileges.

## *Discussion*

- *Same-sex households in Iowa*

In the 2000 Census, a total of 4,138 Iowa households were identified as being same-sex households. Such households, representing an equal mix of those headed by lesbians and those headed by gay males, were reported in all but 4 of the state's 99 counties (Iowa Data Center, 2000). Due to fear of reprisal associated with identifying oneself as being lesbian or gay, it is reasonable to assume that the actual number of same-sex households in Iowa was significantly under-reported. Additionally, the Census data revealed that one in three lesbian-headed households and one in five gay-headed households included children. Among those identified, there were 1,103 lesbian- or gay-headed households in the state of Iowa in which children were being reared.

- *Civil marriage vs. religious marriage*

Marriage is the social institution in the U.S. through which couples enter into legal and/or religious unions. Same-sex couples have sought legal recognition of their relationships through civil marriage. Civil marriage is a legal, relational contract between two persons that conveys the rights, protections and responsibilities of marriage under the authority of the state. Because the First Amendment of the Constitution provides for the separation of church and state, religious bodies retain their own separate authority to determine whether or not to affirm, sanctify or conduct sacramental marriages or religious ceremonies for same-sex couples. Religious congregations may choose not to conduct marriage ceremonies for same-sex couples, even when the state legally recognizes same-sex civil marriages; conversely, religious congregations may choose to perform same-sex religious marriages, absent any legal recognition of same-sex civil marriage by the state. Thus, extending civil marriage to same-sex couples in no way infringes upon the separate rights of religious congregations regarding marriage.

- *Marital inequality*

U. S. culture has long valued marriage as a mechanism to support family unity, health and well being. Those opposing the extension of civil marriage argue that same-sex couples are seeking "special rights". This argument is patently false. The U.S. government itself (United States General Accounting Office, 2004) has reported that there are 1,138 rights and privileges *exclusively* afforded to married, heterosexual couples; these rights and privileges are not available to committed same-sex couples because such couples are denied the legal right to marry. Rather than seeking "special rights", same-sex couples are seeking equal rights. These rights include (but are not limited to) the right to:

- access benefits such as family health coverage;
- file joint tax returns, and claim income and estate tax benefits;
- assume pension or Social Security benefits upon the death of one's spouse;
- be entitled to hospital visitation and medical decision-making on behalf of an incapacitated spouse;
- petition for a spouse to immigrate;
- take a work-related leave of absence (up to 12 weeks) to care for a seriously ill spouse or the spouse's child or parent;
- be entitled to legal protection regarding child custody and parenting;
- assume automatic inheritance of spouse's property in the absence of a will;
- receive exemptions from property tax increases upon the death of one's spouse; and
- be entitled to child support and legal protection of communal property upon relationship dissolution and divorce.

The absence of such rights means that, unlike their heterosexual counterparts, same-sex families face special challenges that threaten to undo their unity, health and well being.

- *Health insurance access and cost*

Being denied legal recognition as a family means that same-sex couples often are not eligible for spousal and family insurance coverage. Consequently, same-sex couples may be forced to buy two policies, or, because of the high cost, forgo health insurance altogether. According to a recent national study (Ash & Badgett, 2006), 20 percent of same-sex couples were uninsured, compared with only 10 percent of married couples and 15 percent of the overall population. As a result, a same-sex family may risk financial devastation if one member is injured or becomes seriously ill. Across Iowa, a few municipalities and other government entities have extended healthcare coverage to same-sex couples. However, because of their lack of marital status, health care premiums must be paid on an after-tax basis (married couples pay on a pre-tax basis), thus adding to the financial burden that is placed on same-sex couples as a result of not being granted the right to marry.

- *Financial impact*

Research has shown that the denial of marital rights to same-sex families seriously impacts their financial security. A study by the National Gay and Lesbian Task Force Policy Institute (Dougherty, 2005) found that because same-sex couples are unable to claim the financial benefits related to marriage, they lose hundreds of thousands of dollars over their lifetimes. This loss comes from provisions such as the added lifetime tax burden resulting from the requirement to file taxes singly rather than jointly; the absence of Social Security spousal benefits for those who stayed at home to raise children or Social Security survivor benefits following the death of one's partner; the inability to transfer assets to one's partner without incurring state and federal gift tax or estate tax liabilities; and the added cost of health care. The cumulative effect of having to spend more resources to maintain themselves financially imposes an undue penalty on same-sex couples and families, and increases the risk of poverty, especially among seniors. Extending the rights of civil marriage would afford same-sex couples and families the same resources for self-sufficiency that married couples currently receive, thereby reducing their need to utilize social programs for financial support.

- *Civil marriage vs. other options*

While several states have passed laws in favor of domestic partnerships or civil unions, these laws fall seriously short of extending to same-sex couples and families the equal protections and privileges of civil marriage. Since neither domestic partnerships nor civil unions confer a legal spousal status, none of the approximately 400 statutes in the Iowa Code applicable to married couples would be extended to same-sex couples within such arrangements. Only a civil marriage automatically activates the spousal benefits encoded in Iowa law.

- *Current Situation*

Currently, there a case is pending in the Iowa Supreme Court regarding same-sex couples and their right to marry. Lambda Legal filed the marriage lawsuit in December 2005 on behalf of six same-sex couples who sought to marry in Iowa (Demian, 2007). On August 30<sup>th</sup>, 2007, Judge Robert B. Hanson, of the Iowa District Court for Polk County, issued a finding that would stop the unconstitutional discrimination against same-sex couples and allow them to marry. The following day, the Judge issued a stay against his own ruling, but not before two men from Ames became the first same-sex couple to legally marry in Iowa (KCCI, 2007). In March 2008, NASW – Iowa Chapter, along with several other organizations representing thousands of members, filed an amicus brief in support of the marriage lawsuit (One Iowa, 2008). On December 9<sup>th</sup>, 2008, the Iowa Supreme Court heard oral arguments in the Varnum v. Brien case: docket number 07-1499 (Iowa Courts Online Search, 2008). The Iowa Chapter of NASW looks forward to the Supreme Court's ruling in this case in the hope that it will achieve equal civil rights for all of Iowans.

### ***Recommendations***

NASW recommends the following provisions:

- Enact legislation that extends to same-sex couples the right to enter into civil marriage in Iowa.
- Provide legal recognition in Iowa of same-sex civil marriages, civil unions, and domestic partnerships bestowed in other states.
- Oppose all efforts to impose a constitutional ban on non-heterosexual marriages.

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# DEATH PENALTY

## ***Position Statement:***

NASW, Iowa Chapter is opposed to the death penalty because it represents cruel and unusual punishment, it is applied disproportionately to minorities and persons who are poor, it risks executing those who are innocent, it is overly costly, and it does not provide an effective deterrent.

## ***Discussion:***

The NASW *Code of Ethics* (1999) requires social workers to act to prevent practices that are inhumane or discriminatory against any person or group of persons. Toward this end, we encourage Iowans to advocate for changes in policy and legislation to improve social conditions and to promote social justice.

- The death penalty violates the eighth amendment of the Constitution, a prohibition against the use of cruel and unusual punishment. While most states that allow the death penalty have moved toward more humane means of execution, lethal injection, the most commonly used method, is typically performed by inexperienced, non-medical prison personnel, resulting in long delays and botched executions (Weisberg, 1991). According to one federal judge, "a slight error in dosage or administration can leave a prisoner conscious but paralyzed while dying" (American Civil Liberties Union, 2007). Florida, California and other states have suspended executions due to the number of botched injections that have occurred (American Civil Liberties Union, 2007).
- "African Americans are disproportionately represented among people condemned to death in the U.S. While they make up 12 percent of the national population, they account for more than 40 percent of the country's current death row inmates, and one in three of those executed since 1977" (Amnesty International, 2003). Defendants who are poor face similar circumstances as they are unable to afford adequate representation in a capital trial. These defendants are appointed lawyers who often are incompetent, overworked, inexperienced, and under-resourced. In 2001, Supreme Court Justice Ruth Bader Ginsburg stated, "I have yet to see a death case among the dozens coming to the Supreme Court on eve-of-execution stay applications in which the defendant was well represented at trial. People who are well represented at trial do not get the death penalty" (American Civil Liberties Union, 2003).
- The death penalty is an irreversible punishment with a high risk of execution of the innocent. A total of 123 people from 25 states have been released from death row since 1973 (Death Penalty Information Center [DPIC], 2005). Due to advancements in science and technology, more conclusive evidence has been available in more recent capital cases. From 1973 to 1998, exonerations averaged 2.96 per year, but between 1998 and 2003, the average rose to 7.6 exonerations each year (DPIC). Both proponents and opponents of the death penalty want the application to be without error, but the recently growing number of discovered mistakes negates that possibility with regard to the death penalty.
- It is *less expensive* to imprison someone for life with no chance of parole, as Iowa does, than to assign the death penalty. The Iowa Legislative Fiscal Bureau has estimated that assigning the death penalty will cost as much as \$900,000 *more* per case than the cost of sentencing a person to life in prison. On the average, it costs \$2.4 million to put a criminal to death from the time of arrest to execution. A conviction for life imprisonment costs about \$1.5 million from the time of arrest to natural death in prison. (Iowa Legislative Fiscal Bureau, 1998). Everything about the judicial process of a death penalty case costs more than similar non-death cases (Dieter, 2005). Iowa should be spending this money on services that can help prevent crime rather than ineffective punishment for crimes that already have been committed.
- Studies have found and most experts agree that the threat of the death penalty has very little, if any, deterrent effect. A study by the New York Times (Bonner & Fessenden, 2000) found that homicide rates rose and fell along basically symmetrical lines in states with and without the death penalty in place. In a state ranking of murder rates in 2004, the Death Penalty Information Center (2004) found the average murder rates in states with the death penalty to be 5.71 per 100,000 people while it was 4.02 per 100,000 people in the twelve states without the death penalty. Iowa Attorney

General Tom Miller reminds us that “convicted murderers in Iowa die in prison; they are not paroled” (1998). The argument for the deterrent effect of the death penalty is simply unfounded by research.

**Recommendation:**

- Iowa should not pass a law to re-institute the death penalty in any form.

*“Perhaps the bleakest fact of all is that the death penalty is imposed not only in a freakish and discriminatory manner, but also in some cases upon defendants who are actually innocent.”*

U. S. Supreme Court Justice, Wm. J. Brennan, Jr. 1994

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# GENDER EQUITY

## ***Position Statement***

NASW, Iowa Chapter, supports the United Nations Declaration of Human Rights (1948) which affirms the right of all women and men to be free of discrimination in all spheres of life, including the educational and health care arenas, and to receive equal remuneration for equal work.

## ***Discussion***

- *Equal access to education*

According to a report by Dr. Sunhwa Lee (2004) nearly one-third of low-income women work in service jobs that are concentrated in food services (e.g. waitresses or cooks), health services (e.g. nursing aides), and cleaning services (e.g. maids or janitors). These are all areas where there is little room for advancement in order to increase wages or access benefits such as health insurance. The majority of women who are employed in the service industry are there because they have a lower educational status.

Having at least some college education significantly improves low-income mothers' chances of obtaining a better-paying job, for example, with substantial wage growth (25% or more). High school graduates, compared to those with less than a high school education, also experience some wage increases (about 10 percent or more), but this level of education does not lead to increases as substantial as those associated with having some college education. Those without any college earned an hourly wage of \$7.60 compared with \$14.10 for those with some college education (Lee, 2004). "This increased earning power benefits not only the individual degree holder, but also the state and the public at large through increased tax revenue, additional investment capital, greater charitable giving, and increased consumer spending. Higher education is clearly a means of bettering economically both the individual citizen and the state as a whole." (Midwestern Higher Education Compact, 2005, p. 32). In Iowa, bachelor's degree holders are 76% less likely to be unemployed than are high school graduates (2005).

If some level of college education is needed to raise both men and women out of poverty, the state still has a long way to go before women have equal access to these educational opportunities. According to a 1999 study by the National Center for the Study of Adult Learning and Literacy, 76% of TANF recipients test in the lowest two levels of literacy, with 35% scoring in the lowest level (Levenson et al., 1999). This negative trend falls in line with the findings of Lee's study of low-income working mothers. Nearly two-thirds of low-income working mothers (62 percent) have only a high school education or less, compared with less than one-third of higher-income working mothers (32 percent). Only 38 percent of low-income working mothers have some college education or more, whereas two-thirds (68 percent) of higher-income working mothers do (Lee, 2004).

While higher education is a crucial factor to obtaining a decent job in America, it has become unattainable for more families and individuals. Between 1999 and 2005, undergraduate tuition at Iowa's four-year public universities rose by 80.0%, from \$2,988 to \$5,396 (Midwest Higher Education Compact, 2005, p.2). This is the highest percentage increase among the surrounding 12 Midwestern states. Iowa used to be known as a state that offered an affordable college education to Iowans. However, after the dramatic increase in tuition costs, education costs in Iowa now above the national average. In Iowa tuition and fees total \$5,407 compared to the national average of \$5,038 (Facts & Stats: Education & Iowa, n.d.). There is already discussion about another tuition hike for the coming year, making a college degree a distant dream not only to the working poor, but to middle class families as well.

- *Equal access to healthcare*

The United Nations International Covenant on Economic, Social and Cultural Rights recognizes that all women and men have the right to the highest attainable standard of health. The World Health Organization's Constitution states that: "The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition" (p. 2). We have seen the benefits of providing quality public health programs for at-risk and uninsured men and women. These benefits should be extended to include low-income men and women who are not eligible for Medicaid, but still in need of public services. Providing interventions before a crisis occurs saves the local community and the state monies by decreasing the use of emergency

room care, and helps lower-income Iowans become healthy, contributing members of society. The lack of coverage for health insurance in our state must continue to be addressed until all Iowans have access to coverage that best meets their needs.

Dr. Sunhwa Lee's report shows more than one-quarter of low-income mothers (28%) do not have any type of health insurance despite the fact that they are working, compared with only 5% of higher-income working mothers. About one third of low-income working mothers (34%) have health insurance coverage from employers in their own name, while more than half of higher-income working mothers (52%) have their own employer-provided coverage. Mothers with employer-provided health insurance are nearly three times more likely to stay on the job compared to mothers with other types of health insurance (2004, p. 3).

While health insurance is a major necessity for working mothers, paid leave, sick time and prescription benefits are also crucial for raising a family. The AFL-CIO's Ask a Working Woman 2006 Survey, which included 26,000 responses, showed a third or more of survey-takers were in jobs that did not provide retirement benefits or prescription coverage. Nearly a third said they did not have paid sick leave. More than half said they did not have equal pay or control over their work hours. And nearly two-thirds said they were not provided paid family leave (2006). In Iowa, 264,000 Iowans, or 9.1% of all Iowans, were without health insurance in 2004-05. The percentage of Iowans without health insurance is statistically unchanged since 2000-01 (Poverty on the rise, 2006, p. 1). The Iowans who do have insurance are less likely to have employment-based health insurance benefits than they were at the beginning of 2000. This is a serious concern as the source of health insurance has increasingly shifted from employment-based to public health insurance plans. The share of Iowans with job-based health insurance fell to 66%, down from 69.5% five years ago. The number of Iowans with job-based coverage declined by 67,500 individuals from 2000-01 to 2004-05, while the number of Iowans dependent on public health insurance has increased 17% since 2000-01 (p. 2).

All women, regardless of class, will be impacted by limitations on women's health care options. Women have unique health care needs and these must be addressed with the same level of neutrality and seriousness that we address men's health care needs. "The health and safety risks of abortion are significantly reduced when it is legal. Access to abortion is essential to the economic well-being of women and girls, and the ability of women to control their reproductive lives influences educational and employment options thus impacting their ability to escape or avoid poverty" (Bruce & Benatar, 2003, p.3). Roe V. Wade is fundamental to the protection of the health and economic well-being of women and must be upheld. A supplemental effort is needed to support the development of public policies to reduce the number of unintended pregnancies. This can be accomplished in large measure through education and increased access to and use of contraception. This includes supporting over-the-counter access to emergency contraception.

### ***Recommendations***

The state of Iowa should pursue the following recommendations:

- Increase access to tuition assistance to working and middle class families through the use of grants, scholarships and access to low interest loans.
- Create loan forgiveness programs for students who stay in Iowa.
- Continue to expand provisions that give small businesses the opportunity to pool efforts and collectively offer more affordable health insurance options.
- Continue to support a woman's right to choose and increase access to a variety of contraceptive options including emergency contraception known as the "morning-after pill"; this should include the right of both men and women to fill their prescriptions at the pharmacies of their choice without unnecessary interference by pharmacists.
- Expand public health programs to reach a wider range of at-risk and uninsured women, including non-English speaking and low-income women not eligible for Medicaid but still in need of public funding.
- Increase women's earnings by strengthening support for the enforcement of equal opportunity laws.
- Expand paid parental and dependent-care leave policies to include both men and women and increase access to the lowest-paid workers.

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# IMMIGRATION POLICY AND UNDOCUMENTED PERSONS IN IOWA

## *Position Statement*

NASW affirms the nation's need for secure borders as well as a just immigration policy that provides an expeditious route to citizenship, affords the right to family reunification, addresses state workforce needs, ensures the rights of workers to pursue a livelihood and receive fair treatment, and promotes the positive value of diversity in communities across the state.

## *Discussion*

### *Demographic profile*

Census data shows that 37 million persons, one in every eight living in the U.S., is a foreign-born immigrant (Perryman Group, 2008). Although Iowa ranks 36<sup>th</sup> nationally in terms of immigration, the state's population of foreign-born residents has increased markedly in recent years. Between 1990 and 2006, Iowa's population of foreign-born residents increased from 43,316 to 112,299, with the majority of these being from Latin America (40%) and Asia (32%) (Migration Policy Institute, 2008a). Historically, immigrants had tended to move to one of six "major destination" states -- Florida, California, Texas, Illinois, New Jersey and New York. However, in the past decade, that pattern has changed as immigrants with children chose new destinations that provided safe, family-friendly communities with quality schools and low crime rates. Consequently, states such as Iowa, Nebraska, Minnesota, Kansas and Wisconsin have witnessed their foreign-born populations grow rapidly. Not surprisingly, these states have been faced a corresponding set of social and political challenges (Capps & Fortuny, 2006; Urban Institute, 2006).

The core of the immigration debate revolves around the issue of undocumented persons, those who reside in the U.S. but are not U.S. citizens and do not hold valid documents granting them residence and/or permitting them to work. Such persons may have entered the country illegally (without inspection) or they may have entered legally (with inspection) but remained after their visas expired. While undocumented persons come from around the world, the greatest percentage, 78%, arrive from Latin America, primarily Mexico (Passel, 2006). The Pew Hispanic Center (Passel, 2006) estimates that by 2006, 11-12 million undocumented immigrants, approximately 30% of all foreign-born residents, were living in the U.S., and that number has continued to rise. Nationally, this represents 9.3 million adults -- 5.4 million males and 3.9 million females, most between 18-39 years of age -- and 1.8 million children. Many of the estimated 6.6 million undocumented families have a 'mixed status', meaning that they also include members who are U.S. citizens. Nearly two-thirds of all children living in undocumented families -- 3.1 million -- were born in the U.S. and are citizens by birth.

Pearson and Sheehan (2007) provide a glimpse into the undocumented population in Iowa. They estimate that the population ranges from 55,000-85,000 persons, and comprising some 24,000-37,100 families. The average undocumented family is smaller than the national average, ranging between 2.05-2.29 members with more recent immigrants having the smallest families. Compared to mean income of \$67,300 for native-born Iowa families, undocumented families earn an estimated average income of \$27,400. Not surprisingly, poverty rates are nearly three times greater undocumented Iowans.

- *Policy issues*

U.S. immigration policy has reflected a national ambivalence between excluding unwanted persons based on fear or racism, and welcoming strangers based on humanitarian or workforce considerations. Current federal policy has its origins in an immigration quota system enacted in 1924, and in later provisions that emphasized family reunification and labor market needs (National Association of Social Workers, 2006). Since the mid-1990s, welfare reform and anti-terrorism concerns have added new elements -- non-citizens became ineligible for public assistance, families faced separation as various offenses were classified as deportable, and post-9/11 terrorism fears led to tighter border controls and strict curtailment of non-citizen rights.

The number of work and family-based visas issued annually is limited; this in turn creates a bottleneck in the process by which immigrants are able to secure legal status as non-citizens. The Iowa Immigration Education Coalition (2008a) notes that under the most common work or residence visa, H-1B, 65,000 persons will be allowed to legally enter the U.S.

between July 2008 - June 2009. However, this visa is extended only to skilled professionals with at least a bachelor's degree, and some 20,000 visas are 'reserved' for persons with masters or doctoral degrees. Annually, permanent 'green card' work visas are available to 140,000 persons, including family members, but again most applicants are required to have college degrees or two years of training; unskilled workers may apply for only 5,000 of these visas. There also are several categories of temporary work visas -- H-2A and H-2B (capped at 66,000) -- directed toward agricultural, seasonal or peak-load work needs that exceed the local labor supply. Employers must certify that there is no U.S. citizen available or possessing the requisite skills to take such jobs. Additionally, the process of securing a visa is complicated by lengthy delays, annual country limits on the number of allowable visas (approximately 25,600 each), and security-related strains on the immigration system. Owing to visa limits and processing delays, the National Council of La Raza (2008) notes that it is not uncommon for Mexican applicants to wait 7-9 years to receive a visa.

A related issue is that of family reunification. Since 1965, family reunification has been governed by a quota-based "family preference" system in which the family members of U.S. citizens or legal residents are assigned to one of four preference groups (Hatch, n.d.). Spouses, minor children, and parents of U.S. citizens are eligible for visas without regard to quotas; depending on the speed of the processing, they may be permitted to immigrate in about a year. However, strict quotas and administrative backlogs force those in the preference system to wait far longer. Analysis by the League of Women Voters (Hatch, n.d.) suggests that with backlogs numbering in the millions, a person could expect to wait at least 5 years, but possibly as long as 20 years for a visa. Faced with long-term separation, many family members choose to join their "anchor relatives" in the U.S. as undocumented persons. When the opportunity for a visa finally arrives, they must travel to the American embassy in their country of origin to complete the paper work. If immigration officials there discover that the applicant has been "out of status" for over a year, s/he will be legally barred from re-entering the U.S. for another ten years. While it is possible to secure a waiver to the entry bar, there are additional fees, including lawyers' fees, and no guarantee that a waiver will be granted. Those who abide by the separation requirement often send financial support to family members in their home country. In turn, this may prevent them from accumulating sufficient income and savings to satisfy the legal proof of assets required by the U.S. government, and so the opportunity for a visa may be lost and the applicant must start the process over.

Despite pressure on both sides of the political aisle for national policy reforms, current federal initiatives are focused on rigid immigration control and enforcement. Such measures include erecting a fence along the U.S.-Mexico border, increasing border controls, conducting raids on work sites where undocumented immigrants are believed to be employed, strictly controlling the number of visas and work permits, penalizing employers who hire undocumented workers, and deporting those without valid documentation.

As a case in point, Immigration Control and Enforcement officials conducted raids in two Iowa communities – one on December 12, 2006 in Marshalltown and a second on May 12, 2008 in Postville – at an estimated \$5 million cost to taxpayers (Des Moines Register, 2008). The result was a seismic economic and social upheaval for the effected communities and families. Jobs were lost, businesses closed, workers were arrested and detained with many being deported, families were torn apart, and those without a means of livelihood were forced to depend on the charity of others. The raids also have served to highlight the vulnerability of undocumented workers to employer abuse. In the case of Postville, these included employment of child laborers, theft of worker wages, physical and sexual abuse of employees, and health and safety violations that contributed to broken bones, severed limbs, eye injuries and hearing loss (Newman, 2008).

Another seldom-discussed aspect of workplace raids is their impact on children. A joint study by the Urban Institute and the National Council of La Raza (Capps, Casteneda, Chaudry & Santos, 2007) examined the impact of raids conducted in Colorado, Nebraska, and Massachusetts. Researchers found that some families hid in basements or closets for weeks or months after the raid; detained parents had difficulty arranging for child care and some were afraid to acknowledge that they had children for fear that their children would be taken; many were left without immediate provisions for baby formula, diapers, food and other necessities; local school officials were forced to implement special day-care and foster care provisions, which in some cases lasted for weeks or months, to ensure that children were not left in empty homes; children experienced feelings of abandonment, isolation, emotional trauma, and mental health problems such as depression, separation-anxiety disorder, post-traumatic stress and suicidal ideation, yet few were able to access mental health resources (pp.2-4).

In the absence of federal immigration reform, many states have pursued their own immigration initiatives. While few of these proposals passed, in 2007 states explored a mix of expansive and contractive initiatives (Laglagaron, Rodriguez, Silver & Thanasombat, 2008). These included waiving citizenship requirements for state jobs (police, teachers, firefighters), criminalizing human trafficking, expanding language services, penalizing employers for hiring undocumented workers, declaring English the official language, and expanding the state role in immigration enforcement. Iowa's initiatives have included previously adopting English as the official state language, criminalizing human trafficking, and exploring the provision of state driver's licenses to undocumented persons.

- *Issues for children and families*

Undocumented children and families face particular challenges. Because they face greater poverty, undocumented families often have difficulty providing basic necessities – food, shelter, clothing, medical and dental care (Capps & Fortuny, 2006). In 'mixed status' families, one child may qualify for assistance while his/her undocumented siblings do not. Parents may be unaware of the programs or hesitate to seek assistance on behalf of an eligible child because of the parent's undocumented status. Pearson and Sheehan (2007) note that in Iowa, undocumented families are not eligible for most of the publicly-funded programs for which native-born low-income families would qualify, including "unemployment benefits, in-state tuition at public universities, Medicaid, *hawk-I* children's health insurance program or child-care assistance" (p. 7). Additionally, the majority of adults (59%) and children (53%) do not have medical insurance. Undocumented families are only eligible for K-12 public education, emergency medical care, immunizations, disaster-related emergency relief and public services such as law enforcement or fire rescue (Iowa Immigration Coalition, 2008).

Education presents a special challenge. Several factors contribute to lack of school readiness -- families with limited incomes, parents with limited education, and parents and children with limited English proficiency. Consequently, immigrant children are at risk for poor educational attainment (Capps & Fortuny, 2006). Parents may not be able to read to or assist their children in completing homework, and may have little understanding of or engagement with the school system. Because many undocumented children do not speak English, 'new growth' states, overwhelmed with the influx of non-English speaking children, have struggled to deal with additional educational challenges. When children do succeed and complete high school, they are faced with limited avenues to higher education. Undocumented graduates do not qualify for in-state tuition at public universities, and most families lack bank accounts and the surplus income for savings, and thus are unable to pay the costs of higher education. Without access to higher education, undocumented graduates may be forced into the underground workforce or forced to return to a birth country that is alien to them. As a case in point, some of Postville's graduating class included undocumented immigrant youth, brought to the U.S. as children, who had successfully completed high school, but were faced with few options despite their academic aptitude. As a state that prizes education, Iowa risks losing a valuable resource – young people who want to pursue college educations and remain in the state.

- *Workforce issues*

Nationally, an estimated 7-8 million undocumented persons are employed in the workforce (Passel, 2006; Perryman Group, 2008). Such persons tend to be concentrated in occupations that require few job skills, limited education, and are not subject to official licensure. Extrapolating from the Pew Center statistics, Pearson and Sheehan (2007) estimate that in Iowa, undocumented workers represent 2-3% of the adult labor force, and number between 35,500 to 55,000 persons. Analysis of state workforce data conducted at Iowa State University (Swenson & Eathington, 2008) revealed that, compared to native-born workers, on average foreign-born workers are more likely to have limited or no English speaking proficiency (32%), are more likely to have less than a high school education (35.5%), and are more likely to receive lower earnings. Although some foreign-born workers have college degrees and are employed in high-salaried professional positions, the aggregate data suggest that is not true for the majority of such workers.

The workforce contribution of undocumented immigrants deserves serious consideration. A recent study by the Perryman Group (2008) estimated the economic and labor impact of the immediate removal of undocumented workers from the workforce. The study concluded that for the U.S. as a whole "*the immediate effect of eliminating the undocumented workforce would include an estimated \$1.757 trillion in lost annual spending, \$651.511 billion in lost annual output, and 8.1 million in job losses*" (p.40). For Iowa, the effect would be \$4.401 billion in lost expenditures and 25,199 in lost jobs

(p. 44-45). Because undocumented workers are concentrated in certain industries, the effects there would be more pronounced. As the nation's economy has become more technological and U.S. workers have become more educated, fewer workers have been available to join a low-skilled labor force requiring limited education. Whereas in 1960, 50% of males entered the workforce without a high school diploma, today that number is 10%. Increasingly, undocumented workers have filled those positions. If undocumented workers were forced out of the economy, industries would need to provide economic incentives to lure replacement workers into such jobs, and the resulting costs would inhibit the nation's global competitiveness. The Perryman Group argues that undocumented workers are crucial to the U.S. economy and that pursuing policies based on immigration enforcement and control are contra logical.

As a state, Iowa faces a workforce shortage. A recent survey by Iowa Workforce Development (2008) concluded that current job vacancies, upcoming retirements and future job expansions, will leave the state with significant workforce needs in the next 7-10 years. The study concluded that future employment will require a combination of high school (43%), vocational technical schooling or associate education (36%) and undergraduate education (22%). As one of the new destination states, Iowa has the opportunity to engage this population to meet its workforce needs.

- *Tax issues*

Undocumented immigrants add substantially to the well being of the economy and the communities in which they reside. They add to local community vitality by renting or owning businesses and homes, purchasing goods and services, and contributing to local, state and federal taxes through employment. This is particularly important for many of Iowa's rural communities that struggle with aging populations, declining main streets, and erosion of the tax base. Analysis by Pearson and Sheehan (2007) concludes that the average undocumented family pays an estimated \$1,671 in sales, property and income taxes each year; collectively, undocumented families annually contribute \$40 million - \$62 million in state and local taxes, and an additional \$50 million - \$70 million to federal Social Security and Medicare programs. Additional revenues go uncollected by the state when workers are paid 'off the books'. The taxes paid by undocumented workers contribute to many publicly funded programs from which they do not benefit, including unemployment insurance, federally-funded assistance programs, Social Security, and Medicare.

### ***Recommendations***

In the context of these complicated and pressing issues, NASW recommends that state policy makers:

- Work with federal officials to expand the number of allowable work visas, especially for unskilled workers, thereby speeding the process to citizenship and ensuring fair and equal treatment for workers.
- Allow undocumented persons to obtain state-issued drivers' licenses; these would not serve as legal immigration documents, but they would bestow legal driving privileges and would require undocumented person to learn the rules of the road, thereby enhancing public safety.
- Work with federal officials, employers and local communities to develop alternatives to raids as a means to deal with immigration violations.
- Work with federal officials to create real legal avenues for family unification.
- Expand state funding of English-language and adult literacy programs, delivered through public schools and community colleges, to assist the integration of new immigrants into Iowa communities.
- Support the federal Development, Relief and Education for Alien Minors Act (DREAM Act) to assist qualified high school graduates in gaining access to higher education.
- Support cross-cultural initiatives, including second language education for native-born Iowans, as a way to facilitate cultural exchange and understanding in local communities.

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# OLDER IOWANS

## *Position Statement*

NASW, Iowa Chapter, believes older Iowans should have access to quality medical care, services and support in an appropriate setting, either in their own homes or other facilities, based on their individual needs. NASW, Iowa Chapter, recognizes the need to balance the issues of safety, cost containment and informed choice.

## *Discussion*

The population of Iowans over age 60 is rapidly increasing, and the group that is 80 and over is increasing more rapidly than any other age group (Department of Elder Affairs [DEA], 2001). Fifteen percent of the entire population in Iowa is over 65 (Iowa Insurance Division [IID], 2007). Iowa ranks fourth in the nation for individuals over 65, and second in the nation in the percentage of people aged 85 and over (IID, 2007). Individuals in this older age category are more frequently women who are living alone and in poverty.

Many aging individuals want to continue living in their homes. A 2002 survey by the American Association of Retired Persons (AARP) found that among adults aged 50 and over, 79% stated that it was important to continue living in their home as long as possible; the rate increased to 83% for individuals aged 75 and over. The lack of affordable services in rural areas has resulted in individuals residing in nursing homes when they do not require such a high level of care or moving from their local communities to access needed care and services. Iowa has the highest rate of older citizens residing in nursing home and assisted living facilities of all states (IID, 2007).

Home and community based services (HCBS), such as home health aides, homemakers, nursing care, and home delivered meals, are designed to allow individuals to remain in their homes. Funded by Medicaid, the Iowa Senior Living Trust, the Older Americans Act, the National Family Care-giver Program, local and private pay funds, these services prevent premature or unnecessary institutionalization and reduce the overall cost of long-term care. According to Results Iowa (2007), 15,705 low- and moderate-income older Iowans were assisted through the Senior Living Program in 2007, and this assistance was instrumental in allowing them to remain safely in their homes. The average annual cost per Iowan is less than \$517 while the typical monthly cost in a nursing home setting is \$3,000 (Results Iowa, 2007). Facility placement is delayed by 18 to 24 months for older Iowans receiving community services, and an average of 55 older Iowans can receive services in their homes for every one individual in a facility (State of Iowa Offer Report, 2007). HCBS providers, under the Title XIX/Medicaid waiver system, received a 3% increase in reimbursement in fiscal year 2006 after 10 years of increases below 2% (DEA, 2006a).

Options to older Iowans is an important step in the Elder Abuse Initiative, which focuses on the “prevention, intervention, detection and reporting of elder abuse, neglect and exploitation” (DEA, 2007a). In the 2007 fiscal year, 175 individuals were able to remain in their own homes rather than be admitted to a facility (DEA, 2007a) due to the Initiative. The Iowa Department of Human Services investigated 430 cases of dependent adult abuse between July and December of 2007 involving a dependent adult age 65 and over, abuse was founded in 23 percent of the cases (Iowa Department of Human Services [DHS], 2008). While dependent adult abuse includes individuals 65 and older, it does not include all abuse cases involving individuals 65 and older. Iowa does not currently have a definition specific to elder abuse.

The Iowa Senior Living Program, funded through the Senior Living Trust under the auspices of the DEA and implemented locally by the thirteen Area Agencies on Aging, was introduced in 2000 when Iowa sought to address the growing need for affordable health care services. However, funds have been diverted from the Senior Living Trust to meet other state budget obligations, particularly the Medicaid program, thereby constraining the Senior Living Program and resulting in unmet needs for elderly Iowans across the state. While the diverted funds have been partially restored in recent years, the funds in the SLT will eventually be exhausted creating a need for alternative funding sources..

The need for a substitute decision-maker increases with age, and many adults do not have a trusted family member or friend to serve in this capacity. According to a survey conducted in 2005 (DEA, 2006b), over 44,500 older Iowans were in need for a substitute decision maker at that time, and over 19,000 of these individuals did not have an appropriate family

member or friend to serve as a guardian or conservator. An estimated 1,426 of these older Iowans received a higher level of care than needed; however, they could not be moved due to the lack of a substitute decision maker. The Office is intended to reduce incidents of abuse and exploitation, to assist in determining the appropriate level of care, and to provide access to needed services for adults who cannot provide consent. In the 2007 legislative session, the Iowa legislature appropriated \$250,000 to the program; however, approximately \$636,000 was requested (DEA, 2007b).

In addition, the DEA's Case Management Program for Frail Elders (CMPFE) is intended to provide information and assistance to Iowans over age 65 at no cost. CMPFE helps older Iowans navigate and find services best suited to their needs, thus allowing them to remain in their homes rather than seeking costly nursing home care (Results Iowa, 2007). In 2007, approximately 10,500 older Iowans received support through CMPFE; however, the need exceeds DEA's ability to provide services (Results Iowa, 2007).

Long-term care insurance was originally created to cover nursing home care, and changes such as the assisted living facilities and home healthcare were not options. With 124,594 long-term care insurance policies in place in Iowa, Long-term care insurance pays about four to five percent of rising long-term care costs in facilities (IID, 2007). IID receives approximately 2200 complaints per year, and 5.5% of these involve long-term care insurance. Reasons for complaints may be attributed to lack of clear understanding by consumers about policies, poor customer service by insurance carriers, and lack of authority by IID to resolve factual disputes.

Many Iowans, particularly older Iowans on fixed incomes, need to balance the cost of healthcare and medications with other basic living expenses. Some of these individuals are not covered by private insurance and are not eligible for Medicaid. Some older Iowans must choose between the purchase of medication or the purchase of food.

### ***Recommendations***

Given this background, NASW recommends that the state of Iowa:

- Provide an appropriate Medicaid reimbursement rate to expand the menu of services available in communities across the state.
- Provide funding to allow the Department of Elder Affairs to deliver education to consumers and technical assistance as a means of increasing its quality.
- Restore all funds diverted from the Senior Living Trust to preserve the program, or create funding streams to replace the SLT funding.
- Fully fund the Office of Substitute Decision Making.
- Affirm the basic protection of Older Iowans right to long-term care insurance through the development of standardized terminology/definition/general education, creation of a claim denial review system and establishment of a consumer protection unit.
- Explore options to reduce the medication costs of Older Iowans.

*In order for older Iowans to maintain a high quality of life, Iowa should provide a variety of medical care, services, and supports. This variety will ensure opportunities are available as the need increases.*

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# PREDATORY LENDING

## *Position Statement*

NASW, Iowa Chapter, believes that lending practices known to take advantage of financially vulnerable Iowans should be regulated and monitored by the state.

## *Discussion*

According to Bruner and Elias (2005), “The term ‘predatory lending’ encompasses a variety of lending practices that take advantage of people seeking credit by charging excessive fees, selling unnecessary products, or establishing terms that perpetuate the debt and cause additional financial hardship. Predatory lenders often pressure consumers into loans they cannot afford or simply are not in their best interests, often employing deceptive practices and failing to disclose the true nature of the loan.” (p. 1) In Iowa, consumers are able to borrow from a variety of predatory lenders:

- *Payday Loans*

In 1995, Iowa legalized payday loans in amounts up to \$500 with very few safeguards for consumers. On a \$100 loan, payday loan companies can charge \$15 for a two-week period, amounting to an effective annual interest rate of almost 400%. Once into a payday loan, borrowers often become trapped into rolling over those loans, as their continuing basic living expenses make it difficult for them to fully pay off the loan. In 1995, there were 7 payday loan licenses in Iowa; as of October 2008, there were 272 licenses (36 in Des Moines alone) with more than half of the licenses held by companies with out-of-state corporate offices (Iowa Division of Banking, n.d.).

- *Tax Refund Anticipation Loans*

Terms such as “rapid refund” refer to the practices of tax preparation companies offering to prepare and file taxes for individuals and then to pay them the pending refund up front for an exorbitant interest rate and/or fee. The loans usually run for 1 – 2 weeks and the fees translate into triple digit annualized interest rates. The working poor are targeted by these loans, especially those receiving the Earned Income Tax Credit (National Consumer Law Center, 2006).

- *Subprime Mortgage Loans*

Subprime loans are typically three percent or more above the prime lending rate. The U.S. Department of Housing and Urban Development (n.d.) describes subprime lending as practices conducted by lenders, appraisers, mortgage brokers, and home-improvement contractors who sell properties above value through false appraisals, encourage borrowers to misrepresent their financial status to get a loan, lend more money than a borrower is able to repay, charge high interest rates based on race or characteristics other than credit worthiness, charge fees for unnecessary or nonexistent products, pressure borrowers to take out high-risk loans with balloon payments, and strip equity by persuading borrowers to repeatedly refinance.

Although lenders commonly argue that subprime loans, especially those made to low-income, first-time borrowers, have helped increase homeownership, the data suggests otherwise. Analysis by the Center for Responsible Lending (2007) shows that the majority of subprime mortgage loans made between 1998-2006 were used to refinance existing homes or to purchase a second home, meaning that they did not contribute to new home ownership. Annually, an average of only 9% of all subprime loans went to first-time homeowners. In addition, the Center points out that since a much larger percentage of subprime loans end in foreclosure compared to prime loans, subprime loans actually contributed to the loss of homeownership. The Center estimates that 15-16% of all subprime loans originating since 1998 have or will end in foreclosure, resulting in a projected net loss of home ownership for some 2.4 million families across the nation.

The recent wave of home foreclosures, stemming from the subprime mortgage fallout, has had a significant impact on Iowa. The Center for Responsible Lending (2008) ranks Iowa 35<sup>th</sup> in the nation in the rate of home foreclosures, with a projected 10,592 homes in foreclosure by the end of 2009. The projected number of homes in foreclosure is double what the Center predicted two years ago. In Polk County, 51% of the homes in foreclosure were valued below \$100,000, 43% were valued between \$100,000-\$200,000, and only 6% were valued above \$200,000, suggesting that low and middle income borrowers are most affected. Moreover, foreclosures don’t just affect the families involved, they change the face

of neighborhoods and communities, erode the local tax base, and impact the retirement savings of those who invested in mortgage-backed mutual funds.

According to the Coalition Against Abusive Lending, Iowa is the only state that does not allow a private right of action for persons harmed by violations of the consumer fraud act. This means that the Attorney general is the only person in the state of Iowa who is allowed to bring suit under Iowa's Consumer Fraud Act, so an individual cannot go to court to recover damages from fraudulent acts. While Iowa's Attorney General has publicly stated his opposition to predatory lending, his office simply does not have the resources to assist every victim in this way.

Recently, the state has made some progress in limiting predatory lending practices. HF 5 was signed into law on March 27, 2007, limiting car title loan interest rates to 21% APR and essentially removing the practice from the state. SF 137 was signed on April 17, 2007, curtailing misappraisal of real property, very often a feature of predatory home mortgage lending. On April 27, 2007, SF 347 was signed, allowing Iowa credit unions to develop and offer alternative lending options to vulnerable Iowans.

### ***Current Situation***

As of August 2008 the Center for Responsible Lending (2008) estimated that from the fourth quarter of 2008 through 2009 almost 2.2 million subprime mortgages will end in foreclosure, double what the Center predicted in October 2006. These foreclosures have not only effected homeowners but renters as well. In some cases when these properties are foreclosed, renters who are current on their rent are being evicted.

The NASW Iowa Chapter favors strategies to assist homeowners in making their mortgage payments on their homes through working with their lending agencies and other programs, and allowing renters to stay in their homes when the property is foreclosed.

The lack of financial literacy curriculum present in schools is also of concern. Young adults spend a significant amount of time in a retail environment, or watching advertisements targeted at their age group, and very little time learning how to make good financial decisions, leaving young adults to learn good financial decision making through trial and error. Currently only three states, including Missouri, require that personal finance is taught as a stand alone course. Seventeen other states, including South Dakota and Illinois, require personal finance is taught as part of the curriculum of another course (JumpStart Coalition for Personal Financial Literacy). The NASW Iowa Chapter favors the inclusion of such content as part of the required curriculum for Iowa schools.

### ***Recommendations***

The state of Iowa should enact legislation that would protect vulnerable Iowa citizens and maintain wealth in our communities through policies that would:

- Limit interest rates, close lending-limit loopholes, and regulate the lending industry by imposing restrictions and penalties through the Iowa's Consumer Fraud Act.
- Provide public education through the Attorney General's office to inform citizens of their rights and protection under consumer law, and the risks of borrowing from predatory lenders.
- Develop a mechanism through which the public and private sectors can work collaboratively to provide vulnerable Iowans access to alternative financial resources.
- Work with the federal government to provide protections and assist families and communities affected by the subprime lending fallout.
- Legalize a private right of action for violations of Iowa's Consumer Fraud Act, allowing victims of predatory lending to be protected and compensated for losses.
- Encourage Financial Literacy becoming part of required High School curriculum.

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## RESPONSIBLE FATHERHOOD

### *Position Statement*

NASW, Iowa Chapter, believes children in the state of Iowa should have the benefit of two positive, active involved parents and that the state of Iowa should support parents' involvement by enacting laws that promote and enhance the parent-child relationship, regardless of marital or residential status. However, NASW, Iowa Chapter, also recognizes there are times when such involvement is contraindicated, such as in cases of child abuse or neglect or domestic violence. In these cases, the well being and safety of the children and mother are paramount.

### *Discussion*

Responsible fatherhood is defined as delaying fatherhood until a man is emotionally and financially ready, to establish paternity, demonstrate active involvement in the child's life, regardless of marital status, support the child financially, and co-parent with the mother (Doherty, Kouneski, and Erickson, 1996). In addition, responsible fatherhood emphasizes positive involvement, such as participating in nurturing activities and appropriately disciplining the child as well as developing a positive working relationship with the child's mother.

In Iowa, children are increasingly growing up in homes with a parent absent. In 2006, 26% of Iowa's children under the age of 18 lived in single parent homes. Of these, 19% lived in single mother households while 6% lived in single father households (The Annie E. Casey Foundation, 2008). Fifty-two percent of divorces in 2005 involved families with children under the age of 18 (Iowa Department of Public Health (IDPH), 2005).

Responsible fatherhood encourages fathers' positive, active involvement, which benefits children and their mothers. For example, children whose fathers are involved in their lives experience "...more success in their academic, social, and emotional lives...{and are} more popular with peers..." (Jones & Benda, 2004). Fathers encourage their children to be more independent and competitive as well as giving their children "...a sense of emotional support..." (Flouri & Buchanan, 2003). In addition, increased responsible father involvement enhances maternal parenting, which in turn yields benefits for children, such as "...better adaptive language abilities and fewer behavior problems..." (Jackson & Scheines, 2005).

Although not all children suffer consequences from growing up without a father in their lives, social science research affirms the consequences for children when their fathers are absent. For example, children who grow up without a responsible father experience a higher rate of dropping out of school, more delinquent behavior, and more out-of-wedlock births (Flouri & Buchanan, 2003). In 2005, 33 out of every 1,000 Iowa young women, age 15 to 19, gave birth to a child (Kids Count Data Book, 2008). In addition, 2006 statistics show that Iowa's out-of-wedlock births comprised 33% of all live births (IDPH, 2006). Children also are at higher risk for poverty. For example, in 2007, 37.1% of Iowa's single female head of households with children under age 18 lived in poverty with that number increasing to 43.4% for single female households with children under the age of 5. This compares to 4.4% and 5.1% of Iowa's married couples with children under 18 and 5 respectively (U.S. Census Bureau, 2007). Furthermore, for boys, the quality of the father-son relationship impacts their empathy development. Sexual offending and aggressive behavior in boys is associated with low levels of empathy (Hunter, Figueredo, Becker & Malamuth, 2007). Lastly, a responsible father's absence also is a strong predictor of his adolescent's alcohol usage when coupled with "...problems relating to him, less attachment to him, limited caregiver monitoring, and less spirituality" (Jones & Benda, 2004).

There are numerous reasons why a father may not be involved in the lives of his children. He may be experiencing mental health and/or substance abuse issues, health concerns, or lack of adequate food or shelter. He may have a history of domestic violence. He may be under or unemployed, incarcerated, or have child support payment and collection issues. Furthermore, the quality of the relationship between the father and mother can be a barrier to his involvement, especially if the relationship ended less than amicably or if the parents are in dispute over custody or visitation. Research shows mothers are the "gatekeepers" for fathers' involvement with their children.

In Iowa, fathers experience several barriers to positive, active involvement in the lives of their children. For example, even though child support is assessed and enforced, unwed fathers must prove they have a significant relationship with the

child to pursue visitation through the courts. This may prove difficult if the mother denies the father access to the child until ordered to do so by the court. Furthermore, many fathers cannot afford to pay an attorney to pursue court ordered visitation. In addition, as previously stated, many fathers find it difficult to meet their own basic needs, which may hinder their involvement with their children. In 2006, 21% of Iowa's fathers assessed child support received Food Assistance and Medicaid (Iowa Department of Human Services, 2007). Furthermore, many low-income fathers may not meet government assistance eligibility criteria while at the same time remaining below or slightly above the poverty level. Additionally, payment of child support leaves many fathers with little money to support themselves let alone provide a suitable environment for their children.

In current Iowa law, non-custodial parents are not supported in their role as parents. For example, in Chapter 600 of the Iowa Code, non-custodial parents' time with their children is conceptualized as "visitation". However, the word "visitation" does not adequately represent all that non-custodial parents do with their children nor does it support their roles as parents to their children. Parents, whether custodial or non-custodial, are responsible for parenting their children. In addition, as previously stated, in cases where the parents were never married, non-custodial fathers are assessed child support, even though they must separately petition the court for visitation, "parenting time", rights. However, the Iowa Department of Human Services' Child Support Recovery Unit cannot link visitation, "parenting time", with the process of setting up child support payments as it would compromise federal funding of the child support program. Therefore, a mechanism needs to be established that will ensure that unmarried non-custodial parents, primarily fathers, are notified of their rights to visitation and provided a means to pursue such rights in a court of law. Currently, pro se forms are available only for divorce proceedings when there are no children involved.

### **Recommendations**

NASW affirms the following policy recommendations:

- Replace "visitation" with "parenting time" in the Iowa Code to reaffirm that non-custodial parents are parents of their children, regardless of their marital or residential status. Several states have already made this change, including Colorado, Wisconsin, and Indiana.
- Provide a mechanism for unwed, non-custodial parents to initiate custody and parenting time proceedings when a child support order is executed.
- Provide pro se forms to initiate and/or review child custody and parenting time proceedings.
- Provide a systematic review of parenting time plans when changes occur in either parent's life.
- Expand access to low cost or free mental health, substance abuse, and medical services for low-income parents.
- Advocate that child support guidelines include a reserve to allow the non-custodial parent to meet their own basic living expenses in accordance with the cost of living for that household size.

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## SERVICES FOR CHILDREN AND FAMILIES

### *Position Statement*

NASW, Iowa Chapter, believes that the state of Iowa should provide a comprehensive array of prevention and intervention services and supports to improve child safety and permanency, and to promote child and family well-being in instances where children have been or are at risk of being abused or neglected.

### *Discussion*

During FFY 2005, the most recent year that federal data is available, an estimated 899,000 children in the 50 States, the District of Columbia, and Puerto Rico were determined to be victims of abuse or neglect, representing a victimization rate of 12.1 per 1,000 children (U.S. Department of Health and Human Services, 2007). Iowa was one of 20 jurisdictions with a higher victimization rate<sup>1</sup>. Children under the age of 8 accounted for 30% of all child victims. Overall, 62.8% of all victims experienced neglect, 16.6% were physically abused, 9.3% were sexually abused, 7.1% were psychologically maltreated, and 2.0% were medically neglected. Nearly 84% of victims were abused by a parent.

In Iowa during SFY 2006, 13,027 children were abused or neglected, down 4 percent from the previous high of 13,544 in 2005. Of all abused children, half are age 5 or younger. Overall, 77 percent of abuse is “neglect.” (Iowa Department of Human Services, 2007).

For those children and families that come to the attention of the child welfare system, federal law identifies seven outcomes:

#### *Safety*

- Children are first and foremost, to be protected from abuse and neglect.
- Children are to be safely maintained in their homes when possible and appropriate.

#### *Permanency*

- Children are to have permanency and stability in their living situations.
- The continuity of family relationships and connections is to be preserved.

#### *Child and Family Well-Being*

- Families’ capacity to provide for their children’s needs is to be enhanced.
- Children are to receive services to meet their educational needs.
- Children are to receive services to meet their physical and mental health needs.

The Children’s Bureau conducts Child and Family Services Reviews (CFSR) to assess the degree to which states are meeting these outcomes. The CFSR also assesses state performance with regard to seven “systemic factors”<sup>2</sup> pertaining to the state’s capacity to achieve positive outcomes for children and families (U.S. Department of Health and Human Services, 2003).

In October 2003, the Children’s Bureau issued a final report of the Child and Family Service Review (CFSR) for the state of Iowa. The Children’s Bureau determined that Iowa “passed” one of the safety outcomes (children are safely maintained in their homes when possible and appropriate), and two of the well-being outcomes (children receive services to meet their educational needs, and children receive services to meet their physical and mental health needs). The Children’s Bureau also determined that Iowa passed three of the seven systemic factors (statewide information system, agency responsiveness to the community, and foster and adoptive parent licensing, recruitment and retention). After conducting CFSR’s in all 50 states and the District of Columbia, the Children’s Bureau, analyzed the relationship between various items reviewed during the CFSR and the achievement of safety, permanency and well-being outcomes.

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<sup>1</sup> 10 states used alternative responses, in which some reports do not result in a determination of whether abuse was substantiated or not.

<sup>2</sup> The seven systemic factors include statewide information system, case review system, quality assurance system, training, service array, agency responsiveness to the community, and foster and adoptive parent licensing, recruitment and retention.

The Children's Bureau found that the following items were strongly associated with achieving both child safety and permanency outcomes:

- Assessment of needs and provision of services;
- Family involvement in case planning;
- Worker visits with children; and
- Worker visits with parents.

The Children's Bureau also found that worker visits with parents and children were associated with relative placement, and achievement of child well-being outcomes.

In addition, the Children's Bureau found that the following items were also strongly associated with achieving permanency in a timely manner.

- Relative placement;
- Visits between children and parents and siblings in foster care; and
- Sufficient service array.

Finally, the Children's Bureau, based on the federal Child and Family Service Reviews from 2001 to 2004, also concluded that when it was appropriate for agencies to work with both parents, they were 'far more likely' to work with mothers than with fathers (Administration of Children and Families, 2004).

Other research has shown that clear communication and information sharing between workers and parents during visits contributes to strong parent-worker alliances and helps achieve positive outcomes for children (Rycus & Hughes, 1998; Poertner, 2000).

Relative placement has also been found to be conducive to frequent and quality visits between children and their parents, and to be supportive of strong parent/child relationships. Also, children placed with relatives are more likely to be placed with their siblings. Relative placement contributes to greater placement stability that minimizes disruption to educational and mental health services (Casey Family Program, 2005).

Since October 2003, Iowa has implemented a CFSR Program Improvement Plan (PIP), as well as a redesign of the child welfare system. Highlights have included the following.

- Standardized risk and safety measurement to better assess family needs;
- Expanded use of family team meetings to engage families in case planning;
- Increased use of relative placements;
- Strategies to reduce disproportional representation of children and families of color;
- Increased caseworker visits with children and with parents;
- Improved support for frontline child welfare caseworkers through technology enhancements and more access to clinical consultation;
- Statewide expansion of Community Partnerships for Child Protection;
- Free, voluntary help for low-risk families (Community Care);
- Results-based child welfare service contracts that provide more flexible individualized services for children and families;
- Legislative initiatives to promote joint placement of siblings and to increase sibling visits;
- Implementation of One Family-One Judge and the Children's Justice Initiative to improve the Courts case review process;
- Increased collaboration between DHS and the Judicial System;
- Increased collaboration among child welfare and education and public health in order to improve child well-being;
- Increased emphasis on outcomes, performance contracting and evidence based practice within the provider community; and
- Expansion of drug courts and collaboration between courts, child welfare and substance abuse providers through a federal grant from the Administration for Children and Families.

Since October 2003, Iowa has also seen improvements in a number of the CFSR outcomes indicators. For example, Iowa's rate of repeat abuse has decreased from 11.2% to 9.4%; Iowa's rate of foster care re-entry has decreased from 25% to 9.8%; and the percentage of children with monthly worker visits has increased from 10% to 69%. Iowa's performance in all three, however, still falls short of the national standards established by the Children's Bureau.

Iowa's child welfare system continues to face challenges to achieving safety, permanency and well-being outcomes for children and families.

- *Caseloads*. High child welfare caseloads limit the frequency of worker visits with parents and children. A 2003 DHS study showed the average child welfare caseload was about 45 children (Iowa Department of Human Services, 2007).
- *Substance abuse*. Between 45% and 88% of cases referred to child protective services have a parental substance abuse problem (Hampton, Senatore, & Gullota, 1998).
- *Domestic violence*. Research shows a strong association between domestic violence and child maltreatment. For example, one study found that children from homes where domestic violence occurs are physically or sexually abused and/or seriously neglected at a rate 15 times the national average (McKay, 1994).
- *Consequences of abuse/neglect*. Studies indicate that children that have experience abuse and neglect are at greater risk in adolescence of experiencing delinquency, teen pregnancy, low academic achievement, drug use, and mental health problems (Kelley, Thornberry, & Smith, 1997). However, some of the mental health services that are most needed by children are usually not covered by commercial health insurance, and there are services gaps in Medicaid. For some children who are in uninsured families, there are no mental health services available (Iowa Council on Human Services, 2007).

Gains were made during the 2008 Legislative Sessions. Senate File 2425 provided an increase in funding for emergency mental health services and children's mental health services. Also, the bill included language to allow the Masters Level Social Worker (LMSW) the ability to receive Medicaid reimbursement to provide mental health services.

### **Recommendations**

- Provide funding for additional DHS child welfare caseworkers to increase the percentage of children and parents that have monthly caseworker visits.
- Provide support for family drug courts and increased access to substance abuse treatment for parents involved in the child welfare system.
- Provide increased funding to support domestic violence programs in Iowa.

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# SEX OFFENDER RESIDENCY RESTRICTIONS

## *Position Statement*

NASW, Iowa Chapter, believes the state of Iowa has a responsibility to develop comprehensive programs to interdict sexual predators, incarcerate and rehabilitate offenders, provide services to victims and families, and provide education to help prevent future sexual crimes. Sex offender legislation should be designed, implemented, and assessed from an evidence-based 'best practice' approach, with the goal of keeping children and communities safe from all offenders.

## *Discussion*

Sexual crimes, especially against children, are among the most horrific and damaging forms of violence imaginable. Two of society's most important goals are protecting children and preventing violence. To address the sexual predation of children, Iowa legislators enacted a residency restriction, barring persons convicted of sexual offenses against a minor from living within 2000 feet of a school or day care center. While the law was laudable in its concern for child and community safety, it was based on flawed assumptions, has had unintended consequences, has been difficult to enforce, and offers little in the way of meaningful treatment.

- *Flawed assumptions*

Iowa's residency restrictions are based on the assumption that children are most at risk of "stranger danger" and that restricting the residency of known sex offenders is an effective means of limiting would-be perpetrators' access to children. Research suggests that both assumptions are flawed. Studies show that in 80-90% of sexual crimes, perpetrators were familiar with their victims (Roos & Rood, 2005; Iowa County Attorneys Association [ICAA], 2006). Family members, friends, baby-sitters, and persons who supervise or have authority over children or young people are more likely than strangers to commit a sexual assault. Additionally, many victims who are sexually assaulted by intimates, friends or acquaintances do not or cannot report these crimes to police. Nationally, only about 38% of sexual assaults against those aged 12 or older are reported (U.S. Department of Justice, 2005). Sexual assault of children under age 12 is more difficult to measure, but it is generally assumed to be equally under-reported. Given the low rate of reporting, the number of convicted sex offenders who are subject to the residency restrictions represents a small percentage of those living in Iowa communities.

Research also has shown no correlation between the proximity of a sex offender's residence to a potential victim and his/her likelihood of re-offending (Levenson & Cotter, 2005; ICAA, 2006). Thus, residency restrictions may create a false sense of security that children are safely beyond an offender's grasp when that is not the case. When sex offenders in Florida were asked about the residency restrictions in that state, they commented: "Living 1,000 ft away compared to 900 ft. doesn't prevent anything," and "It doesn't matter where a sex offender lives if he sets his mind on reoffending. . . . he can just get closer by walking or driving" (Levenson & Cotter, 2005, p. 174).

Parents, children, and community members must understand that the 2,000-foot residency restriction imposed on convicted sex offenders does not ensure child safety. ICAA (2006) recommends the development of education programs that not only focus on the risks of "stranger danger" but also highlight the dangers of sexual abuse posed by family members and acquaintances with ordinary access to children. Additionally, any meaningful approach to the problem must include victim services to assist children and families in overcoming the impact of such trauma when it does occur.

- *Unintended consequences*

ICAA (2006) has identified a number of unintended consequences stemming from the sex offender residency restrictions. These include, but are not limited to the following issues:

- Large restricted zones bar sex offenders from living anywhere in many communities.
- Lack of housing options has forced offenders to reside in near-homeless settings such as motels, trailer parks, interstate rest stops, parking lots and tents; this has led some to falsely report their place of residence while others have simply gone "underground".
- Families of offenders who attempt to remain together are effectively subjected to the same restrictions, meaning that they too are forced to move, and may have leave jobs, de-link from community ties, and remove their children from schools and friends.

- Physically or mentally impaired offenders who depend on family for regular support are prevented from living with those on whom they rely for help.
- Threat of family disruption may leave victims of familial sexual abuse reluctant to report the abuse to authorities, thereby undermining the intention of the law.
- Threat of being subjected to the residency restriction has led to a significant decrease in the number of offenders who, as part of the trial process, disclose their sexual offenses; consequently, fewer offenders are being held accountable for their actions.
- Loss of residential stability, disconnection from family, and social isolation run contrary to the “best practice” approaches for treatment of sex offenders and thus put offenders at higher risk of re-offense.
- No distinction is made between those offenders who pose a real risk to children and those who pose no known threat.

- *Enforcement issues*

The residency restrictions also have presented particular challenges for law enforcement. Offenders are required to periodically register with authorities and provide their current addresses. Officers report that they have simply lost track of offenders who falsely reported their residence or who failed to provide an address and simply ‘disappeared’. In March of 2006, over 6000 individuals were listed on Iowa’s sex offender registry; of these, 400 offenders were listed as having their “whereabouts unconfirmed” or as living in “non-structure locations” -- tents, parking lots or rest areas (Davey, 2006). This was a significant increase from the previous summer when the number of unaccounted persons was 140. ICAA (2006) notes that when the whereabouts of sex offenders are unknown, the integrity of the sex offender registry, intended as a public safety tool, is compromised.

ICAA (2005) has identified other issues for law enforcement as well. Unlike the sex offender registry, there is no time limit on residency restrictions. Once offenders leave the registry, they are no longer required to report their address, thereby making it virtually impossible for law enforcement to track them, as required by the residency statute. Additionally, no exception is made for supervised parolees who are residing in approved housing. If the housing falls within the restricted zone, paroled offenders are required to relocate despite the fact that it may be the most appropriate and secure setting for both the offender and the community.

- *Best practice issues*

Iowa’s current approach to sexual predation is a ‘get-tough’ policy that does little to improve community safety or provide meaningful treatment and prevention. Residency restrictions are built on the assumption that all perpetrators re-offend and that treatment is ineffective. Studies by the U.S. Department of Justice and various researchers (as cited in Levenson, in press) have shown that recidivism rates, despite under-reporting, average around 15%, suggesting that most persons do not re-offend. Additionally, perceptions about treatment ineffectiveness are based on out-dated reports of older treatment modalities and studies from the 1970s-1980s. Newer studies have shown promising results -- with 40% reductions in recidivism -- using cognitive behavioral therapies (as cited in Levenson, in press). Clearly, Iowa needs to revamp its policy and develop programs that utilize current ‘best practice’ approaches to treatment and prevention.

### ***Recommendations***

The state of Iowa should address the problem of sexual crimes by enacting measures to remedy the ineffectiveness, unintended consequences, unenforceable elements of the present 2000-foot residency statute, and by providing meaningful approaches to treatment and prevention.

- Replace the current statute with one which defines certain protected areas – schools, parks, play grounds, day-care centers, etc. – where sex offenders are barred from entering except in special, pre-approved circumstances, such as parent-teacher conferences.
- Provide appropriate funds to staff and develop evidence-based ‘best practice’ programs for the treatment of convicted sex offenders;
  - Create a tiered-system to distinguish between levels of risk, and differentiate between offenders who are amenable to treatment and those who are not.
  - Apply a target mix of incarceration and treatment to limit the reoccurrence of sex crimes.
  - Utilize a system of electronic monitoring and tracking to enhance community safety.
  - Provide research funds to evaluate program effectiveness.

- Provide appropriate funds to staff, deliver and evaluate programs that provide confidential, effective treatment and support for sexual abuse victims and their families.
- Provide statewide community education programming;
  - Develop a media campaign to deliver comprehensive and accurate information to Iowans about sexual assault, risks and resources.
  - Provide funding to ensure the delivery of age-appropriate curricula for children and teens designed to deliver information about the risks of and means to avoid sexual predation.
  - Continue to support and evaluate parent education programs.

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## SOCIAL WORK REINVESTMENT

### *Position Statement*

NASW, Iowa Chapter, believes that social workers play a central role in the delivery of services necessary for the support and well being of individuals, children, and families in Iowa. NASW, Iowa Chapter, affirms the use of public resources to support the recruitment and retention of a professionally educated, highly skilled, diverse, and well paid workforce.

### *Discussion*

- *Workforce issues*

Social workers play a key role in the delivery of mental health services in Iowa, yet they are part of an aging workforce. A report by the Iowa Department of Public Health (Kelly, 2006) notes that a significant number of experienced mental health practitioners will reach retirement age in the next ten years, leaving the state at risk of being unable to meet the demand for mental health services. The report notes “those professions servicing the mental health needs of Iowans exhibited the highest combined percentage of licensees age 55 and older” (p.2). Among licensed social workers, 28% are age 55 or older (p.16). The shortage of mental health professionals is evident already in certain rural areas, notably the northwest quadrant and the southern two tiers of counties.

As the state’s population ages, there is a growing need for skilled geriatric social workers to address the specialized needs of Iowa’s seniors, especially in rural areas. Currently, 14.7% of the population is age 65 and older; by 2030, census data projects that 22.4%, nearly 1 in 4 Iowans, will be 65 or over (Iowa Data Center, 2006d). Among this group, 36% experience at least one form of sensory, physical, mental or care-related impairment. A report by the National Resource Center for Rural Elderly (2006) notes that rural areas typically have a greater proportion of elderly residents, and that such persons are more likely to be poorer and less healthy than those living in non-rural areas. Additionally, a national study conducted on behalf of the National Association of Social Workers (NASW) (Whitaker, Weismiller & Clark, 2006) reported a number of workforce issues related to providing service in rural areas – high caseloads, low salaries, difficulty filling staff vacancies and the tendency for agencies to hire non-social workers who lack professional training to fill social work positions. As a rural state with a disproportionately large number of older residents and relatively few professionally trained geriatric social workers, Iowa faces many of these service challenges.

Iowa’s population is becoming more diverse. While 94% of the population is white (Iowa Data Center, 2006b), the number of nonwhites living in Iowa has increased in the past decade and is projected to grow in the years ahead. Census estimates project that by 2030, Latinos will represent 9.8% of the population, and African Americans will make up 3.5% (Iowa Data Center, 2006c & 2006e). Key counties in the state -- Buena Vista, Marshall, Muscatine, Louisa, Black Hawk, Polk, Johnson, Linn and Scott -- are home to sizeable Latino, African American, and Asian American communities. Correspondingly, more languages besides English are commonly spoken in Iowa, including Spanish, Vietnamese, Chinese, Laotian, Korean and several African dialects (Iowa Data Center, 2005b). By contrast, only 3% of social work licensees are nonwhite (Kelly, 2006), and overall, relatively few are bilingual. In this changing context, the profession needs social workers who reflect the demographic and linguistic diversity of the population they serve, and who are knowledgeable and skillful in delivering culturally appropriate services.

- *Cost of higher education*

Higher education costs have increased substantially in the past two decades, while the availability of financial assistance has fallen. Between 1999 and 2005, undergraduate tuition at Iowa’s four-year public universities rose by 80.0%, from \$2,988 to \$5,396 (Midwest Higher Education Compact, May 2005, p.2). This is the highest percentage increase among the surrounding 12 Midwest states. The cost translates into a sizeable increase in the ‘family share’ of higher education operating revenues. Between 1994-2004, Iowa’s ‘family share’ of revenues rose from 34% to 47%, while the national average rose by only 5% (Midwest Higher Education Compact, December 2005, p.34). In past years, financial assistance, particularly scholarships and grants, was readily available; today it is far more limited. Students fund their education from a mix of family assistance, personal savings, employment income, and sizeable education loans taken against future earnings. And where human service agencies once offered tuition assistance, textbook reimbursements, and/or practicum stipends, today almost no agency assistance is available. For some, the costs have made higher education unreachable.

- *Comparable pay issues*

Social work incomes fall at the lower end of the pay scale when compared to other bachelor- and master-related professions. According to a survey of Iowa social workers conducted on behalf of the NASW – Iowa Chapter (Abendroth, 2005), the mean salary for a bachelor’s-level social worker with less than 4 years of experience was \$22,828. By comparison, in 2005 the average salary for elementary and secondary school teachers with bachelor’s degrees was above \$35,000 (Iowa Workforce Development, n.d.). For registered nurses having post-secondary education but less than a bachelor’s degree, the average hourly wage in 2005 was \$21.42, equivalent to an annual salary of \$42,840 (Iowa Workforce Development, n.d.). Data from the NASW survey revealed that the mean salary for master’s-level social workers with less than 4 years of experience was \$30,381 (Abendroth, 2005). By contrast, in 2004, the average base salary for master’s-level nurses was \$49,700 (Allied Physicians, n.d.). Frustrated with the pay scale, some entry-level social workers have moved to other occupations, including pumping gas. Given the cost of living, the frequent need to repay educational loans, the long work hours, the high caseloads and job stress, a low salary serves as a significant disincentive to many wishing to enter or remain in the social work profession.

The low pay is related to another troubling dynamic. In recent years, the state has moved to privatize human services as a cost-saving strategy. Rather than funding relatively well-paying state level social work positions to deliver services, it has contracted those services to private agencies where salaries are markedly lower, often by as much as a third. The result is that the burden of the state’s cost saving falls directly on the individual worker who performs the same work but for a much lower level of reimbursement, and on the clients who are faced with fewer services. Consequently, many young undergraduate professionals are prompted either to leave the profession entirely or to bypass traditional social service work and pursue graduate studies, with the goal of eventually entering private practice and thereby securing a reasonable income. The built-in economic incentives both devalue traditional social work practice, and drive competent professionals into other practice arenas.

Progress was made during the 2007 legislative session when the Department of Human Services (DHS) received an appropriation of \$150,000 to provide tuition assistance to staff who participate in courses through the University of Iowa graduate social work program (personal communication, November 5, 2007). DHS requested the funds following an internal staff survey in which 84% of the 418 respondents indicated strong interest in taking master’s level classes if tuition assistance could be provided, and 87% indicated an interest in ultimately pursuing an MSW degree.

### ***Recommendations***

NASW urges state policy makers to adopt the following provisions:

- Forgive educational loans for individual social workers who make a commitment to work in underserved geographic areas or designated fields of practice.
- Expand state funding to support the education of DHS social workers.
- Provide educational funds to recruit and educate social workers from minority communities.
- Provide funding for cross-cultural, bilingual and geriatric education and training of social workers.
- Ensure that funding of human service programs is linked to salaries that provide a living wage and are commensurate with a worker’s credentials, experience, skills and caseload.

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