



"Enhancing the quality of care by providing education, recognition, advocacy, and research in support of direct care workers."
May 14, 2008

Institute of Medicine
500 Fifth Street NW
Washington, D.C. 20001

Dear Interested Parties:

The purposes of this letter are to: 1) commend the Institute of Medicine (IOM) on the recently released report on the health and long term care workforce entitled "Retooling Health Care Workforce for Aging Americans", and 2) offer comments from the direct care worker (DCW) perspective.

Many of us have been working on health and long term care workforce issues for a number of years and your efforts certainly bring credibility to the urgent and critical nature of these complex issues.

The Iowa CareGivers Association (ICA) was founded in 1992 as an independent nonprofit association with its sole focus on bringing stability to the direct care workforce by providing education, recognition, advocacy, and research in their support. It should, therefore, come as no surprise that we are very pleased to see an entire section within the report devoted to the direct care workforce.

The report provides a great opportunity to influence policy decisions that will help to ensure a stable health and long term care workforce. As you continue to disseminate the report and offer recommendations to policy-makers and others, we would like to suggest that you consider the following points for inclusion:

- The need for more DCW leadership was mentioned in the report, but it was primarily limited to leadership within the workplace. We strongly believe that there is a need for leadership outside the workplace as well through DCW associations or labor unions so workers can become leaders within their profession and their issues, concerns, and opinions considered directly. DCWs want to be an integral part of seeking solutions to the daunting challenges we face in ensuring that Americans with disabilities or needs associated with aging or illness are adequately met. It is vitally important that their voices be heard when crafting policy recommendations about recruitment and retention of DCWs.

We were disappointed that DCWs were not among those asked to review and comment on the report. Their input would provide additional credibility to the report. While Dr. Stone, Dr. Buckwalter, and Steve Dawson are all long time advocates for DCWs, they are not DCWs. DCWs bring a unique perspective to these important issues that directly impact them and



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those they serve, and it is a perspective that has been ignored and devalued for far too long. Including them as reviewers would have helped us in our efforts to reach a point when what DCWs think is no longer an afterthought. It will have helped us to move one step further toward the day when having DCWs at the table is no longer a novelty but the norm.

There is a DCW association movement in the country and just last summer the Direct Care Alliance (DCA) sponsored, and the ICA hosted, the first national direct care worker association convention in the country. There were sixteen states represented. We would be happy to engage members of our DCW Leadership Council to review and comment on the report and the DCA could engage members attending their recent National DCW Leadership Conference to review and comment on the report.

Dr. Stone and Mr. Dawson could also easily solicit input from DCWs through their respective organizations.

Other recommendations:

- A governmental agency should be the entity responsible and accountable for ensuring that stable health and long term care workforce by carrying out the recommendations of the IOM report as well as:
 - Investing in the health and long term care workforce.
 - Ensuring better utilization of the existing resources (e.g. stops paying the high cost of high worker turnover, particularly in the direct care workforce sector and allocate those funds for use in retaining workers).
 - Providing incentives to bridge the consumer directed care and institutional care systems, particularly with regards to the direct care workforce.
 - Establishing a concrete mechanism that documents the relationship between turnover and quality care by comparing staff turnover, compensation, and competence by worker classifications. These metrics should be reported on provider cost reports using standard formulas for measuring and then comparing or correlating the data to any quality measures (e.g. nursing home report cards, citations, or quality improvement organization quality measures).
 - Enlisting new strategies to finance health and long term care.
 - Putting a stop to the constant call for “innovative pilot projects” and start funding programs, policies, and practices that are proven to be effective in the recruitment and retention of the health and long term care workforce. We believe our country has reached capacity with respect to “innovation” on these particular issues, and that the critical nature of these workforce issues demands the support of solid long term solutions including.
 - Direct care worker empowerment.
 - Direct care worker standardized credentialing.
 - Relationship enhancements between nursing supervisors and direct care workers.



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- Incentives to bridge existing consumer directed and institutional care systems with respect to workforce recruitment and retention.
- Proven successful workplace culture change programs.

Thanks again for bringing greater attention to these extremely important issues, and for the opportunity to respond to your report. We hope you will give consideration to our recommendations and incorporate them into any future versions of the report. Please let us know if we can provide additional information or assist in any way.

Sincerely,

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