



March 20, 2023

The Honorable Bernie Sanders, Chair
The Honorable Bill Cassidy, Ranking Member
U.S. Senate Committee on Health, Education, Labor, and Pensions
428 Senate Dirksen Office Building
Washington, DC 20510

Dear Chairman Sanders and Ranking Member Cassidy:

USAgings commends and greatly appreciates the opportunity to provide feedback to the Senate HELP Committee as part of your work to understand the drivers of the health care workforce shortages.

USAgings is the national association representing and supporting the network of Area Agencies on Aging and advocating for Title VI Native American Aging Programs that help older adults and people with disabilities live with optimal health, well-being, independence and dignity in their homes and communities. Our members are the local leaders that develop, coordinate and deliver a wide range of home and community-based services, including information and referral/assistance, case management, home-delivered and congregate meals, in-home services, caregiver supports, case management, long-term care ombudsman programs and more to millions of Americans each year. As part of this work, our members employ directly or contact with direct care workers—or the home care agencies who also employ direct care workers—in order to provide the in-home supportive services millions of older adults rely upon in order to remain aging well at home.

We are pleased to provide our thoughts on why your focus on strengthening the health care workforce must, to benefit older adults and people with disabilities, include solutions designed to fit the aging services and direct care workforces that address the social drivers of health and ensure that people can live and age well with maximum health at home and in the community.

Aging Services and Their Direct Care Workforces Address the Social Drivers of Health

The health care workforce includes clinicians, nurses and others working in traditional and institutional health care settings. However, it also includes those

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providing health-related programs and services, such as aging services and home and community-based services. Especially for the purposes of your committee's policymaking regarding health workforce shortages, the aging services workforce (and other home and community-based services (HCBS) entities such as disability organizations), along with the direct care workforce that AAAs deploy, must be a focus as well.

The Aging Network—made up of the U.S. Administration for Community Living, State Units on Aging, Area Agencies on Aging (AAAs), Title VI Native American Aging Programs and tens of thousands of service providers—also supports the health of older adults, through evidence-based health and wellness programs, nutritional support, social engagement activities and the provision of other home and community-based services.

Since first authorized in the Older Americans Act (OAA) 50 years ago, AAAs are *the* local leaders on aging responsible for planning, developing, funding and implementing local systems of coordinated HCBS. AAAs employ staff directly and contract with local providers to deliver a range of person-centered services to older adults and caregivers and—increasingly—to younger adults with disabilities. AAA services include information and referral/assistance, in-home care, congregate and home-delivered meals, adult day care, case management, transportation, legal services, caregiver support and more. When an older adult or caregiver needs support at home, their first call is to the local AAA. The AAA provides an in-home or telephone assessment to create a personalized plan of HCBS to enable older adults to live well at home. AAAs draw on an array of federal, state and local funding streams to meet their missions, including Medicaid HCBS waivers and increasingly contracts with health care.

Direct care workers can be found across many care settings and are instrumental to the success of the Aging Network, of disability services and of HCBS. AAAs contract with home care agencies or direct care workers themselves to support the delivery of in-home supportive services; for an increasing number of AAAs, they directly employ direct care workers to better meet the needs of the AAA's clients. Direct care jobs—personal care assistants, home health aides, respite providers for family caregivers and more—are physically and emotionally demanding and critical to aging well at home, yet they remain undervalued despite their important and life-sustaining role. Direct care workers have one of the most difficult jobs with minimal financial compensation (an average of \$20,200 annual salaryⁱ) and a nonexistent career ladder. These circumstances have resulted in severe shortages of talent to ensure our nation's aging population has access to the supports and services needed to age well at home.

Not only is living at home the preferred choice of 85 percent of older adults according to AARP, but the HCBS which support living at home are less costly for individuals, families and the U.S. health care system than institutional care. We must act now to ensure our rapidly aging population is well supported with ample, well-trained direct care workers.

Severe Shortages for Aging and Direct Care Workers Put Healthy Aging at Risk

In all communities across the nation, USAging members report the same problems: not enough staff and specifically not enough direct care workers to provide the care their clients currently require; tremendous turnover in the existing labor force; and rising wages in other industries that make it difficult for the Aging Network to compete for both direct care and higher-skill workers.

With the U.S. aging population rising at unprecedented rates—older adults will outnumber those under age 18 by 2034)ⁱⁱ—this is the worst possible time for the aging and direct care sectors to be facing workforce challenges.

According to PHI, the home care workforce is projected to add one million new jobs from 2019 to 2029—more new jobs than any other occupation in the U.S.ⁱⁱⁱ However, to meet the demand for assistance, we will need millions more of these critical and undervalued workers in the next two decades.

In addition to direct care workers, many AAAs and their community partners face difficulties recruiting and retaining other aging professionals such as social workers, case managers and program specialists. In a 2022 USAging survey, 87 percent of AAA respondents reported workforce shortages impacted their ability to provide caregiver services.^{iv}

These workforce gaps are having adverse effects on older adults' health and wellness. In the same survey, 99 percent of AAAs reported that older adults in their service areas experience social isolation and loneliness due to workforce shortages.^v The COVID-19 pandemic showed us that social isolation and loneliness can lead to adverse health effects in older adults, including premature cognitive and physical decline, and this ultimately increases burden on family caregivers. AAAs also report that due to caregiving workforce shortages, some older adults are unnecessarily experiencing declining health, missed medical appointments, increased hospitalizations and nursing home admissions.

Due to limited federal funding and the need to leverage additional resources to effectively address the needs of older adults, AAAs depend heavily on volunteers to help provide OAA programs and services. However, one-third of AAAs have lost at least 50 percent of their volunteers since 2019 and an additional 21 percent of AAAs have lost at least 25 percent of their volunteer force, due to COVID-19 impacts on the largely older adult volunteer workforce.

Developing solutions for these and other health workforce challenges is long overdue and demands innovation, investment in new models and other bold policies to improve this dire situation and we commend you for facing this issue head-on in the 118th Congress. To that end, we strongly advocate for the full inclusion of *all* aging and direct care workforces in *all* efforts to improve the health care workforce. To support these solutions, we have provided the following policy recommendations:

USAgging Policy Recommendations

USAgging members believe that the following policy changes, among others, should be considered by Congress and the Biden administration.

- **Create a national caregiving workforce taskforce** to make recommendations on short-term and long-term solutions to address this national crisis.
- **Expand investment in OAA and Medicaid HCBS programs** so states, AAAs and other providers can raise wages and compete for workers.
- **Elevate the profession** of direct care work through career ladders and advanced training opportunities. Consider changes to the scope of practice standards that would elevate the role of a direct care worker.
- **Increase the appeal of a direct care career path**, not only via wage increases, but also the development or expansion of other benefits that define a more stable and desirable job, including expanded retirement and health care benefits, offering benefits for part-time workers, student loan forgiveness and other innovative approaches.
- **Encourage policies that address the daily barriers** workers face such as uncertain work hours as clients' needs abruptly change and limited opportunities for mentoring or on-the-job training, etc.
- **Expand training programs** to encourage more workers to go into aging services and direct care work. Also consider apprenticeships and integration of vocational opportunities for high school students that could provide a cross-generational benefit.
- **Develop comprehensive immigration policies** that reflect the need for a much larger direct care workforce and the provision of high-quality,

consistent care to older adults and people with disabilities. Thirty-one percent of current direct care workers are immigrants.^{vi}

- **Encourage and support pilot projects that promote innovation and entrepreneurial opportunities** for individuals, companies and nonprofit organizations to boost the supply of direct care workers and agencies.
- **Provide incentives to employers** to hire or otherwise support non-traditional or under-tapped workers, such as older workers, the family members of care recipients, the underemployed or those interested in being self-employed.

We welcome a discussion on the experiences of our members to support efforts in improving the aging, direct care and health care workforces and we thank you for your leadership.

If your staff have any questions, please feel free to contact Amy Gotwals, Chief of Public Policy and External Affairs, at agotwals@usaging.org and Olivia Umoren, Director of Public Policy and Advocacy, at oumoren@usaging.org.

Sincerely,



Sandy Markwood
Chief Executive Officer

ⁱ PHI, *Direct Care Workers in the U.S.: Key Facts*, 2021, www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-2.

ⁱⁱ U.S. Census Bureau, *The Graying of America: More Older Adults Than Kids by 2035*, March 2018, www.census.gov/library/stories/2018/03/graying-america.html.

ⁱⁱⁱ PHI, *Direct Care Workers in the U.S.: Key Facts*, 2021, www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-2.

^{iv} USAging, *Caregiver Needed: How the Nation's Workforce Shortages Make It Harder to Age at Home*, 2022, www.usaging.org/Files/Workforce-Issues_508.pdf.

^v Ibid.

^{vi} PHI, *Direct Care Workers in the U.S.: Key Facts*, 2021, www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-2.