

ADVOCATING  
TEAM CARE  
FOR OLDER  
ADULTS



**Eldercare  
Workforce  
Alliance**

**Committee on Energy and Commerce  
Subcommittee on Health**

**“Supporting Tomorrow’s Health Providers: Examining Workforce Programs Under the Public Health Service Act”**

**September 14, 2017**

**Submitted on behalf of the Eldercare Workforce Alliance**

Mr. Chairman Burgess, Ranking Member Green, and Members of the Subcommittee:

We write on behalf of the Eldercare Workforce Alliance (EWA), a coalition of 31 national organizations - representing health care professionals, family caregivers, consumers, direct care workers, and providers – joined together to address the health care workforce needs in caring for an aging America. As the Subcommittee begins hearing about workforce programs under the Public Health Service Act, the Alliance thanks you for your hard work on the reauthorization of these programs designed to increase the number of health care professionals, specifically the geriatrics program that I represent that care for America’s growing population of older adults and support family caregivers in the essential role they play in this regard.

**1. Number of Americans Aging Over 65 Expected to Double**

The number of Americans over age 65 is expected to double between 2000 and 2030, totaling more than 70 million people and accounting for almost 20% of the American population by the end of the next decade.

Today's health care workforce is inadequate to meet the special needs of older Americans, many of whom have multiple chronic physical and mental health conditions and cognitive impairments. Of equal importance is supporting the legions of family caregivers who annually provide billions of hours of uncompensated care that allows older adults to remain in their homes and communities. Without a national commitment to expand

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training and educational opportunities, the workforce will continue to grow even more constrained and care for our nation's older adults will be compromised. This is why the Title VII geriatrics programs, and other health professions programs are so critical to ensuring there are skilled eldercare workers and well-supported family caregivers available to meet the complex and unique needs of older adults.

## **2. Education & Training: Meeting the Needs of Older Adults**

High-quality care for older adults, many of whom have multiple complex chronic conditions, requires a provider team with a diverse range of skills for addressing this population's physical, mental, cognitive, and behavioral needs. The lack of training requirements for both health professionals and the direct care workforce results, in part, from a lack of recognition that older adults have distinct health care needs. Exposure to geriatrics and gerontological principles and practices will be essential for training all direct care workers and health care professionals, serving older adults. The Eldercare Workforce Alliance (EWA) calls for a focus on recruitment, training, retention, and compensation of health care providers serving older adults, as well as reimbursement to support participation in interdisciplinary teams.

The Title VII geriatrics workforce program, also known as the Geriatrics Workforce Enhancement Program (or GWEP), is administered by the Health Resources and Services Administration. GWEP is the only federal program that increases the number of faculty, across disciplines, who have geriatrics and gerontology expertise and who provide training (including training of interdisciplinary health care teams) in clinical geriatrics and gerontology. The Alliance urges the administration and Congress to provide adequate funding and to protect these programs.

## **3. Investing in the Direct Care Workforce**

High turnover, low wages, and a shortage of qualified home care workers endanger the independence of millions of older Americans who want and rely on these services to remain living at home. Increasing funding for eldercare training and other new educational opportunities for direct care workers will not only help to meet

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the growing demand for home- and community-based services, but will also provide the recognition and respect the direct care workforce deserves.

Direct care workers—including nursing assistants, home health aides, and personal care attendants—provide critical support to older adults in need of long-term services and supports, providing 80 percent of paid hands-on services delivered.

Current direct care worker training standards are inadequate to prepare workers to meet the increasingly complex needs of older adults. For example, the minimum federal training requirement for nursing assistants is just 75 hours of training; the Institute of Medicine recommends a minimum of at least 120 hours. For personal care attendants, training requirements vary by state, with no requirements whatsoever in 11 states. To meet the demand for services and address high rates of turnover—particularly for the home care services that enable older adults to remain living at home—direct care worker jobs should offer comprehensive training, certification, and career advancement opportunities.

Furthermore, the Alliance believes that with the appropriate training, supervision, and support, some home care workers can play an enhanced role in improving the safety and quality of care for older adults and family caregivers. Wages would also be commensurate to the Advanced Direct Care Worker’s training and experience and higher than those of current direct care workers, creating an incentive to remain in this field. We recommend fostering Advanced Direct Care Worker (DCW) roles to help meet the current and future demand for a high-functioning eldercare workforce.

#### **4. Incentivizing the Eldercare Workforce**

Health care providers who care for older adults serve a complex, challenging population, and evidence shows that working with this population is highly satisfying. However, significant barriers, including financial disincentives, exist to recruiting and retaining both direct care workers and health care professionals, in aging. Financial incentives to increase the number of people who specialize in geriatrics and gerontology, such as

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funding to attract knowledgeable academic faculty, loan forgiveness, and scholarships should be offered. Additionally, compensation for direct care workers should be addressed through means such as establishing minimum standards for wages and benefits paid under public programs and targeting reimbursements to ensure that public funds directly improve compensation for direct care workers. EWA believes that extending federal minimum wage and overtime protection to this essential workforce can bolster worker recruitment and retention, thereby improving quality of care.

## **5. Supporting Consumers and Caregivers**

Family caregivers —of which there are 42.1 million in the United States—provided more than 40.3 billion hours of unpaid care in 2009. In that same year, the estimated economic value of U.S. family caregivers' unpaid contributions totaled approximately \$450 billion. Moreover, almost half of family caregivers perform medical or nursing tasks for people with multiple chronic conditions (both physical and cognitive). Providing support and training opportunities to family caregivers is essential. Family caregivers must be valued members of health care teams, with health care providers identifying family caregivers, assessing their needs, and offering training and support.

Funding should be made available to ensure adequate training opportunities for family caregivers are available in the community. Both long-standing and new models already offer programs that assist caregivers in making decisions and solving problems. New models of care that provide resources and supports to maximize family caregiver physical and mental health and well-being, are also needed.

## **6. Preserve Medicaid for our Nation's Older Adults and Those Who Care for Them**

Medicaid has become the principal payer for long-term services and supports (LTSS) in the United States, including nursing home and home- and community-based services, covering 62 percent of such costs. Reductions in Medicaid spending could be catastrophic for older adults, their families, and their communities.

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Cuts to Medicaid could also impact employers, as increased family caregiving responsibilities increases employees' time away from work. Moreover, Medicaid cuts could be devastating to the economic security of for health care workers who are paid hourly and could increase their reliance on federal and state programs.

## **7. Support Greater Investment in Geriatrics and Health Professions Programs**

EWA supports Rep. Jan Schakowsky's bill "Geriatrics Workforce and Caregiver Enhancement Act (H.R. 3713)" that reauthorizes the program at a level of \$51 Million. The bill supports two critical objectives. First, it would formally establish funding for the Geriatrics Workforce Enhancement Program (GWEP). Second, it would reestablish the Geriatric Academic Career Awards (GACAs), a previously funded program for developing clinician-educators. By supporting the GWEP and the GACAs, the Geriatric Workforce and Caregiver Enhancement Act would:

- Foster education and engagement with family caregivers by training providers who can assess and address their care needs and preferences.
- Promote interdisciplinary team-based care by transforming clinical training environments to integrate geriatrics and primary care delivery systems.
- Improve the quality of care delivered to older adults by providing education to families and caregivers on critical care challenges like Alzheimer's disease and related dementias.
- Reach underserved and rural communities by ensuring clinician-educators are prepared to train the geriatrics workforce of today and tomorrow.

## **8. Conclusion**

Our nation faces a severe and growing shortage of eldercare professionals with the skills and training to meet the unique healthcare needs of older adults. Fully funding this program and eventually expanding it to other

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states will invest in an eldercare workforce than can support well-coordinated, high-quality care for all older Americans.

Mr. Chairman, Ranking Member Green, and distinguished members of the subcommittee, addressing the eldercare workforce crisis and the other vital health professions programs under the Public Health Service Act is an opportunity that cannot afford to be ignored. We appreciate the hard work the committee has undergone to reauthorize all of the important health professions programs under Title VII and I look forward to your questions.

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## **EWA Member Organizations**

AARP  
Alzheimer's Association  
Alzheimer's Foundation of America  
AMDA – The Society for Post-Acute and Long-Term Care Medicine  
American Academy of Nursing  
American Association for Geriatric Psychiatry  
American Geriatrics Society \*\*  
American Nurses Association  
American Physical Therapy Association  
American Psychological Association  
American Society of Consultant Pharmacists  
American Society on Aging  
Caring Across Generations  
Coalition of Geriatric Nursing Organizations  
Community Catalyst  
Cooperative Development Foundation ^  
Council on Social Work Education  
Family Caregiver Alliance  
Gerontological Society of America\*\*  
Hartford Institute for Geriatric Nursing  
LeadingAge  
National Alliance for Caregiving  
National Association for Geriatric Education  
National Association of Area Agencies on Aging (n4a)  
National Association of Social Workers  
National Consumer Voice for Quality Long-Term Care  
National Cooperative Bank  
National Council on Aging  
National Hispanic Council on Aging  
NCB Capital Impact/THE GREEN HOUSE® Project ^  
PHI - Quality Care through Quality Jobs  
SEIU Healthcare  
Social Work Leadership Institute

## **Federal Liaisons**

US Department of Veterans Affairs  
Administration for Community Living  
Health Resources and Services Administration (HRSA)  
Office of Women's Health, HHS

*\* Alliance Co-conveners*

*^ Non-voting Members*

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