



March 20, 2023

The Honorable Bernie Sanders, Chair
Health, Education, Labor and Pensions Committee
United States Senate
Washington, DC 20510

The Honorable Bill Cassidy, Ranking Member
Health, Education, Labor and Pensions Committee
United States Senate
Washington, DC 20510

Dear Senators Sanders and Cassidy:

On behalf of the members of the Eldercare Workforce Alliance (EWA), we write to you to share our policy priorities and provide feedback on health care workforce shortages. EWA is a coalition of 35 national organizations representing the interdisciplinary care team – older adults, family caregivers, direct care workers, long-term services and supports (LTSS) providers, and health care professionals – joined together to address the immediate and future crisis in caring for an aging America. EWA appreciates the opportunity to provide this guidance to the committee on health workforce shortage solutions.

EWA was formed in response to the National Academies of Sciences, Engineering, and Medicine's (then the Institute of Medicine) report, *Retooling for an Aging America: Building the Health Care Workforce*. The report called for immediate investments in preparing our health care system to care for older Americans and their families. Building on that seminal report, EWA proposes practical solutions to improve the quality of care for all of us as we age by strengthening our eldercare workforce. EWA also recognizes the vital role the eldercare workforce plays in driving economic growth and supporting individuals, jobs, and communities across the country.

As a diverse coalition, EWA believes that quality care for older adults must be person- and family-centered. Such care, especially for older adults who are frail or have multiple health conditions, requires an interdisciplinary team with expertise in geriatrics and gerontology. High-quality eldercare includes a focus on physical, mental, cognitive, and behavioral health, and on ensuring that psychosocial supports are present. Care for older adults should be delivered in a seamless fashion across settings, starting in the home, with each older adult's goals and choices at the center of care to the extent possible. EWA believes that all family caregivers should be

supported and have opportunities to acquire the needed skills, knowledge, and information to care appropriately for older adults. Moreover, addressing training, retention, and recruitment issues across the direct care, LTSS, and professional health care workforces is essential to improving the quality of care and quality of life for older adults.

(To learn more about EWA and geriatrics team care, see the enclosed documents: [EWA Public Policy Priorities](#); [Who We Are](#); [Issue Brief: Care Coordination](#), [Caring for Older Adults: It Takes a Team video](#).)

The Geriatrics Workforce Enhancement Program & the Geriatrics Academic Career Awards

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. Exposure to geriatrics and gerontological principles and practices is essential for all health care providers. Geriatrics Workforce Enhancement Program (GWEP) and Geriatrics Academic Career Awards (GACA), administered by the Health Resources and Services Administration, are two federal programs that offer training in geriatrics that is focused on preparing the healthcare workforce to care for all of us as we age. However, these programs have long been underfunded leaving some states without a GWEP or a GACA. To close geographic and demographic gaps in geriatrics workforce training and to achieve the goal of expanding access to high-quality home care for all of us as we age, increased funding (at \$82 million) for these programs must be included in the FY '24 appropriations bill.

GWEPs seek to improve high quality, interprofessional geriatrics education and training to the health professions workforce, including geriatrics specialists, as well as increase geriatrics competencies of primary care providers and other health professionals to improve care for older adults. The program supports the development of a health care workforce that improves health outcomes by integrating geriatrics with primary care, maximizing patient and family engagement, and transforming the healthcare system. As of July 2019, Title VII supports 48 GWEP grant funded programs located in 35 states and 2 territories.

In Academic Year 2021-2022, the most recent year for which performance data is available, GWEP trained over one million health care professionals, students, patients, and caregivers through 7,160 courses that awardees developed or enhanced with GWEP funding. GWEP's geriatrics-related training included 1,889 continuing education courses, which reached 501,431 individuals and provided 4,825 hours of training. A total of 673 continuing education courses (36 percent) focused on Alzheimer's Disease and related dementias. This subset of courses trained 130,012 health care professionals, students, patients, and caregivers. GWEP's trainees included 71,870 health professions students who received geriatric-focused training in settings across the care continuum. Forty-five percent of these trainees were underrepresented minorities and/or

from disadvantaged backgrounds. By the end of the academic year, 64,152 students completed a GWEP program.¹

Similarly, the Geriatrics Academic Career Awards (GACA) Program supports the career development of junior faculty in geriatrics at accredited schools. These career development awards ultimately allow junior faculty who provide interprofessional clinical training to become leaders in academic geriatrics. In Academic Year (AY) 2021-2022, the GACA Program directly supported 24 faculty, including 14 physicians specializing in geriatrics or geriatric psychiatry and two nurse practitioners specializing in gerontology. GACA-supported faculty gave 94 conference presentations, received 35 research or education grants, and published 32 articles in peer reviewed journals. GACA fellows also delivered 14,142 hours of education through 325 unique training programs and workshops. These courses reached 14,458 faculty, health professionals, and students specializing in medicine (35 percent), public health (15 percent), nursing (14 percent), behavioral health (12 percent), and other disciplines (24 percent).²

(To learn more about the GWEP and GACA programs, see enclosed document: [Geriatrics Workforce Enhancement Program \(GWEP\) and Geriatrics Academic Career Awards \(GACA\).](#))

Professionalization of the Direct Care Workforce

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. 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.

The direct care workforce received federal minimum wage protections for the first time under the Obama administration. Previously identified as “companion workers”, more than 2.5 million direct caregivers received greater federal minimum wage and overtime protections in the 2015 extension of the Fair Labor Standards Act (FLSA). Maintaining these basic protections will continue to improve quality care by facilitating the recruitment and retention of a quality workforce and help all American workers to get back to work.

According to EWA member PHI, the median wage for home care workers in the U.S. is \$14.27 per hour.³ This statistic, combined with the fact that more than 15 percent of direct care workers

¹ Health Resources and Services Administration. *FY2024 Justification of Estimates for Appropriations Committees Fiscal Year 2024*. HRSA. 2023. <https://www.hrsa.gov/sites/default/files/hrsa/about/budget/budget-justification-fy2024.pdf>

² IBID

³ PHI. *Direct Care Workforce Key Facts*. September 2022. <https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-3/>

live in poverty and 43 percent live in low-income households, reveals an urgent need for increased wages for home care workers.⁴ As reported in a September 2020 study from EWA member LeadingAge, raising wages for direct care workers to at least a living wage in 2022 would benefit more than 75% of workers with an average 15.5% pay increase that year.⁵ The overall cost of this increase—\$9.4 billion—would be modest compared to total LTSS spending (\$366 billion in 2016) and would likely be offset by cost savings generated by lower turnover and higher productivity.⁶ EWA commends efforts to increase the minimum wage for the direct care workforce. We strongly support a living wage for all aging services workers across the continuum of care, with providers fully reimbursed to cover wages and benefits.⁷

Another key factor contributing to the retention and recruitment problems in direct care work is a lack of career growth opportunities. Home health aides and nursing assistants can obtain their certifications in the span of a few months with little educational prerequisites; however, in order to obtain the next formally recognized health care title above this, licensed practical nurse (LPN), one must commit to a year or more of training in addition to a high school diploma or equivalency. In its 2021 report on the direct care workforce, PHI states, “The time, financial resources, and educational experience required to pursue an LPN career are out of reach for many direct care workers, particularly those balancing multiple jobs and family caregiving responsibilities.”⁸ Expanding opportunities into administrative and non-medical roles, such as trainers and coordinators, should also be available. Workers need to have access to obtainable and meaningful advancement opportunities that involve an elevation in title, function, and compensation. The development of a career ladder will improve job quality for direct care workers, as well as improve the quality of care delivered to older Americans. Congress should encourage apprenticeship and education programs that are easily accessible for workers and support legislation like the Direct CARE Opportunity Act that provide states with the resources necessary to develop career pathways and advancement opportunities in the field.

Support for Family Caregivers

The Eldercare Workforce Alliance supported the *Recognize, Assist, Include, Support and Engage (RAISE) Family Caregivers Act* that became law on January 22, 2018. This new law established the RAISE Family Caregiving Advisory Council which has adopted 26 recommendations to address the needs of family caregivers of all ages. These recommendations include improving

⁴ Ibid

⁵ LeadingAge. *Making Care Work Pay: How Paying at Least a Living Wage to Direct Care Workers Could Benefit Care Recipients, Workers, and Communities*. September 2020.

<https://leadingage.org/sites/default/files/Making%20Care%20Work%20Pay%20Report.pdf>

⁶ Espinoza, Robert. “For Direct Care Workers, the American Jobs Plan is a Lifeline.” April 13, 2021.

<http://phinational.org/for-direct-care-workers-the-american-jobs-plan-is-a-lifeline/>.

⁷ LeadingAge. Infrastructure Letter to Sen. Schumer, Sen. McConnell, Rep. Pelosi and Rep. McCarthy. April 1, 2021. https://www.dropbox.com/s/xtsyu5sl7zgfri6/LeadingAge%20Infrastructure%20letter_040121.pdf?dl=0.

⁸ PHI. *Caring for the Future: The Power and Potential of America’s Direct Care Workforce*. January 12, 2021. <https://phinational.org/CaringForTheFuture/>

outreach efforts to family caregivers to ensure early identification and access to services and supports as well as expanding caregiver support programs and services that maintain the health and independence of families.⁹ On September 21, 2022, the 2022, National Strategy to Support Family Caregivers was delivered to Congress. The Strategy includes nearly 350 actions the federal government will take to support family caregivers in the coming year including several provisions related to the workforce.¹⁰

Increased investments in federal family caregiver support programs, particularly those administered by the Administration for Community Living (ACL) within HHS, are also key to creating a family-centered health care delivery system. The National Family Caregiver Support Program (Older Americans Act Title III E) provides a range of support services for family and other unpaid caregivers annually, including counseling, respite care, training, and assistance with locating services that help in caring for their loved ones at home for as long as possible. The Alliance has requested a funding level of \$387.9 million for this program in order to meet the growing need. For the Native American Caregiver Support Program (Older Americans Act Title VI C) to support members of our communities who are often left behind, EWA requests \$22.614 million. Additionally, meeting our funding request of \$20 million for the Lifespan Respite Care Program is crucial in preventing burnout and improving the physical and mental health of caregivers. The Alliance also encourages Congress and the administration to fund the Alzheimer’s Disease Program at a \$35 million level in order to expand evidence-based interventions and dementia-capable home and community-based services that enable older adults to live in their residence of choice. The COVID-19 pandemic has amplified the challenges and the national awareness surrounding issues that family caregivers face, so it is important that we act now to show our support.

(To learn more about supporting family caregivers, see enclosed document: [Family Caregivers: The Backbone of Our Eldercare System.](#))

Immigrants in the Eldercare Workforce

Immigrants represent over a quarter of direct care workers and a large share of the “gray market,” where consumers hire home care workers directly using private funds.¹¹ These workers provide critical support to older adults in need of LTSS, ultimately administering 80 percent of paid hands-on services delivered in the United States. Additionally, home care workers play a

⁹ Administration for Community Living. “Family Caregiving Advisory Council Final Recommendations” November 2020.

https://acl.gov/sites/default/files/RAISE_SGRG/RAISE%20RECOMMENDATIONS%20FINAL%20WEB.pdf

¹⁰ Administration for Community Living “2022 National Strategy to Support Family Caregivers” September 2022. <https://acl.gov/CaregiverStrategy>

¹¹ PHI. *U.S. Citizenship Act of 2021* [Fact Sheet]. June 8, 2021. <https://phinational.org/resource/the-u-s-citizenship-act-of-2021/>

vital role in supporting family caregivers by providing psychological respite and support and allowing family caregivers to remain employed at a time when many are cutting their hours or leaving their jobs altogether to care for a loved one. With the population of older Americans growing rapidly, threatening the workforce supply of immigrants will only exacerbate the shortage of workers in eldercare. Immigrants bring a wide array of experiences, cultural traditions, and languages to the domestic eldercare system, which enables culturally competent care for a diverse older adult population. The diverse social, cultural, and linguistic needs of older adults should be forefront in the eldercare workforce, and a diverse workforce equips us to accomplish this goal of care for us all as we age.

EWA urges Congress to carefully review all immigration-related legislation and regulations for their potential impact on the healthcare workforce. We encourage you to expand the visa definitions of “skill” and “merit” for visa applications to include all members of the health care team, specifically direct care workers. EWA also supports ongoing training in cultural competence, including implicit bias and immigration-specific concerns, to enhance communication within and service provision by eldercare teams. Most importantly, we strongly oppose racism, discrimination, profiling, and visa or travel bans on the basis of race, color, gender, disability, age, religion, or national origin.

(To learn more about EWA’s principles on immigration, see enclosed document: [Immigrants and the Eldercare Workforce](#).)

On behalf of the members of the Eldercare Workforce Alliance, we ask that you join us in supporting the eldercare workforce at this critical time – because all older Americans deserve quality care, now and in the future.

If you have any questions, please contact Amy York, Executive Director of EWA ayork@eldercareworkforce.org. Thank you for your consideration.

Sincerely,



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