

Center for Excellence in Assisted Living
University of North Carolina at Chapel Hill

Statement for the Record

United States Senate Special Committee on Aging

“Long-Term Care Workforce Support Act”

April 22, 2024

The Center for Excellence in Assisted Living (CEAL) was established in 2003 in response to the U.S. Senate Special Committee on Aging’s Assisted Living Workgroup Report, as a unique national collaborative of diverse organizations working together to promote excellence in assisted living. In 2023, CEAL joined with the University of North Carolina at Chapel Hill (UNC) to create a closer partnership with research and provide more capacity to advance the well-being of the people who live and work in assisted living through research, practice, and policy. Information about CEAL@UNC is available at its [website](#).

CEAL@UNC appreciates the opportunity to submit this statement for the record to the Senate Special Committee on Aging regarding the *Long-Term Care Workforce Support Act*. The Act recognizes the essential nature of the 4.8 million personal care aides, home health aides, and nursing assistants who provide the majority of direct care to more than 7 million older adults.¹ The need for paid long-term care has been increasing steadily as our population has aged – there will be more older adults than children by the year 2034² – meaning that the number of family members available to provide that care has steadily decreased.³ Because the need for supportive care affects virtually every family in the nation, the sufficiency and competency of that workforce is critical. In fact, there is extensive evidence that workforce sufficiency and competency relate to the well-being of older adults, including clinical outcomes and hospital transfers.⁴⁻⁶

Another important component of the Act is its recognition that the long-term care workforce is both essential and professional. Advocates suggest that this workforce be recognized as “**professional caregivers**” given the knowledge, skills, and responsibilities required of these individuals, ranging from setting up medical equipment, conferring with medical professionals, and providing dementia and end-of-life care.⁷

Much to its credit, the Act calls out discriminatory immigration actions, but unsurprisingly, does not go so far as to address the “third rail” of **immigration**. Supportive immigration policies are a promising partial remedy to bolster the pipeline of new workers into all long-term care settings.⁸

In calling for new remedies, CEAL@UNC recognizes the many other policy efforts already promoting the sufficiency and competency of the of the workforce, including the Safeguarding Elderly Needs for Infrastructure and Occupational Resources ([SENIOR Act](#)), the [Care Across Generations Act](#), the [Healthcare Workforce Resilience Act](#), the [Protecting Rural Seniors’ Access to Care Act](#), the [Building America’s Health Care Workforce Act](#) and the [Ensuring Seniors’ Access to Quality Care Act](#), as well as the proposed [Expanding Veterans’ Options for Long Term Care Act](#), the [Home and Community-Based Services Relief Act](#), the [Better Care Better Jobs Act](#), the [Expanding Service Coordinators Act](#), and others. Also, innovative efforts already underway across the country merit recognition, such as Ivy Tech College of Indiana’s educational programs that provide a summer program promoting career paths into long-term care.

Despite the actions ultimately enacted, it is important to avoid a “one-size-fits-all” approach, which has been a cornerstone of assisted living; every American deserves person-centered care.

The Role of the Center for Excellence in Assisted Living@UNC

Since its inception 20 years ago, the mission of CEAL has been to advance the well-being of the people who live and work in assisted living through research, practice, and policy. Organizations involved in CEAL represent assisted living providers; nurses, physicians, and other clinicians; experts and advocates in Alzheimer’s disease and dementia care; state agencies supporting long-term services and supports; leaders in eldercare transformation; workforce experts transforming quality direct care jobs; and numerous others. To note but a few of its efforts over the last years, CEAL has worked with researchers to develop quality measures for assisted living, examine the impact of potential minimum wage increases, and evaluate change in assisted living following the initial Assisted Living Workgroup Report provided to the U.S. Senate Special Committee on Aging in 2003.⁹⁻¹² Current efforts include consulting on the ongoing Centers for Disease Control and Prevention (CDC)-funded “Moving Needles” initiative to make routine immunization a standard of care in assisted living; leading the national Be Well in AL Coalition to promote adoption of recommended medical and mental health recommendations; compiling State Transitions Plans responsive to the Centers for Medicare & Medicaid Services (CMS) Home and Community-Based services regulations; and translating research for policy and practice, all available on the CEAL@UNC [website](#).

CEAL@UNC welcomes the opportunity and stands poised to work with the Committee and other members of Congress in a bipartisan manner to advance excellence in assisted living.

References

1. PHI. Direct Care Workers in the United States: Key Facts. 2023. Available at <https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-2023/>.
2. Vespa, J. The Graying of America: More Older Adults Than Kids by 2035. U.S. Census Bureau. Available at: <https://www.census.gov/library/stories/2018/03/graying-america.html>.
3. Center for Disease Control and Prevention (CDC). Caregiving for Family and Friends – A Public Health Issue. Available at: <https://www.cdc.gov/aging/caregiving/caregiver-brief.html#print>.
4. Reinhardt JP, Burack OR, Cimarolli VR, Weiner AS. Dementia-focused person-directed care training with direct care workers in nursing homes: effect on symptom reduction. *J Gerontol Nurs*. 2020;46(8):7-11.
5. Song Y, Bolt S, Thorne T, et al. Nursing assistants' use of best practices and pain in older adults living in nursing homes. *J Am Geriatr Soc*. 2023;71(11):3413-3423.
6. Moyo P, Loomer L, Teno JM, et al. Effect of a video-assisted advance care planning intervention on end-of-life health care transitions among long-stay nursing home residents. *J Am Med Dir Assoc*. 2022;23(3):394-398.
7. Zimmerman S, Sloane PD, Rashik MI. Let's rename nursing assistants what they are: professional caregivers. *J Am Med Dir Assoc*. 2022;23(11):1755-1756.
8. Grabowski DC, Gruber J, McGarry B. Immigration, the long-term care workforce, and elder outcomes in the U.S. NBER Working Paper Series, Working Paper 30960. Available at: <http://www.nber.org/papers/w30960>.
9. Zimmerman S, Love K, Cohen LW, Pinkowitz J, Nyrop KA. Person-centeredness in home- and community-based services and supports: domains, attributes, and assisted living indicators. *Clin Gerontol*. 2014;37(5):429-445.
10. Zimmerman S, Cohen LW, Washington T, Ward K, Giorgio P. Measures and Instruments for Quality Improvement in Assisted Living. Available at <https://theceal.org/resources/measures-and-instruments-for-quality-improvement-in-assisted-living/>.
11. Weiner JM, Elkins W, Lepore M. Impacts of Potential Minimum Wage Increases on Assisted Living and Continuing Care Retirement Communities. Available at <chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://theceal.org/wp-content/uploads/2017/09/RTI-CEAL-Minimum-Wage-Report-2017-FINAL.pdf>.
12. Carder P., Dys S, Winfree J. 15 Year Review: The Assisted Living Workgroup Report. Available at <chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://theceal.org/wp-content/uploads/2023/01/CEAL-Workgroup-Report-010920.pdf.xxx>.