



Comments on the Reauthorization of the Older Americans Act  
Allison Lee  
Federal Policy and Campaign Manager  
PHI  
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Thank you for the opportunity to comment on the re-authorization of the Older Americans Act. My name is Allison Lee and I am the Federal Policy and Campaign Manager for PHI – formerly the Paraprofessional Healthcare Institute.

PHI works to improve the lives of people who need home care and residential care—by improving the lives of the workers who provide that care.

As Congress takes up the re-authorization of the Older Americans Act, we urge consideration of policies that invest in and support the nation’s direct-care workers—a workforce that provides 70 to 80 percent of the hands-on long-term services and supports received by our nations elder population and people living with disabilities. The majority of these staff work in consumers’ homes, or in residential or community-based settings such as nursing homes, assisted living facilities, and group homes.

The size of the direct-care workforce is stunning: it now numbers over 3 million and over one million new positions are needed by 2018, according to the U.S. Bureau of Labor Statistics. Home care workers are projected to be the third fastest growing occupation in the country – increasing by 50 percent over the decade. By 2018, direct-care workers in the U.S will outnumber teachers from kindergarten through high school (3.9 million) and registered nurses (3.2 million).

This vast and underleveraged workforce is essential to efforts to expand our system to meet the growing demand for long-term services and supports, and to reorient service



**Headquarters:**  
349 East 149th Street, 10th Floor  
Bronx, NY 10451  
Tel: 718.402.7766 ■ Fax: 718.585.6852

**Washington DC Office:**  
1730 Rhode Island Avenue, NW, Suite 712  
Washington DC 20036  
Tel: 202.223.8355 ■ Fax: 202.223.8354

E-mail: [info@PHInational.org](mailto:info@PHInational.org) ■ [www.PHInational.org](http://www.PHInational.org)

delivery toward home and community-based models of care. Unless we invest in frontline workers over the next decade, this workforce will fall short of the capacity needed to ensure access to these services for our aging population.

The reauthorization of the Older Americans Act offers an important opportunity to make necessary changes to modernize the aging services network and its programs. PHI recommends several areas for innovation and improvements:

First, we need to upgrade and improve training standards as well as invest in state infrastructure for recruiting and training one million new direct care workers. Federal nurse aide training requirements have not been updated in over 20 years, and do not reflect the more complex needs of today's older and frailer consumers. Furthermore, while there are no federal training *requirements* for personal and home care aides, AoA could play an important role in developing consensus training standards for personal care workers based on core competencies.

Second, we must build a 21<sup>st</sup> Century infrastructure for self-directed services by creating effective labor market intermediaries – job banks, registries and matching services -- that help consumers and workers find each other. Today's consumers often wish to have greater control over how services are provided and who provides them, but without these intermediaries, consumers and their families are limited to searching for independent providers on their own.

And third, more must be done to incorporate an explicit focus on workforce within the aging services network. Working together, government and service providers should, on an ongoing basis, assess the adequacy of the workforce for meeting the demand for services, and for monitoring workforce vital signs needed for sound policy making.

The quality of care for our nation's elders depends on the quality of the jobs of those who provide these services and supports. We urge the Administration to build into the OAA reauthorization an explicit focus on the frontline healthcare workforce, and PHI is prepared to work with you to identify ways to accomplish this goal.

Thank you.