



WRITTEN TESTIMONY OF

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Thank you for this opportunity to provide testimony on the challenges and solutions related to New York State’s home care and aging services workforce. My testimony will summarize recent research on the value of community-based aging services and home care for older New Yorkers, their families and communities, and public budgets. I will also provide policy recommendations to further strengthen our state’s support for older New Yorkers and the aging services and home care workforce that enables so many older adults to live healthy and socially connected lives in their homes and communities as long as possible.

New York State’s population is aging rapidly. Over 3.5 million New Yorkers, or nearly one in five, are aged 65 and older. By 2040, 22% of the state’s population will be over age 65, comprising over 4.5 million people.¹ This demographic reality has major implications for state and local budgets, demands on families and community services, and older adult wellbeing. Demand for long-term care will grow as the population ages, and while most long-term services and supports are currently provided by family members, the supply of family caregivers is unlikely to keep pace with future demand given shrinking family sizes.²

The vast majority of older adults prefer to “age in place,” or remain in their homes and communities as they age, yet it is increasingly unlikely that older adults have family members nearby and available to address the full range of care needs that often emerge in later life. Public investment in accessible and high-quality services to address older adults’ continuum of care needs, ranging from low-intensive supports such as home-delivered meals or benefits counseling to high-intensive daily home care, benefits health and independence for older adults, reduces strain on family caregivers, and promotes more equitable opportunities for healthy aging in communities across the state. Community-based aging services are also key to addressing the growing crisis of social isolation among older adults and proactively addressing the social determinants of health to prevent avoidable hospitalizations and institutionalization. Proactively investing in a robust aging services and home care workforce will yield cost savings at the state and federal levels by reducing demand on Medicare and Medicaid budgets.³

COVID-19’s dramatic impact on older adults has made painfully clear the importance of coordinated state and local supports to address the critical needs of older New Yorkers, who have faced severe health consequences and hardships due to the pandemic. COVID-19 has shown the importance of building local

infrastructure to equip older adults to age in place and avoid more restrictive, costly, and often unwanted institutional care.⁴

The Aging Network Addresses Diverse Support Needs for Older Adults in Communities Across the State on an Everyday Basis and During COVID-19

Area Agencies on Aging (AAAs) work with state and local partners to deliver critical home- and community-based services to older adults and caregivers that maximize their health, safety, and independence. Services include in-home care, transportation, respite care for family caregivers, home-delivered meals and more. Every AAA offers a set of core services, as well as a variety of services (an average of 27) that responds to the unique needs of the communities they serve.⁵ This collective community of aging services organizations is known as the Aging Network.

During COVID-19, the strengths of the Aging Network were clearly demonstrated by their capacity to rapidly adapt to changing circumstances and identify and address unmet needs for older adults in communities across the state. According to my recent study of New York AAAs' COVID-19 response, AAAs devoted significant attention and resources to providing older adults with access to key social services in spite of pandemic risks and disruptions.⁶ The AAAs that participated in my study reported a significant increase in demand for services due to COVID-19. The greatest increase in demand was for home-delivered meals, as older adults' traditional sources of support with grocery shopping or meal preparation were disrupted by COVID-19. AAAs also frequently collaborated with partner organizations, including public health departments, human service agencies, and community organizations, to facilitate coordinated and efficient service delivery. These same partnerships allow aging services organizations to support older adults' diverse service needs on an everyday basis, increasing access to benefits, social supports, and preventive health services that reduce the risk of hospitalization and institutionalization. As one AAA director explained, "I like to think of it as we're the catalyst for linkages. Somebody might say, 'Oh, we're struggling with this problem with our clients.' And I'll say, 'Well, do you know that agency over there has success doing this?' And so getting that collaboration going is really a full part of my job."

While care work is traditionally undervalued in our society, the work of aging services professionals and home care providers involves skill and emotional labor that should be recognized and adequately compensated.⁷ These professionals build trusted relationships with clients and navigate the complex dynamics of care provision with clients' families and their healthcare and social services providers. My research has also found that aging services providers serve as a trusted source of support and unbiased information for many older adults. This trust enables providers to encourage clients to proactively accept benefits and services and reduce their risk of avoidable and costly health crises, in spite of many older adults' initial hesitancy to accept formal supports.

My research further supports the health benefits of aging services for older New Yorkers. New York AAA staff and volunteers invest significant time and energy into building trusted relationships with clients, allowing them to encourage older adults to make use of the full range of supportive services available in their communities. By centering the clients' own values in conversations about potential service options and by reframing formal supports as an opportunity to ultimately maximize independence, aging services providers partner with older New Yorkers to develop a service plan that ultimately reduces clients' health risks and associated healthcare costs and supports older adults' personal priorities. As one participant explained, "When we first go in there and we do the assessment and were talking to them about it, they say, 'Oh, no, I can cook myself. I have food.' And then it turns out when you're talking to them or talking

to their son or daughter, well they might have arthritis and they can't open a can of soup. They can't stand for long times at a stove to cook. They don't want to admit that you. So then maybe you have a meeting with them with their son or daughter, or maybe you give them a couple days' worth of meals to show them what it looks like and what it tastes like. And then maybe they meet the meals driver and they get to talk to them and they realize that, 'Oh, it isn't this total stranger.' What we usually do is we do a week of test meals for anybody who's apprehensive, just to show them what it's like. And I say a good 95 percent of the time, that melts away any apprehension they have.”

Investment in Aging Services Reduces Nursing Home Admissions and Healthcare Costs

Several studies have shown that investing in community-based aging services results in savings on healthcare and long-term supports and services. A 2013 study by Brown University researchers found that if all states had increased by 1% the number of adults age sixty-five or older who received home-delivered meals under Title III of the Older Americans Act, total annual savings to states' Medicaid programs could have exceeded \$109 million. The savings come from allowing older adults with low care needs to remain at home, sustained by home-delivered meals, rather than requiring nursing home care.⁸ The researchers estimated that New York specifically could save over \$3 million in annual Medicaid spending by increasing the proportion of older adults receiving home delivered meals by just 1%. Another recent study found that AAAs' partnerships with health organizations reduces healthcare spending and nursing home use.⁹ The researchers found that when AAAs partner with hospitals, their service area experienced an annual reduction in Medicare spending of \$135.50 per beneficiary. They also reported that when AAAs participate in livable community initiatives, or multisector coalitions to promote the well-being and health of older adults, the communities they serve experienced a reduction in nursing home use.

My research on New York AAAs found that aging services staff and volunteers are also attuned to subtle changes in clients' health status in their interactions with clients, allowing them to connect older adults to health services or address health crises before the conditions have escalated to a level that may require nursing home levels of care. For many older adults who live alone, aging services or home care providers are the only social connection they have. As a result, community-based aging services may offer life-saving benefits through regular social contact that may otherwise be unavailable. For example, one AAA director described a situation where a client who had a stroke relied on his home-delivered meal driver to get him to the hospital, saying “One guy, I'll never forget it, had had a stroke, got out of the bed, and dragged himself – and it took him all night. Dragged himself to the front door, because he knew the home delivered meal person would be coming the next morning... We got him to the hospital and everything, and he said, 'I knew that the driver would be coming. That's why I worked on getting myself to the front door, to make sure that they knew that I was there.' How many lives have we saved, you know?”

Policymakers Should Support a Robust and Flexible Aging Network and Invest in the Aging Services and Home Care Workforce

While the number of older adults in New York and across the country has been growing steadily, funding for aging services has failed to keep pace with this growth and related service demand. Continued investment in New York's Aging Network is critical to ensuring that high-quality aging services are widely available as the state's population continues to age. Policy and funding support for the Aging Network should also acknowledge the unique local contexts of aging services and should allow for flexibility in resource use to address the needs and challenges specific to AAAs' service area.

Beyond a holistic investment in a robust aging services network, policy efforts must focus specifically on home care workforce shortages across the state. New York State has massive unmet need for in-home services, both in terms of home health and non-medical supports. Recent research from the City University of New York shows that home care workers experience extremely high turnover, and that in 2018-2019, an average 17% of home care positions were left unfilled due to staff shortages.¹⁰ Policy supporting a livable wage for home care workers is a critical step towards addressing the state's ongoing aide shortage.

My own research on New York aging services suggests that the rural home care shortage is particularly challenging, as the working-age population is smaller and travel distances between clients' homes are greater in rural communities. As one of my study participants who worked in a rural county described, "One of the big things that we have in this area is an aide shortage. So when you throw in the lack of transportation to rural areas to get the aides there, not only do you need an aide, but you need an aide who has transportation where there is no public transportation." Participants noted that given the low pay for home care, many workers lack reliable transportation and are unable to reach rural clients, and that while travel time in rural areas is significant, home care workers are not compensated for travel. Policymakers should specifically consider the needs of the rural home care workforce and ensure that targeted efforts are made to increase home care availability in rural communities, where the population is aging more rapidly than in rural areas.

In sum, New York State's older adult population is growing, resulting in an increased demand for community-based services and in-home care. AAAs and home care workers support the growing care needs of an aging population and reduce avoidable hospitalizations and nursing home placements. However, community-based aging services are underfunded, and the aging services and home care workforce deserves more robust public support. Policy must be proactive in supporting and expanding the workforce that plays a key role in keeping older adults safe and healthy in their homes and communities as long as possible. The time is now to plan for and invest in a well-trained and adequately compensated workforce to ensure that high-quality community-based services are available for all older New Yorkers. Thank you for the opportunity to participate in your deliberations related to this important topic.

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