



Date: February 8, 2024

To: Committee on Health and Committee on Hospitals and Health Equity, Council of DC

From: Makeda Vanderpuije, Executive Director, LeadingAge DC

Re: FY 2023 Performance Oversight of the Deputy Mayor for Health and Human Services and the Department of Health Care Finance

Good morning, Chairperson Henderson and members of the Committee on Health, and Chairperson Gray and members of the Committee on Hospitals and Health Equity. Thank you for the opportunity to testify today. My name is Makeda Vanderpuije and I am the Executive Director of [LeadingAge DC](https://www.leadingagedc.org), an association representing mission-driven organizations serving older adults across the District, including nursing homes, assisted living, affordable housing, Senior Villages, home and community-based services, and Life Plan Communities (CCRCs). We are part of a network of more than 5,000 non-profit organizations serving older adults across the United States. I am also a Ward 5 Resident, and an active member of the District of Columbia Coalition on Long Term Care's Workforce Development Committee. My testimony today is based on my background and deep understanding of population health, rooted in health equity and access.

Today I am here to share LeadingAge DC's concern about deepening and alarming shortages in the professional caregiver workforce.

Many LeadingAge DC provider members have served older adults in our community for more than 100 years, and remain committed to providing high quality care to some of our most vulnerable residents. In fact, the mission-driven nursing home members of LeadingAge DC consistently outperform their for-profit counterparts in the domains of health inspections, staffing, and quality measures as reported by the CMS Five-Star Quality Rating System. However, the current shortage of direct care professionals trained and certified to work in DC, including home health aides and certified nursing assistants, is an urgent and pressing crisis to our healthcare system with dire impacts for these community institutions, older adults, people with disabilities and their families across our city.

The population of older adults is rapidly growing – the Office of the Budget Director estimates that over the next five years approximately 44,200 residents will turn 65 years old and increasingly, residents will require care professionals to support tasks of daily living at home or in a facility setting. Conversely, recent data from the DC Department of Health shows that for the past several years, there has been a significant decline in the number of individuals training to do this work – the most current certification renewal cycle was marked by a 46% decline in the number of certified nursing assistants, a 20% decline in certified home health aides, and a 30% decline in trained medication aides.

These statistics are reflected in results of the fifth annual [Direct Care Workforce survey](#), released yesterday by the DC Coalition of Long Term Care Providers. Respondents representing 47 providers



offering assisted living, home care, adult day services and skilled nursing, report persistently high turnover rates and difficulty hiring new workers. Professional caregivers are leaving the field for jobs that are less difficult, require less training and pay more money. The survey results confirm that staffing shortages are driven by the inability of providers to pay competitive wages due to inadequate reimbursement rates. This crisis is driving up costs, compromising the quality of care, and leaving vulnerable seniors without the care they need.

Though LeadingAge DC members employ creative strategies in efforts to recruit and retain direct care staff, they remain at a disadvantage, unable to afford to compete with wages paid by hospital systems, staffing agencies, and even entry-level positions at companies like Target and Starbucks. Fair compensation for this workforce, which is overwhelmingly represented by women of color and immigrants, is in alignment with the Mayor's priority to provide a Fair Shot to District residents faced with rising costs of living, stagnant wages, and structural inequity. Our vulnerable communities deserve better.

This is a complex problem driven by a mix of federal and local policies that strain the healthcare and aging services system, limiting the District's ability to attract, train, and retain high-quality professionals and paraprofessionals to meet the needs of residents and service providers. As you will find echoed in testimony by fellow members of the DC Coalition for Long Term Care, we understand that this workforce shortage crisis is not unique to our city. Thankfully, there is much to be learned from other jurisdictions including Michigan, New Jersey, Maine, North Carolina, Washington, and Tennessee, to inform efforts to implement a comprehensive strategy that improves training, recruitment, and retention of caregiving professionals at a level necessary to empower District residents to age with dignity, and prepare for increasing needs and emerging challenges on the horizon. Claudia Balog, Assistant Director of Research at 1199SEIU United Healthcare Workers East, references strategies from these states and more in her written testimony.

Aging residents have so much to contribute to our communities, from sharing hard-earned wisdoms to the appreciation of life's milestones, big and small. LeadingAge DC members, largely not-for-profit organizations, are committed to providing high-quality care, services, and supports that enable aging residents to take full part in community life. In order to do so, they need the support and strategic thinking of experts and officials dedicated to finding long-term solutions for our current workforce crisis, as well as reimbursement at a level that allows them to cover costs and pay a fair, living wage to professional caregivers and other licensed professionals. Though these efforts will take time, today's crisis requires swift interim action. I encourage the Council to consider re-enacting emergency legislation to revive pandemic era waivers that allowed out of District health care providers to be appointed as temporary agents of the District of Columbia so they may provide health care services to District residents without a District certification.

On behalf of LeadingAge DC, I thank you for your time and welcome any questions that you may have.