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Hearing Title

“Aging in Place: The Impact of Community During the Holidays”

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Good afternoon, Chairman Scott, Ranking Member Gillibrand, and Members of the Committee:

Thank you for the opportunity to testify about the role that family caregivers play in enabling older adults to age in place, in their community.

My name is Jason Resendez, and I am the President and CEO of the National Alliance for Caregiving, a national organization focused on transforming how our nation values its more than 63 million family caregivers.

For nearly 30 years, we've documented and amplified the experiences of family caregivers—their challenges, hardships, and joys—while measuring our country's progress in supporting their critical work.

We are living through a profound demographic shift. Every single day, roughly 10,000 Americans turn 65. Medical advances mean people are living longer than ever.<sup>1</sup>

This is a tremendous achievement, but it also presents new challenges—challenges that largely fall on the shoulders of our country's family caregivers.

Today, these Americans make up the backbone of our nation's long-term services and support system.

Family caregivers are our neighbors, our friends, and our family. They fill our schools, workplaces, and places of worship.

And as we head into the holidays, many Americans will be talking about caregiving issues with their family and friends. It has become a "kitchen table" issue.

For those caring for older relatives, you might hear someone talk about Dad's recent fall, his time spent in the hospital and then his discharge home where he suddenly needs someone to help him bathe, dress and prepare meals.

Change the name and the illness or health incident, but this is going on daily, across America. And family caregivers are the ones who step up and do the hard work – often on a moment's notice.

## **The Growing Need**

And their numbers are growing. According to new data from the National Alliance for Caregiving and AARP's landmark Caregiving in the US 2025 research, 63 million or one in

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<sup>1</sup> U.S. Department of Health and Human Services, Aging. Washington, D.C.: U.S. Department of Health and Human Services. Available at: <https://www.hhs.gov/aging/index.html>

four Americans is now a family caregiver—representing a nearly 50 percent increase since 2015.<sup>2</sup>

That's 20 million additional caregivers in just one decade.

This surge directly mirrors our aging population and a critical reality: 70 percent of older Americans will need some form of long-term services and supports during their lifetime.<sup>3</sup>

Understanding who provides this care is essential. Sixty-one percent of family caregivers are women and 38% are men, with an average age of 51. The vast majority—89%—care for relatives, most commonly a parent or parent-in-law (47%), and nearly half support someone age 75 or older. Twenty-nine percent are "sandwich generation" caregivers responsible for both young children and older adults, with African American and Latino American caregivers more likely to be in this dual role.<sup>4</sup>

Often, this care occurs within intergenerational households—40% of caregivers live with their care recipient, a figure that rises among lower-income caregivers, men, and caregivers of color. The caregiver population reflects America's diversity: 61% are non-Hispanic white, 16% Latino American, 13% African American, and 6% Asian American/Native Hawaiian/Pacific Islander. One in five caregivers lives in a rural area, and nearly one-quarter are juggling care for multiple recipients simultaneously.

Across these demographics, caregiving now requires greater commitment—both in duration and intensity. Thirty percent of caregivers have been providing care for five or more years. They spend an average of 27 hours per week on caregiving duties, with nearly one in four putting in 40 or more hours—equivalent to a full-time job. And for 61%, this comes on top of paid employment.

Family caregivers deliver comprehensive, complex support that would otherwise require teams of paid professionals. Seventy percent monitor their loved ones' health conditions and adjust care accordingly. Nearly two-thirds communicate directly with healthcare providers, serving as the crucial link in care coordination.

More than half perform complex medical and nursing tasks such as administering medications, managing special diets, and providing wound care. Many provide around-the-clock support for the people they love. Yet only 22 percent of caregivers performing these

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<sup>2</sup> AARP and National Alliance for Caregiving, *Caregiving in the US 2025*. Washington, D.C.: AARP. July 2025. Available at: <https://www.caregivingintheus.org>

<sup>3</sup> ACL Administration for Community Living, "How Much Care Will You Need?" Washington, D.C.: U.S. Department of Health and Human Services. Available at: <https://acl.gov/ltc/basic-needs/how-much-care-will-you-need>

<sup>4</sup> *Op. cit.*

complex medical tasks received any training. When training is provided, 96 percent feel it prepared them well highlighting both the gap and the opportunity.

As one caregiver, Maylia from California, shared: "I had to give up a prosperous career and took jobs to work around their schedule. I took a 90% pay cut and lived out of my savings, which has been depleted." She went on to say, "Being a caregiver is the hardest role... You are playing three or more roles: taking care of your family members, the house, yourself, your job..."<sup>5</sup>

## **The Foundation of Our Healthcare System**

As Maylia's story makes clear, family caregivers are essential to healthcare delivery. They enable something Americans overwhelmingly desire: the ability to age and receive care at home, in their communities, surrounded by what's familiar and meaningful to them.

This matters for two fundamental reasons.

First, dignity and freedom. When people remain in their own homes, they maintain control over how and when they receive care, and importantly, who provides that care. These choices profoundly impact quality of life.

Second, basic economics. Annual nursing home costs average approximately \$120,000, compared to roughly \$44,000 for 30 hours of weekly home-based care at \$30 an hour.<sup>6</sup> Put simply, the cost of supporting one person in a nursing facility could support more than two people at home. And when family caregivers provide a substantial portion of this care—with appropriate support—the savings to Medicaid grow exponentially.

**Congress recognized this reality nearly 25 years ago when it amended the Older Americans Act to create the National Family Caregiver Support Program. This program acknowledges that supporting the caregiver is inseparable from supporting the person receiving care. Yet funding has never matched the growing need even as caregiver numbers have surged by 20 million in a decade.**

## **The Crisis of Strain**

Despite their heroism and economic value, family caregivers face a growing crisis. Nearly two-thirds experience moderate or high emotional stress, 45 percent report physical strain, and nearly half have experienced at least one negative financial impact. One-third have

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<sup>5</sup> *Op cit.* p. 36 and p.39.

<sup>6</sup> Genworth Financial, Inc., Genworth and CareScout Release Cost of Care Survey Results for 2024.

Richmond, VA: Genworth Financial, Inc.; March 2025. Available at:

<https://www.businesswire.com/news/home/20250301584443/en/Genworth-and-CareScout-Release-Cost-of-Care-Survey-Results-for-2024>.

stopped saving entirely. Nearly one in four report feeling alone, a figure that has increased since 2020.

Strikingly, 56 percent of caregivers felt they had no choice in taking on their role, with profound consequences: these caregivers experience nearly twice as many poor mental health days as those who felt they had a choice.

Over the past decade, National Alliance for Caregiving data show that family caregivers are struggling more—and for longer—than ever before. Black, Latino, rural, and other underrepresented communities - especially women - disproportionately bear these hardships.

The financial toll is particularly acute for these communities. African American and Latino American caregivers are significantly more likely to take on debt, use up savings, and be unable to afford basic expenses like food. Lower-income caregivers, those already least able to weather financial storms, are hit hardest, with 28 percent unable to afford basic expenses compared to 8 percent of higher-income caregivers.

Seven in ten working-age caregivers balance employment with caregiving responsibilities. Half experience work disruptions—arriving late, leaving early, or taking time off. Working caregivers actually report feeling more isolated than non-working caregivers and face greater financial strain.

While access to caregiver-friendly workplace benefits has improved, salaried workers enjoy significantly better access than hourly workers creating an equity gap that policy must address.

**This is where Older Americans Act programs become essential. The National Family Caregiver Support Program—a cornerstone of the OAA—provides the very services caregivers need most: respite care, counseling, training, and information services. Delivered through our national aging network of Area Agencies on Aging, these programs offer a lifeline to caregivers struggling to manage alone.**

Dianne, a family caregiver from Green Bay, Wisconsin, put it this way: "The Older Americans Act helped me, the primary caregiver, have a few precious moments to myself to recharge. It provided relief to an already tight budget stretched thin with additional supply costs. I cannot imagine what other families are having to sacrifice in order to care for their loved ones."<sup>7</sup>

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<sup>7</sup> National Alliance for Caregiving, Dianne's Story. Washington, D.C.: National Alliance for Caregiving; n.d. Available at: [https://www.caregiving.org/care\\_stories/dianne-2/](https://www.caregiving.org/care_stories/dianne-2/)

Yet although nearly 40 percent of caregivers say respite services would be helpful, only 13 percent actually use them—pointing to critical gaps in availability, awareness, and accessibility.

This is not sustainable. Family caregivers need concrete support to continue this essential work: expanded access to OAA services, workplace flexibility, paid leave, and tax credits.

## **Flipping the Paradigm**

Right now we have a broken system where institutional care is often the default option, but staying in your own home requires navigating waiver programs with long waiting lists and restrictions. We need to flip this paradigm. Americans should have the ability to choose the kind of care that works best for them: home care or institutional care.

The data reveals how far we must go. As of 2020, just 12 states (including the District of Columbia) spent at least half their Medicaid long-term care dollars on home and community-based services for older people and adults with physical disabilities.<sup>8</sup> That means 37 states still spend the majority on institutional care. In these places, older Americans who need long-term support often don't have real options to stay home—even though that's what most prefer.

The Older Americans Act's home and community-based services—including home-delivered meals, transportation, and caregiver support—demonstrate what's possible when we invest in keeping people at home. These programs embody the very paradigm shift we need: community-based, person-centered, and designed to support both the care recipient and their family caregiver.

The National Strategy to Support Family Caregivers, spearheaded by the Administration on Community Living, provides a clear roadmap for this transformation across federal agencies and public-private partnerships. It recognizes a simple truth: we cannot build a healthier America without standing behind the family caregivers who make it possible for millions to live with dignity at home. The strategy explicitly calls for strengthening Older Americans Act programs as a key federal action and to translate that recognition into action across aging, chronic illness, and disability, across the private sector, across states, and across philanthropy, and across political divides.

## **Moving from Recognition to Action**

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<sup>8</sup> AARP, LTSS State Scorecard 2023, Appendix K (Indicator: Medicaid LTSS, Spending on HCBS for Older People and Adults with Physical Disabilities). Washington, D.C.: AARP; 2023. Available at: <https://ltsschoices.aarp.org/sites/default/files/documents/doi/Ltss-scorecard-2023-innovation-and-opportunity.doi.10.26419-2Fppi.00203.001.pdf>

After nearly three decades of research and listening to family caregivers tell their stories, one truth is undeniable: these are ordinary Americans doing extraordinary, indispensable work—work that benefits all of us.

We must reauthorize and fully fund Older Americans Act programs—the National Family Caregiver Support Program, respite services, and the aging network infrastructure that connects family caregivers to help.

And we must pair these investments with economic policies that recognize the value caregivers contribute to our economy.

We already have a strong legislative foundation to build on.

The Multigenerational Home Caregiver Tax Credit, introduced by Senators Scott and Welch, acknowledges the essential work that family members provide within intergenerational households. And the FAMILY Act, introduced by Ranking Member Gillibrand, would establish a national paid family and medical leave program—giving workers the security they need to care for loved ones without sacrificing their financial stability.

Together, these bills represent concrete steps toward building a care infrastructure that supports families across generations.

When we support family caregivers, we're not just helping 63 million individuals—we're strengthening the foundation that allows all of us to age with dignity, to care for those we love, and to build communities where no one faces the hardest moments alone.

Thank you for the opportunity to testify on behalf of the millions of family caregivers who make aging at home possible for their loved ones.