

**Opening Statement of Senator Herb Kohl
Special Committee on Aging Hearing
Caring For Our Seniors: How Can We Support Those on the Frontlines?
April 16, 2008**

Good afternoon, and thank you all for attending. Today we will be discussing the need to train, support, and expand the ranks of those individuals caring for older Americans.

The Aging committee has a long and proud history of moving Congress forward on issues of long-term care. Our endeavor continues: last year alone this committee held three hearings on the subject of long-term care in America. However, we primarily focused on the facilities themselves and the federal standards that apply to them, rather than the people who fulfill the promise and meet the obligation of care.

Today we're shifting our focus to these caregivers. Millions of older Americans receive care at a medical facility from a licensed professional, such as a doctor, a nurse, or from a certified nurse aide at a long-term care facility. You can also receive hands-on care in your own home by hiring a home health aide or perhaps a live-in personal care attendant. However, the majority of older Americans in need of care rely on a third group: their own family.

There are more than 44 million people providing care for a family member or friend nationwide. These caregivers frequently do the same work as a professional caregiver, but they do so voluntarily and with little or no training. To their loved one, they are the doctor, the nurse, the assistant, the therapist, and oftentimes the sole source of emotional and financial support. You probably know someone who cares for a family member—perhaps a friend, a neighbor, or a coworker. If you don't, I'm willing to bet that in ten years you will. In fact, in ten years it might be you. By the year 2020, it is estimated that the number of older adults in need of care will increase by one-third.

The unfortunate fact of the matter is that while our country is aging rapidly, the number of health care workers devoted to caring for older Americans is experiencing a shortage—one that will only grow more desperate as the need for these caregivers skyrockets. Given current workforce trends, it is expected that in the coming decades we will fall far short of the number of health care workers trained to treat older adults that we will need.

We face many challenges. We know that few nursing programs require coursework in geriatrics and that in medical schools, comprehensive geriatric training is a rarity. For the direct care workforce, which includes home health aides and personal care attendants, we know that federal and state training requirements vary enormously, despite the fact that studies show that more training is correlated with better staff recruitment and retention. We also know that family caregivers want enhanced

education and training to develop the necessary skills to provide the best possible care for an ailing family member. Fortunately, knowing what we need to change is half the battle. After this hearing, we plan to incorporate today's lessons into legislation to expand, train, and support the workforce that is dedicated to providing care for the older members of our population.

The committee is honored to welcome two distinguished panels of witnesses to discuss how we can meet the needs of the long-term care workforce today and work toward its expansion for tomorrow. We will be reviewing the major recommendations released Monday by the Institute of Medicine for improving and expanding the skills and preparedness of the health care workforce. And we will hear many other perspectives and suggestions from nationally recognized experts with backgrounds in policy, medicine, academics, business, and even the art of living.

The United States will not be able to meet the approaching demand for health care and long-term care without a workforce that is prepared for the job. Again, we'd like to thank all our witnesses for their participation today. I now turn to Ranking Member Gordon Smith for his opening statement.