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AGS section

To improve nursing home care in the wake of COVID-19, AGS calls for US government to focus on three critical areas

Peter Hollmann, MD, AGSF, Nicole A. Levy, MPH*

a President of the American Geriatrics Society USA
b American Geriatrics Society, New York, NY USA

ARTICLE INFO

Article history:
Received 23 April 2021
Accepted 26 April 2021
Available online 4 May 2021

Keywords:
Long-term care
COVID-19
Direct care workforce
Geriatrics workforce enhancement programs
Geriatrics academic career Awards
Public health emergency

ABSTRACT

In response to the U.S. Senate Committee on Finance's hearing on COVID-19 in the nation's nursing homes, the American Geriatrics Society (AGS) submitted a written statement for the record, calling on committee members to focus on three critical areas where attention can help achieve the AGS' vision for a future in which we can all contribute to our communities and maintain our health, safety, and independence as we age; and where older people have access to high-quality, person-centered care informed by geriatrics principles. These three areas are: (1) investing in the U.S. direct care workforce, the backbone of our health and long-term care system; (2) increasing funding for geriatrics health professions programs under Title VII and ensuring that these programs are included in public health planning efforts; and (3) preparing for public health emergencies with attention to the needs of older Americans.

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Whether we ourselves provide care in nursing homes or not, all geriatrics healthcare professionals know about the disproportionate physical and emotional toll the COVID-19 pandemic has taken on long-term care facility residents and the frontline health workers who care for them across the United States. Only one percent of Americans live in these institutions, but this tiny sliver of the country's population has accounted for about one in three U.S. COVID-19 deaths as of March 4, 2021.1 Factors contributing to the devastatingly high rate of fatalities in nursing homes have included the general vulnerability of older adults to the disease, the speedy transmission of the COVID-19 virus in congregate care settings, a lack of testing and adequate personal protective equipment (PPE) during the early phase of the outbreak, inadequate staffing levels, and asymptomatic spread by direct care workers balancing concerns about their residents' well-being, their families' needs, and financial stability during the pandemic.2

Thanks to the federal prioritization of initial vaccine allocations for nursing homes, I am extremely grateful to know our nation has rounded the corner. Recent Centers for Medicare and Medicaid Services (CMS) data shows that nursing homes have seen a 96 percent decline in new COVID cases among residents since a peak of 30,000 new resident cases peak during the week of December 20, 2020.3 This inflection point presents an unparalleled opportunity to address pre-pandemic healthcare workforce shortages and to improve the public health system to provide for the care needs of our entire population, including nursing home residents.

As the new president of the American Geriatrics Society (AGS), I can say with pride that our organization is committed to making the most of this moment in time. In March, we submitted a written statement for the record to the U.S. Senate Committee on Finance in response to the committee's hearing on “A National Tragedy: COVID-19 in the Nation's Nursing Homes.” The statement urges members to focus on three critical areas where attention can help achieve the AGS' vision for a future in this country where we can all contribute to our communities and maintain our health, safety, and independence as we age; and where older people have access to high-quality, person-centered care informed by geriatrics principles. These areas are: (1) investing in the direct care workforce, the backbone of our health and long-term care system; (2) increasing funding for geriatrics health professions programs under Title VII and ensuring that these programs are included in public health planning efforts; and (3) preparing for public health emergencies with attention to the needs of older Americans.
explain why these goals matter and how the United States can achieve them.

**Investing in the direct care workforce**

Direct care workers are vital to supporting older adults and their caregivers at home and in congregate living settings. They provide millions of older Americans hands-on care at the bedside that is physically and emotionally demanding. At present, women account for nearly 90 percent of the U.S. direct care workforce, with women of color comprising almost half. Hourly rates are often as low as $12 or less per hour, and many direct care workers lack paid family leave and other benefits. Currently, the demand for their essential services exceeds the supply, and this gap is only expected to grow.

Investment in building the direct care workforce should be a priority for the United States as a part of the country’s investments in the infrastructure that is needed to care for us all as we age. The AGS calls on Congress to enact federal and state policies that support the direct care workforce by increasing their compensation and benefits, strengthening training requirements and opportunities, and creating advanced roles. Congress must also ensure that all health professionals on the frontlines, including direct care workers, have access to paid family, medical, and sick leave.

**Expanding support for geriatrics health professions programs**

Currently, too few health workers receive adequate, if any, training in providing the highly skilled and complex services that make care different for older people. Furthermore, health care facilities find geriatrics staff recruitment and retention particularly difficult due to the medically complex nature of the specialized care they provide. Geriatrics Workforce Enhancement Programs (GWEPs) and the Geriatrics Academic Career Awards (GACAs) are the only federal programs that focus on training the workforce to care for older Americans. GWEPs educate and engage the broader frontline workforce, including family caregivers and direct care workers, while the GACA program develops the next generation of innovators to improve care outcomes and delivery.

As many state and local government health departments grapple with the rollout of the COVID-19 vaccine and vaccine hesitancy, GWEPs have also been staffing call lines to help older adults register for the vaccine, advising local authorities on making registration websites age-friendly, and working with health systems to implement vaccination campaigns and outreach efforts to vulnerable and hard-to-reach populations, including homebound older adults. Looking ahead, these programs will be critical in providing state and local governments the assistance and expertise they need to improve disaster preparedness plans for older adults in future pandemics and natural disasters and to train the age-friendly public health workforce of the future.

The AGS calls on Congress to increase annual appropriations to GWEPs and GACA from $42.7 million to at least $51 million. We also suggest that the Health Resources and Services Administration (HRSA) include attention to expertise in geriatrics and gerontology in its work to rebuild the public health workforce, as called for in the American Rescue Plan Act of 2021.

**Investing in public health to prepare for future pandemics, PHEs, and disasters**

The current COVID-19 public health emergency (PHE) has underscored the gaps in our planning specific to older adults, including some state and local crisis standards of care that discriminate on the basis of age.

The AGS calls on the federal government to ensure the nation has plans for how to protect the health and safety of all Americans in the event of a future PHE. It is critically important that federal policymakers review and revise PHE guidance related to older Americans, to provide guidance for state and local planning. As part of the public health planning process, the AGS recommends that governments on all levels involve subject matter experts and stakeholders, including older adults themselves, geriatrics health professionals, nursing home and other long-term care settings leadership teams, and hospice and palliative care experts.

The AGS looks forward to working with our members and government leaders to achieve these goals and improve the health, independence, and quality of life of all Americans as we age.

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