

Testimony before the United States Senate Special Committee on Aging

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Senator Scott, Senator Casey, Members of the Senate Special Committee on Aging:

Thank you for the opportunity to speak with you this morning. It has been a pleasure serving in the South Carolina Aging Network for the past twenty-five years at the local service provider level and at the Area Agency on Aging level. Trident Area Agency on Aging (TAAA) is a private, Nonprofit Corporation designated by the South Carolina Department on Aging as one of ten Area Agencies on Aging (AAAs) in the State.

Since the organization was formed in 1991, we have worked within the public and private sectors to develop a cost-effective approach to long-term care services. We serve as the resource connection for seniors, adults with disabilities, family caregivers, and professionals. I lead fifteen (15) staff who have daily contact with seniors and their families. Our office directly provides Assessment, Family Caregiver Support, Information and Referral Assistance, Long Term Care Ombudsman, Insurance Counseling and Senior Medicare Patrol. It is my responsibility to work within budgets, adhere to regulations, and to develop and implement Policies and Procedures; but at the end of the day, it's about making all of those factors connect with the lives of real people who need our assistance. Annually, our staff and volunteers serve over 12,000 seniors and 1,500 family caregivers.

Since 1965, the Older Americans Act (OAA) has been the solid foundation for aging services throughout the country. My years of experience in the field have taught me how to cobble together funding from federal, state, and private

resources to meet the needs of a growing and diverse aging population. It is not an easy task to make regulations and criteria match the needs of people in the community. States, regions and counties all have different needs. It is a waste of resources to collect needs assessment data and not be able to make real changes or offer other services that will keep seniors out of hospitals and delay long-term care placement. While the OAA is designed with some local flexibility in mind, there are still restrictions on which services we can provide with which set of funds. AAAs need to have more flexibility to determine how the funding is spent locally.

Since 2001, our AAA has offered caregiving support services through the OAA National Family Caregiver Support Program. We have seen first-hand the many challenges that family caregivers face, particularly the working family caregiver. On a daily basis, our staff receive calls from stressed out family caregivers who are balancing fulltime employment, their family, and their caregiving responsibilities for aging parents and grandparents. Through the Family Caregiver Support Program, we are able to provide information to family caregivers, connect them to services, provide Dementia education and offer respite.

The respite that we provide gives caregivers a temporary break from caregiving responsibilities. In South Carolina, the average respite assistance is valued at approximately \$2,000 annually, thus providing a break of around ninety (90) hours per year per family caregiver. This respite break is helpful to many caregivers; however, it does not meet the ongoing needs of working family caregivers. Finding affordable eldercare options is a difficult task for nearly every family, given our country's fragmented long-term care system, the lack of investment in the more fiscally responsible home and community-based options, and the workforce challenges.

The lack of workforce in the home care industry continues to be a barrier in providing respite for family caregivers and home care services. We rely heavily on trained, professional direct care workers to perform personal care, light housekeeping and meal preparation for seniors who are at risk for long-term care placement. Unfortunately, hiring and retaining direct care workers has become a tremendously difficult task given the low wages this work pays despite the demands of the job. In our region, the pay for a direct worker ranges from \$10 to \$17 per hour, depending on years of experience, certifications and the level of care they provide. We need to increase compensation for direct care workers and enhance the reimbursement rates for home and community-based service providers who employ these workers if we are able to meet the rising and complicated service needs of our aging population.

In 2014, I served on the Steering Committee of the South Carolina Institute of Medicine and Public Health (IMPH) Long-Term Care Taskforce. The Taskforce released a report in June 2015 that became a statewide tool used to raise awareness about various components of the long-term care system in South Carolina. The Steering Committee was comprised of governmental agencies, as well as stakeholders representing the long-term care industry, such as the Alzheimer's Association and AARP. We worked in four sub-committees and developed thirty (30) recommendations. The real work began when we had to prioritize those recommendations and begin working on solutions to improve long-term care in South Carolina. We need to require agencies that provide long-term care services on the federal, state and local levels to better collaborate in planning and in program development.

TAAA would not be able to meet the needs of seniors and family caregivers without our community partners, such as the Alzheimer's Association, the Medical University of South Carolina Center on Aging, the City of Charleston Mayor's Office on Aging, and the Lowcountry Food Bank. These are just a few of the many organizations that partner with us to strengthen the long-term care system in our region and throughout Palmetto State. Thank you for the opportunity to testify before this committee and allowing me to share my experience in serving older Americans and family caregivers.