

IMAGINE: International Migration of Aging and Geriatric Workers in Response to the Needs of Elders

October 2019



LeadingAge[®]

International Migration of Aging and Geriatric Workers in Response to the Needs of Elders

A LeadingAge Workforce Initiative for an Aging America

“We don’t even have people to interview, much less hire. Last year, we had 9,000 RN, LPN, and CNA jobs in our state and only 2,500 applicants. Immigration must be part of the answer. There just aren’t enough people born in this country to solve this crisis.”

-- A LeadingAge member, 2018

OUR CHALLENGE: By 2030, the United States will need 2.5 million caregivers working in the field of long-term services and supports (LTSS) in order to keep up with the growing needs of our rapidly aging population. There are not enough American-born workers to meet this need. In light of historically low unemployment rates—3.6% nationally, dropping as low as 1% in some counties—our nation needs to explore creative strategies to address a caregiver shortage that is already reaching crisis proportions.

OUR SOLUTION: LeadingAge has long advocated for domestically-based solutions to the LTSS staffing crisis. In addition, we propose IMAGINE—International Migration of Aging and Geriatric Workers in Response to the Needs of Elders.

This multifaceted workforce initiative features a targeted set of policy recommendations aimed at engaging foreign-born workers in our efforts to meet the growing care needs of a rapidly aging America.

Foreign-born workers already play a valued role in the LTSS field. More than a quarter of the current nursing home and home care workforce is made up of people born in other countries. IMAGINE’s key proposals, which could be pursued alone or as a package, include recommendations for expanding our access to this proven source of qualified workers:

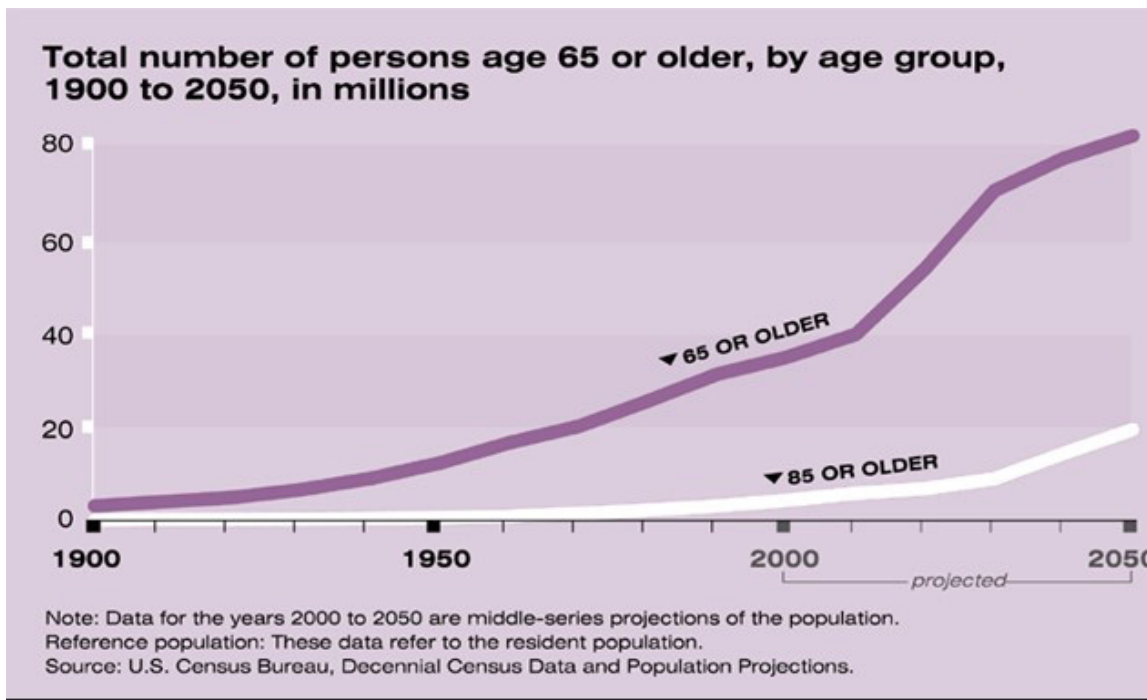
1. Enact an “H2Age” temporary guest worker program for certified nurse aides (CNA) and home care aides.
2. Expand the EB-3 visa program to allow more foreign-born direct care workers to enter the U.S.
3. Modify the EB-3 visa to increase the number of visas available specifically to address LTSS needs.

4. Modify the R-1 visa program to provide religious visas to temporary workers in faith-based organizations.
5. Enact “Carer Pairer,” a new authority under the J-1 visa program, to include aging services workers in addition to child care workers.
6. Amend the North American Free Trade Agreement (NAFTA) to include aging services workers.
7. Increase the number of refugees permitted to enter the U.S., and take steps to employ those refugees in the LTSS sector.

IS DEMOGRAPHY DESTINY?

The United States is at a crossroads.

The good news is that Americans who make it to age 65 are living longer and aging healthier than ever before in history. Today, 15% of the U.S. population is age 65 or older. By 2060, that figure will grow to 24%, as 10,000 people turn 65 every day. The group with the largest growth rate will be Americans over age 85.



Longevity is a welcome result of medical and scientific breakthroughs over the past several decades. But longevity also brings with it a variety of challenges, including the following areas.

More Chronic Conditions

The number of Americans living with multiple chronic conditions has increased exponentially in recent years. Ultimately, these conditions may lead to declines in health, function, and cognitive abilities, and an increase in the need for LTSS.

As demographics change, the need for hands-on care increases. A 65 year old has a 50:50 chance of needing paid services and supports at home time before he or she dies, to help carry out activities of daily living (ADL) like getting out of bed, using the bathroom, or eating.

Projected growth in the 85+ population—from 6 million in 2014 to 20 million by 2060, according to the Federal Interagency Forum on Aging Related Statistics (2016)—will lead to a 75% increase in the need for hands-on LTSS help, according to the [Population Reference Bureau](#). That's because older adults in the 85+ population group generally experience more frailty and require more care. Dementia statistics help illustrate this trend. Consider that dementia is a relatively rare diagnosis in people under age 70, while one in five people over age 85 live with this condition.

Fewer Family Caregivers

Most people turn first to informal caregivers—including family and friends—when they need help with ADLs or with instrumental activities of daily living (IADL) like shopping and money management. These informal caregivers provide valuable help without the exchange of money.

This practice is changing, however, as Americans have fewer children and as the children they do have move to other parts of the country or the world. As a result, we're experiencing a sharp drop in the availability of the family caregivers on whom older adults have long relied.

In 2003, AARP researchers reported that the “caregiver support ratio” is projected to drop sharply over the next decades. From 2010 to 2030, when baby boomers begin moving into old age, there will be only four potential caregivers aged 45-64 for each person aged 85 and older, compared to the 2010 ratio of seven potential caregivers for each person needing care.

To maintain the current ratio of family caregivers to people who need ADL assistance, the total number of family caregivers would have to increase by 20-30% by 2030. (Global Ageing Network and LeadingAge LTSS Center @UMass Boston, 2018). Given family demographics, this increase is unlikely to occur.

Fewer Working-Age Individuals

Non-family members are unlikely to fill the gap left by declines in family caregivers. The percentage of working-age individuals is shrinking on a global scale. Working-age individuals represented 67% of the world's population in 2010, but that group is expected to make up only 58% of the world's population in 2050 (Fujisawa and Colombo, 2009).

Fewer Women in the LTSS Field

Women in the working-age population are likely to be more highly educated, to have expanded employment choices, and to be less willing to take LTSS jobs that pay low wages, are physically demanding, require long and irregular hours, and offer fewer opportunities for career advancement.

A Growing Need for Human Assistance

While technology has a role to play in providing supports to older adults, most of the very intimate care required by older adults must be provided by human helpers.

Older adults agree with this assessment. Nearly all (95%) of the older baby boomers responding to recent [nationwide poll](#) conducted by LeadingAge and the National Opinion Research Center said they would prefer to receive help with daily living from a human, including a family member, friend, or paid caregiver. Only 5% of respondents said they would want help from a robot if they needed assistance with daily living.

SEVERE STAFFING SHORTAGES

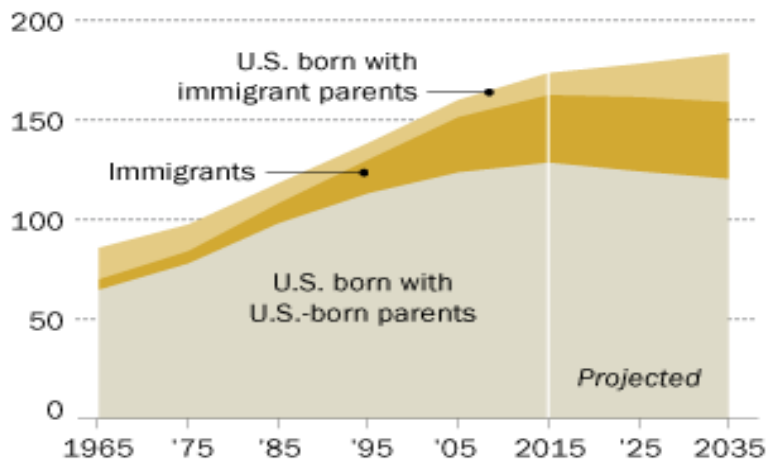
Eleven U.S. occupations are projected to grow the fastest between 2016 and 2026. Six of those occupations are in the LTSS field or closely related to LTSS. The third and fourth fastest-growing occupations will be home health aides, expected to grow by 47%, and personal care aides, expected to grow by 39%, according to the Bureau of Labor Statistics (2016).

How will we fill all of these new jobs? Recent data from the [Pew Research Center](#) suggests that we cannot meet the projected demand for home health aides, personal care aides, and other LTSS workers without considering the potential role of people born in other countries.

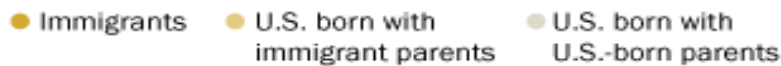
Simply put, the number of U.S. workers is declining. There simply aren't enough American-born people to meet our future LTSS workforce needs.

Immigrants and their U.S.-born children expected to drive growth in U.S. working-age population

Working-age population (25-64), in millions



Net change in working-age population (25-64) by decade, in millions



Source: [Pew Research Center](#)

CHARACTERISTICS OF THE U.S. LTSS WORKFORCE

Approximately 25% of direct care workers in the U.S. are foreign born. On average, 24% of CNAs and 28% of home care workers were born in other countries. Percentages of foreign-born workers in individual agencies can be much higher. For example, a small sample of LeadingAge members, interviewed for a 2018 study, reported that the percentage of foreign-born workers in their personal care assistant workforce ranged from 25% to 95%.

Approximately 5% of nurses in LTSS settings were born outside the U.S. One provider interviewed in 2018 by LeadingAge LTSS Center researchers reported that more than half of its nurses are foreign born.

Most foreign-born direct care workers have work permits, referred to as “green cards,” that allow them work in the U.S. The top five source countries for these workers are:

- Mexico (15%).
- The Philippines (10%).
- Jamaica (7%).
- Haiti (7%).
- The Dominican Republic (6%) (Espinoza, 2017).

Migrant/immigrant LTSS workers are predominately low-paid, middle-aged women.

These workers tend to be older than native-born LTSS workers. They are more likely than their native-born counterparts to:

- Work full time.
- Earn lower wages.
- Hold positive attitudes about their supervisors.
- Be satisfied with workplace morale.
- Have a strong work ethic.
- Have higher educational levels and more advanced qualifications than normally required for the work they perform.
- Have informal caregiving experience (Global Ageing Network and LeadingAge LTSS Center, 2018).

HOW DO AGING SERVICES PROVIDERS EMPLOY PEOPLE BORN IN OTHER COUNTRIES?

Aging services providers have limited legal avenues to hire workers born in other countries. Foreign-born LTSS workers enter the U.S. under several authorities, but most of these authorities have strict numerical quotas.

These authorities include:

Lawful Permanent Residency for Immediate Relatives of U.S. Citizens

A U.S. citizen may petition for permanent residency for an immediate relative, including his/her spouse or parents. This process takes approximately 10 months. Most foreign-born LTSS workers, including many nurse aides and home care aides, enter the country under this authority.

EB-3 Visas

In most cases, RNs immigrating to the U.S. to work in health/LTSS have an employer that sponsors them for an EB-3 visa, which is designed for professional workers. Successful applicants receive a green card that allows them and a spouse and minor children to live, work, and study in the U.S. Some LeadingAge members use EB-3 authority to hire nurses, many of whom come from the Philippines and English-speaking African countries.

The lengthy EB-3 process requires that employers demonstrate they cannot find a U.S. worker who is able, willing, and qualified to fill available positions. In the case of nurses, the process is slightly abbreviated because the U.S. government has already determined that the country is experiencing a nurse shortage.

H-1B Specialty Occupation

Nurses may enter the U.S. to work under an H-1B visa if the employer can demonstrate that the position is a “specialty occupation” requiring a minimum of a bachelor’s degree or equivalent. Some LeadingAge members have gained approval under this authority to bring care plan coordinators, unit supervisors, and rehabilitation nurses into the country.

Lawful Permanent Residency for Refugees

Immigrants who were admitted to the U.S. as refugees may be eligible to apply for permanent residency once they have lived in the country for at least a year. Several LeadingAge members work with resettlement agencies to hire refugees.

The number of refugees admitted to the U.S. has been on the decline for the past few years. In 2016, the U.S. resettled 97,000 refugees. In 2017, the number dropped to 33,000, the lowest since the years following the Sept. 11 terrorist attacks. Historically, the U.S. has been a world leader in refugee resettlement. However, 2017 was the first year that the U.S. resettled fewer refugees than the rest of the world.

R-1 Temporary Non-Immigrant Religious Workers

Ministers or other individuals living out a religious vocation or working in a religion-related occupation for at least 20 hours a week are permitted to enter the U.S. to work in jobs that are dedicated to religious functions or practices. A few aging services providers that are religiously-affiliated have hired CNAs under this authority.

The R-1 program has become more difficult to use in recent years after notable cases of fraud were uncovered. No cases of fraud were uncovered in the LTSS sector.

FALLING BEHIND ON MANAGED MIGRATION

The U.S. has not created the kind of managed migration frameworks that other countries use to address the increasing demand for LTSS workers.

Some countries have created permanent channels and special visas for LTSS workers. These organized programs allow the host country to facilitate recruitment, govern worker training, and protect the rights of LTSS users and workers (Global Ageing Network and LeadingAge LTSS Center, 2018).

Israel: Private Agencies

In Israel, private agencies recruit foreign-born workers to fill LTSS vacancies left by native-born workers. These agencies train foreign-born LTSS workers while the workers are still living in their countries of origin.

Foreign-born nurses and aides must register with the Israeli government, which permits them to work in the caregiving sector for up to five years, at which time they must leave the country. Israel has bilateral agreements with Nepal and Sri Lanka governing the hiring of live-in caregivers who reside in the homes of their employers (Global Ageing Network and LeadingAge LTSS Center, 2018).

Japan: Bilateral Agreements

Japan established a bilateral agreement with Indonesia in 2008 to bring nurses into the country, offer them language training, and engage them in LTSS jobs. Additional agreements with the Philippines and Vietnam have since been established (Stone, 2016). Last year, Japan's prime minister directed the government to look into establishing programs designed to attract workers to fill additional LTSS jobs in direct care.

Canada: Live-In Caregivers

Canada's Live-In Caregiver Program admits migrant care workers to the country if those workers fulfill certain criteria before admission. Live-in caregivers can apply to become permanent Canadian residents if they complete two years of live-in caregiving work within three years of their arrival (Global Ageing Network and LeadingAge LTSS Center, 2018).

International competition for LTSS workers is accelerating and may crowd out the U.S.'s ability to tap these potential sources. A registered nurse (RN) from the Philippines must wait an average of two-to-three years to enter and work in the U.S. Other countries are attracting potential workers by streamlining their admission processes. For example, through the new "Triple Win" program, an RN seeking to enter Germany waits only six-to-eight months from interview to placement, according to the [Manilla Bulletin](#).

The U.S. must recognize that our country's demographics are causing our burgeoning need for LTSS workers. We must follow the lead of other countries and create a framework that allows foreign-born workers to help us fill that need.

THE LEADINGAGE IMAGINE INITIATIVE: INCREASING THE SUPPLY OF AGING SERVICES WORKERS

LeadingAge urges Congress and the Executive Branch to adopt recommendations contained within the IMAGINE framework. We believe strongly that these recommendations will ensure that, as the U.S. population ages, our nation will have enough qualified, committed workers to care for people with LTSS needs in all settings.

The IMAGINE recommendations include specific proposals for new authorities and program changes. Under all of these proposals, employers would:

- Be required to demonstrate they have tried and failed to hire American-born workers.
- Be expected to provide training, help immigrants attain English proficiency, and address their housing and health care coverage.

Additional details and suggested legislative language are available from LeadingAge.

Providers of aging services hiring workers through programs recommended here would adopt this Employer Commitment, which was developed by LeadingAge.

The shortage of caregivers in the U.S. is the single greatest challenge facing senior care providers and the rapidly growing number of older adults they are called to serve. With a domestic shortage of workers, aging services employers are committed to:

- *Pay a living wage to domestic and immigrant caregivers.*
- *Provide comprehensive benefits to full-time caregivers.*
- *Meet the training needs of immigrant caregivers around language and cultural competency.*
- *Help address housing and transportation for immigrant caregivers.*
- *Help cover immigration and travel expenses for immigrant caregivers.*
- *Support and employ the family members of caregivers to keep families intact.*

RECOMMENDATIONS CONTAINED IN THE IMAGINE FRAMEWORK

This list of recommended policy solutions represents a starting point in our quest to strengthen the LTSS workforce. Any of the proposals could be pursued alone or as a package. Additional proposals could be added as new opportunities arise.

1. Enact the “H2Age” Temporary Guest Worker Program.

LeadingAge proposes the creation of a time-limited guest worker program that would allow qualified, English-speaking, foreign-born individuals to enter the U.S. to work in LTSS positions that cannot be filled by native-born workers. These positions include home care aides, CNAs, dietary aides, and housekeeping technicians.

Today’s explosive globalization makes reliance on and competition for guest workers a worldwide phenomenon. The U.S. already has authorities in place that allow employers to hire temporary workers in the fields of agriculture and hospitality when it can be demonstrated that there are not enough U.S. workers to fill labor gaps.

H2Age would address the need for LTSS services directly. Under the program, aging services providers meeting specific criteria would be allowed to hire foreign-born workers to fill a set of positions designated as “H2Age Eldercare Providers.” Workers would be admitted to the country for a fixed, three-year period, which could be renewed one time, for a total of six years. Workers would be guaranteed wages and benefits comparable to domestic workers in the same positions.

Employers would cover transportation and other costs related to bringing temporary H2Age workers on board. If the worker left the employer, that worker would have to return to his or her home country, consistent with temporary worker authorities in other countries.

2. Expand the EB-3 program to allow foreign-born workers to enter the U.S. as CNAs.

The EB-3 program, which is designed for professional workers, allows RNs to enter the U.S. to work in health care settings, including LTSS. There is a very small number of “other” slots that could be used to allow in CNAs to enter the U.S. through the EB-3 program.

LeadingAge urges Congress and the Executive Branch to recognize the professional status of all LTSS workers who serve older individuals. We encourage the government to carve out an explicit category under EB-3 for workers who would be allowed to fill CNA and other professional caregiver positions in assisted living, home care, hospice, and home health settings.

3. Modify the EB-3 program to designate LTSS nurses specifically. Streamline the process and increase the number of visas available to address the need for LTSS.

LeadingAge supports improvements in the EB-3 program to address the need for more nurses, reduce the time involved in bringing nurses to the U.S., and increase quotas for foreign-born LTSS nurses. Some of these improvements can be implemented without legislation, but statutory requirements are more likely to ensure program changes. Such legislation might identify certain aging services jobs as “shortage occupations,” thus giving foreign-born nurses a faster track to a green card.

It should be noted that the current EB-3 process for nurses requires steps that are not required of other professions, adding time and costs. We urge Congress to remove these extra steps.

4. Modify the R-1 program to cover temporary workers in provider organizations that are religiously affiliated.

LeadingAge supports amending or interpreting the definition of “religious occupation” so it includes aging services provided by qualifying U.S. employers. We support expanding the definition of “denominational membership” to include aging services settings more broadly.

5. Enact “Carer Pairer,” a new J-1 authority, to include aging services workers in addition to child care workers.

The J-1 Exchange visa category allows temporary workers to enter the U.S. to provide child care in a family or professional setting. These individuals, often serving as au pairs, must be secondary school graduates who are proficient in English, aged 18-26, and capable of providing child care.

The new “Carer Pairer” program would be modeled on the au pair program and would be focused on workers who provide aging services.

The rationale for updating the J-1 program to include aging services is tied directly to demographics: the number of people over age 65 is growing at a far greater rate than the number of people under age 18. Consider that eight states now have more residents over age 65 than residents under age 18. The entire U.S. population will experience this aging trend in 2035 as the over-65 populations continues to grow while birth rates decline.

6. Amend NAFTA, or its replacement, to include aging services workers explicitly.

The North American Free Trade Agreement (NAFTA) and the U.S.-Mexico-Canada Agreement, NAFTA’s unratified potential replacement, include authorities allowing individuals from Canada or Mexico to enter the U.S. temporarily to engage in certain professional business activities, including nursing. The authority lasts up to three years and can be renewed. LeadingAge proposes that Congress add “aging services professionals” as a standalone classification of allowable workers under NAFTA.

7. Increase the number of refugees permitted to enter the U.S., and make program adjustments to engage these individuals in LTSS jobs.

LeadingAge supports an increase in the refugee cap to create a greater pool of U.S. workers. Such an increase would benefit aging services and other sectors in which refugees are employed. This increase could be accomplished through executive action, but legislative action would be preferable for long-term sustainability.

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