

## **Draft Letter to go to Appropriations Committee Leadership and LHHS Subcommittee Members**

May 19, 2009

Committee on Appropriations  
Subcommittee on Labor, Health and Human Service, Education, and Related Agencies  
U.S. Senate  
U.S. House of Representatives  
Washington, DC

Dear Senator / Representative:

I write today to respectfully request you to support the President's budget request for Geriatric Education Centers under the Health Resources and Services Administration (HRSA), Title VII, Section 753 of the Public Health Service Act at a level of \$41.997 million for FY2010. Geriatric Education Centers and their related programs, the Geriatric Academic Career Awards and the Geriatric Faculty Fellowships, provide much needed interdisciplinary geriatric and gerontology training to a broad range of health professionals, who serve our rapidly growing aging population.

The Geriatric Education Center (GEC) program currently funds 50 GECs in 36 states, including statewide and multi-state programs; the Geriatric Academic Career Awards currently support 88 newly trained geriatric physicians; the third program, the Geriatric Faculty Fellowships provides funding for 11 programs designed to train physicians, dentists, and behavioral and mental health professionals who will become academicians in geriatric medicine, dentistry, and psychiatry.

If these numbers, 50 – 88 – 11, sound small to you, they are, but they are a strong foundation to build upon for the future. Consider the population who requires services in geriatric medical disciplines: in just 20 years, the elderly will be nearly 20 percent of the U.S. population (i.e., 70 million older adults). More than three-fourths of older adults suffer from at least one chronic medical condition. Currently, 20 percent of Medicare beneficiaries have 5 or more chronic conditions. The recent report, *Retooling for an Aging America: Building the Health Care Workforce*, released by the Institute of Medicine in April, 2008, clearly signals that much more must be done to ensure a health care workforce prepared to provide comprehensive, competent and cost-effective care to our aging population.

The hallmarks of the geriatric education programs are the promotion of interdisciplinary, coordinated, integrated, culturally effective care, based on disease prevention and chronic disease management, with an emergency preparedness component.

The education, training, and supported conducted by the GECs, the geriatric awards, and the fellowships have improved the clinical competency of health care providers and facilitated access to quality geriatric care in many communities across the

country. Older adults, caregivers, and health care professionals continue to benefit from the outreach of these critical geriatric training programs. A representative sample of accomplishments includes:

- free osteoporosis screening in Pennsylvania
- culturally sensitive approaches to reducing problems from diabetes in Hispanics in Texas
- new geriatric clinical services in Hawaii
- Delirium Reduction program reduced hospital length of stay by 6.9%; increased resident/family satisfaction, improved staff teamwork, decreased facility costs (Des Moines GEC)
- Multiplier effect of trainers who train others optimizes resources (e.g., 100 trainers delivered 2,400 training hours for 300 nursing assistants across 4 states) and reduces deficiencies in care in nursing homes (Ohio Valley GEC)
- A fall reduction program instituted in a long-term care facility in Kansas City resulted in a 37% reduction in falls with injuries over a three month period (Central Plains GEC- Kansas)

Collaborations and partnerships include:

- School of Nursing expanded geriatrics content and distance learning programs through support from Hartford Foundation and NY State Workforce Training Initiative (Long Island GEC)
- the work of the GEC served as a catalyst in the creation of the New Jersey Institute for Successful Aging (New Jersey GEC)

Curriculum improvement activities:

- Incorporates case-based approaches and application in community settings as a model for curriculum reform in dental education nationwide (Wisconsin GEC)
- “Healthy Ager” program partners students and older adults for health and fitness and reports enhanced geriatrics knowledge of students and improved fitness and quality of life for older adults (Arkansas GEC)

Given the critical shortage of adequately trained health care providers in geriatrics and the rapidly increasing numbers of older adults in our population, it is critical that funding for these three Title VII programs is funded at the (\$41.997 million) level requested by President Obama.

Please do not hesitate to contact me if I may provide further information or assistance.

Sincerely,

Judith L. Howe, Ph.D.  
President, National Association for Geriatric Education