

Ronni Chernoff, Ph.D.
Director, Arkansas Geriatric Education Collaborative
Geriatric Workforce Enhancement Program
Professor, Reynolds Department of Geriatrics
University of Arkansas for Medical Sciences
4301 W. Markham, Mail Slot #798
Little Rock, AR
Tel: (501)603-1964
E-mail: ChernoffRonni@uams.edu
Web: <http://www.agec.org>

And

Kathryn Hyer, Ph.D., M.P.P.
PI, USF Health Geriatric Workforce Enhancement Program
College of Nursing/School of Aging Studies
University of South Florida
13301 Bruce B. Downs Blvd., MHC1300 Tampa, FL 33612
Tel: (813) 974-3232
E-mail: khyer@usf.edu Web: <http://health.usf.edu/gwep/>
<http://agingstudies.cbcs.usf.edu/faculty/khyer.cfm>

Submitted for the Record to the House Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies

Addressing Appropriations for the Health Resources and Services Administration (HRSA)

As the Director of the Arkansas Geriatric Education Collaborative and the president of the National Association for Geriatric Education (NAGE), we are pleased to submit this statement for the record recommending appropriations of at least \$51 million in Fiscal Year 2018 to support geriatrics workforce training under the *Geriatrics Workforce Enhancement Program (GWEP)* administered by the Health Resources and Services Administration (HRSA). We thank you for your past support.

In FY 2015, HRSA combined the geriatric education programs in Titles VII and VIII of the Public Health Service Act, including the Geriatric Academic Career Award, as well as portions of the Alzheimer's Disease Prevention, Education, and Outreach Program to establish the Geriatrics Workforce Enhancement Program (GWEP). The GWEP is now the only federal program designed to develop a health care workforce specifically trained to care for the complex health needs of older Americans with the most effective and efficient methods, providing higher quality care and saving valuable resources by reducing unnecessary costs.

Proven results from activities under the GWEP and its predecessor programs include an important increase in the number of teaching faculty with geriatrics expertise in a variety of disciplines, plus thousands of health care providers and family caregivers better prepared to support older Americans with complex chronic conditions. Therefore, NAGE requests a total of at least \$51 million for these programs, which are critical to cost-effective care for the burgeoning elderly population. In 2015, HRSA provided funding for 44 GWEPs. Our funding request would allow for eight additional GWEPs in rural and underserved communities. In this request, we propose to reestablish the Geriatrics Academic Career Award (GACA) by providing \$100,000 to each GWEP to create a GACA. GWEPs were funded at \$38.7 million in FY 2017.

We recognize that the Subcommittee faces difficult decisions in a constrained budget environment, but we believe that a continued commitment to geriatric education programs that help the nation's health workforce better serve the older and disabled population must be a top priority. Simply stated, our nation's health care educational system has not trained enough health care professionals with the knowledge, skills, and training in geriatrics that is needed to care for America's growing population of older adults and to support their family caregivers. Although

currently there are only 44 GWEP sites in 29 states, we can multiply the GWEPs impact with a modest increase in funding.

The nation faces a shortage of geriatric health professionals and direct service workers. There simply are not enough geriatricians, geriatric nurse practitioners and other health professionals with the knowledge, skills, and training in geriatrics needed to care for our rapidly growing population of older adults and to support their family caregivers. Too often, the result is expensive walk-in care. We believe that funding for GWEP-based geriatric education supports your important work to establish a sustainable future for the nation's health care and Social Security systems by ensuring that (a) health care specialists trained in geriatric care do not become a rare and expensive resource and (b) direct service workers and family caregivers are prepared to support a lower cost, independent lifestyle for community residing elders.

In FY 2016, GWEPs continued the impressive work of the GECs:

- Approximately half of the GWEPs provide education for areas that are more than 50% rural and a quarter focus on areas that are 25-49% rural.
- In the 2015-2016 academic year, GWEPs provided 1,650 different continuing education courses to approximately 94,000 health care professionals and students from disciplines such as medicine, nursing, allied health, health services administration, social work, and psychology.
- They collaborated with acute care, long-term care and community-based service providers on Evidence-Based Practice Programs designed to reduce rates and improve outcomes of care relating to delirium, depression, falls, pain, and diabetes in older adults.
- At USF and a number of other GWEPs, health professions students and residents are rotating through Federally Qualified Health Centers that are accredited as Patient Centered Medical

Homes. These students are learning to provide integrated geriatrics primary care to older adults and are our best hope of meeting the urgent need for primary care providers.

- GWEPs provided 200-hour interprofessional Faculty Development Programs to prepare faculty to teach geriatrics and interprofessional team-based care.
- Further, GWEPs created opportunities for healthcare providers in underserved, rural and remote areas of the country to learn from and consult with top experts in geriatric care through Interactive Televideo (ITV), interactive teleconsults, and synchronous webcasts, and made available thousands of hours of online geriatric education programs that healthcare professionals can access 24-hours per day.

In FY 2016, new GWEP awardees received expanded authorization to provide to family caregivers and direct service workers with instruction on prominent issues in the care of older adults, such as Alzheimer's Disease and other dementias, palliative care, self-care, chronic disease self-management, falls, and maintaining independence, among others. The expanded GWEP mission coincided with the publication of a 2016 National Academies of Sciences, Engineering, and Medicine (NASEM) report *Families Caring for an Aging America*. The report acknowledges that training and engagement must go beyond the health care professions team and directly support the family caregiver so that a greater number of older adults will be able to stay in their communities longer and with better care thereby saving valuable resources in the health care system and improving health outcomes. GWEPs are doing just that. HRSA estimates that 52,352 paid and family caregivers will participate in GWEP training programs over the three-year grant period. For example, the GWEP at Virginia Commonwealth University is partnering with several Area Agencies on Aging, the local Alzheimer's Association, and dementia-focused community care

agencies to train staff and family caregivers. The report questioned whether the GWEP had the necessary resources to succeed, stating “With current funding, the GWEP caregiver curriculum...reaches only a small fraction of the relevant providers. Work to date falls far short of a systemic and comprehensive effort...”

In summary, GWEPs have improved the supply, distribution, diversity, capabilities, and quality of health care professionals who care for our nation’s growing older adult population, including the underserved and minorities. They train physicians, nurses, social workers, dentists, mental health professionals and caregivers. Some of the professionals trained through GWEPs will become academicians in geriatric medicine, dentistry, and psychiatry, thereby giving additional cohorts of professionals the skills they need to properly serve older Americans. Furthermore, GWEPs create and deliver community-based programs that provide patients, families, and caregivers with the skills to care for older adults and improve health outcomes, including Alzheimer’s disease education. In Arkansas, the GWEP is offering training to first responders to keep elders safe in their communities.

We need your continued support for geriatric programs to adequately prepare the next generation of health professionals and care providers for the rapidly changing and emerging needs of the growing and aging population.

On behalf of NAGE and those who have benefitted in Arkansas and Florida and from our colleagues around the country, thank you for your thoughtful consideration of our request for funding for GWEPs and GACAs in FY 2018. NAGE is a non-profit membership organization representing GWEPs, Geriatric Education Centers, Centers on Aging, and other programs that provide education and training to health care professionals and others in geriatrics and gerontology.