



This letter was also shared with other Congressional committees and key legislators.

February 19, 2021

The Honorable Patty Murray
Chairwoman
Committee on Health, Education, Labor, & Pensions
United States Senate
Washington, DC 20510

The Honorable Richard Burr
Ranking Member
Committee on Health, Education, Labor, & Pensions
United States Senate
Washington, DC 20510

Dear Senators Murray and Burr:

As America continues to face an unprecedented public health emergency, the American Geriatrics Society, the National Association for Geriatric Education, and The Gerontological Society of America - organizations dedicated to improving the health and quality of life of older adults, appreciates the work of Congress and the Administration to expeditiously move forward the latest COVID-19 relief package. We are writing in support of the recommendations outlined by the Eldercare Workforce Alliance (EWA) of which we are members.

During the COVID-19 public health emergency, the Geriatrics Workforce Enhancement Program (GWEP) and the Geriatrics Academic Career Awards (GACAs) program have been on the frontlines, ensuring their clinical and educational training can enhance their institutions' and communities' response to the pandemic and its impacts on older adults. As Congress looks to provide additional relief for the nation, we urge you to consider supporting supplemental funding in the amount of \$10.99 as outlined below.

In March, we were very appreciative of Congress supporting critical efforts to expand geriatrics expertise through the CARES Act by reauthorizing the GWEPs and GACAs and providing supplemental funding to support expansion of telehealth and tele-education. The GWEPs educate and engage the broader frontline workforce, including family caregivers and direct care workers, and focus on opportunities to improve the quality of care delivered to older adults. The GACA program develops the next generation of innovators to improve care outcomes and care delivery. Together, these programs play a critical role in developing the workforce we all need as we age.

Due to their partnerships with primary care and community-based organizations, the GWEPs are uniquely positioned to rapidly address the needs of older adults and their caregivers. Throughout the pandemic, the GWEPs have taken on new roles and priorities including educating the larger community about how to conduct telehealth visits; transitioning educational and service-focused initiatives to virtual delivery and providing training for providers, including students, residents, fellows, faculty, and community professionals; developing tips and tools for caregivers navigating new technologies; webpage and materials conversion; educational outreach focused on direct care workers in residential and home care organizations; staff support for phone reassurance with consumers/caregivers including homebound older adults; rural community outreach; management of psychosocial issues such as anxiety and depression among older adults; developing tele-delivery interventions to address loneliness and

social isolation among older adults; working with technology developers to create telehealth programs; and developing pandemic appropriate aging- and dementia-friendly resources and programs.

Supplemental funding at this time would allow the GWEPs to do even more. GWEPs have demonstrated since the beginning of the pandemic that they are committed and nimble in their ability to respond to societal need. As their strength is education, the GWEPs are an asset for states, especially as many states grapple with an age-friendly roll out of the COVID-19 vaccine and with vaccine hesitancy. For instance, GWEPs are staffing call lines to assist older adults to register for the vaccine, they are advising local authorities on how to make the sign-up websites age-friendly and they are working with health systems (e.g., university hospitals) to participate in the roll out and outreach to vulnerable and hard-to-reach populations, preventing widening the health disparity gap exacerbated by the pandemic. In their work, they are educating older adults, families, and the direct care workforce about the safety and efficacy of vaccines including addressing vaccine hesitancy. GWEP leaders are also engaged in planning at their own institutions and serving on local and state planning groups in support of public health planning. As an example, the Dartmouth-Hitchcock Clinic GWEP in New Hampshire is planning how to reach vulnerable older adults living in the small towns along the Vermont/New Hampshire border with the vaccine. The Dartmouth GWEP has also been engaged in training nursing home teams how to manage during the pandemic. One creative solution to increase goals of care conversations specific to COVID-19 was to train medical students to have the conversations with surrogates of nursing home residents with dementia and no clear goals of care in their record. Another example, the University of Nevada, Reno GWEP launched the Nevada CAN (COVID-19 Aging Network) to mobilize all available resources to ensure every older adult in Nevada has access to medical, social, and daily essentials in their home to reduce COVID-19 exposure and impact.

Given local and state needs may differ, GWEPs should be given flexibility in how to use any supplemental funding to best address the needs of their communities/states. For example, GWEPs can promote and assist in helping communities ensure that registration and vaccination experiences are age-friendly and provide education to direct care personnel and family caregivers who are reticent about the vaccine. There are also potential longer lasting needs, which may include promoting and educating older adults about new vaccines (e.g. one-shot) when available, booster vaccines to address new variants, and the possibility that we may all need annual COVID-19 vaccinations.

The Geriatrics Academic Career Awardees (GACAs) are also on the frontlines of caring for older adults and redirecting their clinical and educational work to address the critical needs for solutions-based guidance within their own institutions and in their communities. A GACA awardee at Boston University (BU) has been focused on training community-based agencies, such as Councils on Aging and Area Agencies on Aging, in issues related to behavioral health and isolation during the pandemic. Since COVID, community-based agencies are experiencing an increase in the need for services related to behavioral health that requires additional education around how to treat and refer.

Several GACA awardees have been collaborating with GWEPs to use Project ECHO, a telelearning and telementoring program, to share knowledge and improve care of at-risk older adults during the pandemic. This work is consistent with CMS's overall priority to reduce COVID-19 infections in nursing homes and keep residents and staff safe during the pandemic. Here are a few examples of their work:

- A GACA awardee at BU has been engaged as a facilitator on Project ECHO, enabling regional nursing homes to utilize peer mentorship and best practices during the COVID-19 pandemic, as well as leading forums in long-term care facilities on vaccine hesitancy.

- A GACA awardee at the University of Washington is working in collaboration with their GWEP (the Northwest GWEP) to use Project ECHO to improve the primary care of older adults throughout the Pacific Northwest during the pandemic. Session topics have included using telemedicine to promote age-friendly care via remote cognitive assessment, fall prevention, and advance care planning; and promoting COVID-19 vaccination in older adults.
- A GACA awardee at the University of Rochester has also been working in collaboration with their GWEP (University of Rochester GWEP) to deliver an intensive COVID-19 curriculum, via Project ECHO, that educates nursing homes throughout their region on best practices to effectively fight COVID-19. Many of these nursing homes are rural and would otherwise not have access to this type of education.

It is critical that Congress provide expanded resources to the GWEPs and GACAs and we specifically urge Congress to provide: \$10.99 million in additional funding to HRSA in order to ensure that these two critical resources are maximally deployed to serve older Americans across the United States:

- Supplemental funding of \$8.64 million (\$180,000 for each of the 48 GWEP sites) to support necessary staff, technology, training, and materials to help with COVID-19 vaccine education and distribution.
- Supplemental funding of \$1.7 million for GWEP sites in key COVID-19 crisis areas to be determined by HRSA.
- Supplemental funding of \$650,000 for GACA awardees (\$25,000 for each of the 26 GACA awardees) many who are redirecting their clinical and education work to address solutions-based guidance for their institutions during the pandemic.

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Thank you for all you are doing to support older consumers, family caregivers, direct care workers, and health care professionals. We appreciate your consideration of our request. If you have any questions, please contact Alanna Goldstein at agoldstein@americangeriatrics.org.

Sincerely,



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