



**Eldercare Workforce Alliance Comments for  
The Advisory Council on Alzheimer's Research, Care, and Services  
April 17, 2012**

On behalf of the Eldercare Workforce Alliance, a coalition of 29 national organizations committed to addressing the immediate and future workforce crisis in caring for an aging America, thank you for your work to formulate recommendations for operationalizing the Draft National Plan to Address Alzheimer's Disease.

We commend the Council for its recognition of the vital importance of a strong workforce for realizing the goals of the Draft Plan, outlined in strategy 2.A, which calls for the building of a workforce with the skills to provide high-quality care, as well as the strategies under Goal 3, in support of family caregivers.

While the action items outlined in the Draft Plan and the recommendations you have voted on here today are significant, EWA strongly urges the Council to consider the following comments in order to achieve the essential workforce goals identified in the Draft Plan:

- EWA strongly supports the Clinical Care Subcommittee's Recommendation #8 to invest additional funding in multidisciplinary geriatrics education and training programs under Title VII and VIII of the Public Health Service Act. Action items under Strategy 2.A of the Draft Plan call for additional and enhanced activities within these programs; however, they have experienced stagnant funding and constant threats of defunding, even as the need for preparation to care for older adults has skyrocketed. Some of the programs authorized in the Affordable Care Act have yet to receive appropriations. To implement the additional activities called for in the Draft Plan to enhance care quality and efficiency for the growing number of older adults with Alzheimer's disease and other multiple chronic conditions, additional funding must be invested.
- EWA strongly supports the Clinical Care Subcommittee's recommendation to increase funding for loan repayments and other incentives for those who study geriatrics and gerontology. We recommend that geriatrics and gerontology be made permanently eligible via statute for federal loan forgiveness and other efforts to boost enrollment in these medical disciplines.
- EWA strongly supports the Council's recommendations with regard to promotion of geriatric education offerings and the dissemination of information about Alzheimer's disease, dementia care, and support systems. EWA believes that geriatric competencies and dementia training should be included in training for all primary care clinicians and staff to improve detection, treatment and care for people with Alzheimer's disease.
- EWA strongly supports the Long-Term Services and Supports Subcommittee's recommendations for health care provider training and for adequate training and compensation for paraprofessional caregivers. More specifically, we recommend that certified nursing aides and home care aides and their supervisors be required to take at least 120 of training, including explicit geriatric care and gerontological content; and that minimum

training standards/competencies for non-clinical direct-care workers should be created and that they should be adequately compensated.

- EWA urges the Council to consider more specific recommendations on improving access to Medicare and Medicaid funded home- and community-based care services to allow individuals with Alzheimer's disease to stay in their homes as long as possible.
- EWA strongly supports the Council's recommendations to expand and increase funding for AoA programs such family planning and social services, research and development projects, and training in the field of aging; respite care; support services for family caregivers that can help reduce their burden.

We believe that access to quality health care for older adults with cognitive impairment is vital to healthy aging and we commend you for your efforts. As the work of the Council continues, we welcome opportunities to work with you to achieve the goals of the National Plan.