



March 29, 2012

Helen Lamont, Ph.D.  
HHS Office of the Assistant Secretary for Planning and Evaluation  
Room 424E, Humphrey Building  
200 Independence Avenue, SW  
Washington DC, 20201

Dear Dr. Lamont:

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, we thank you and the Advisory Council on Alzheimer's Research, Care, and Services for your work to formulate 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 Plan, as demonstrated in strategies 2.A and 2.C, which call 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 located under Strategy 2.A are significant, we remain concerned that the essential workforce goals identified by the Council cannot be realized without the investment of additional resources. Specifically, the action items calls for additional and enhanced activities within Geriatric Education Centers (GEC), the Comprehensive Geriatric Education Program (CGEP), the Geriatric Academic Career Awards Program (GACA), the Geriatric Training for Physicians, Dentists, and Behavioral and Mental Health Providers (GTPD) program, and the Direct-Care Workforce training program. These programs, which are administered through the Health Resources and Services Administration (HRSA) under the Title VII and VIII of the Public Health Service Act, are in constant danger of defunding and have experienced stagnant funding that has not kept up with the pace of inflation, even as the need for preparation to care for older adults has skyrocketed. To implement these additional and enhanced activities in order to realize the goal of enhancing 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.

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 committee continues, we welcome opportunities to work with you.

Sincerely,

Nancy Lundebjerg, MPA  
EWA Co-Convener  
212-308-1414  
[nlundebjerg@americangeriatrics.org](mailto:nlundebjerg@americangeriatrics.org)

Michèle J. Saunders, DMD, MS, MPH  
EWA Co-Convener  
210-562-6560  
[saunders@uthscsa.edu](mailto:saunders@uthscsa.edu)