ABOUT THIS TOOLKIT

The Eldercare Workforce Alliance (EWA) created this toolkit to help advocates, Geriatrics Workforce Enhancement Program (GWEP) directors, staff, and those you touch through your training to educate Congress on the need for a healthcare workforce that is trained to care for older adults. EWA is a diverse coalition of 31 stakeholder organizations that came together in 2008 to advocate for the eldercare workforce following the release of the groundbreaking Institute of Medicine (IOM) report, Retooling for an Aging America: Building the Health Care Workforce.

GWEP Centers are funded by the Health Resources and Services Administration (HRSA) within the Department of Health and Human Services (HHS) under the Title VII and VIII Geriatrics Health Professions Programs. One of HRSA’s top priorities is enhancing geriatrics/elder care training and expertise and, in 2015, the agency funded 44 GWEP centers in 29 states with a specific focus on ensuring that primary care clinicians have the skills and knowledge to care for older adults.

In this toolkit, we provide advocates and GWEP staff with the tools and information needed to educate Congress on (1) the importance having a health workforce well-prepared to care for our aging society, (2) the importance of maintaining and expanding Title VII and VIII funding through the annual appropriations process, and (3) the need for Congress to reauthorize Title VII and VIII, which sanction the formation of the GWEPs.

Our goal is to provide you with the resources and information needed to help you become engaged advocates.

We have organized the information into the following sections:
- Why Become an Advocate Now?
- What You Should Know About Perceptions of Aging (And Why They Matter)
- GWEP Appropriations and Authorization
- Steps Towards Effective Congressional Advocacy
- Congressional Primer
- Background on the Title VII and VIII Geriatrics Health Professions Program
- Topical Research and Information
- Glossary of Terms

In January, the Trump Administration took office and the 115th Congress convened. This is an important period for GWEP Directors and staff to reach to your Members of Congress and educate them on the importance of the GWEP to your state and its impact on older adults and health professionals in your communities. In this toolkit, we provide tools and templates that will be useful in educating Members of Congress through calls, letters, and site visits.

Our combined advocacy will help educate Congress and the administration on the importance of Title VII and VIII funding and the vital role GWEPs play in ensuring we have a healthcare workforce trained to care for older Americans.

Collectively, we are the voice of the eldercare workforce and we need you to join with us in advocating for the federal programs that support your work.

Thank you for joining our advocacy efforts,

Amy York  Nancy Lundebjerg  Michele Saunders
EWA Executive Director  EWA Co-Convener  EWA Co-Convener
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WHY BECOME AN ADVOCATE NOW?

2017 is a critical year for GWEP centers. January brought a new administration and a new Congress (115th) that have the potential to make substantial changes to the structure and funding of the program. Additionally, 2017 marks the final year of the current funding cycle for current awardees and starts the process for the next grant cycle.

That is why it is so important for the eldercare community to develop relationships with the administration and cultivate connections with returning and new Members of Congress. This is an important moment for us to build momentum with these key stakeholders and garner support for training the health workforce we all will need as we age.

Advocacy is all about educating policymakers on critical issues that impact their constituents, and building relationships that position you as a trusted resource and ally on those issues. Strengthening the eldercare workforce is one such issue. Together, we must:

- Raise awareness of the demographics of America’s aging population;
- Connect this to the value of ensuring an adequately trained workforce through Title VII and VIII Geriatrics Health Professions funding; and
- Demonstrate the importance of the GWEP Centers in communities and states.

Over the coming months, EWA and advocates will have two key areas for advocacy:

1. Increasing annual appropriations (i.e. funding) for the Title VII and VIII Geriatrics Health Professions Programs, through which the GWEPS are funded; and

2. Educating Congress about the need to reauthorize the Geriatrics Workforce Enhancement Program so it is well positioned to continuing building community-level programming to improve the care for older adults.

Help Us Build Bridges to Policy Makers

Advocates will be instrumental in ensuring that annual appropriations for the GWEP Centers are sustained--and hopefully expanded. They will also be important to increasing Congressional interest in reauthorizing the Geriatrics Health Professions programs and codifying the GWEPS into statute. For these efforts to be successful, Members of Congress will need to hear from their constituents, which makes the voices of GWEP leaders and staff particularly important.

Joining with us will increase awareness of the need for education and skills training for the eldercare workforce. Elevated awareness of the issues surrounding the education of caregivers and direct-care workers will help us when Congress takes up reauthorization of the Title VII and VIII geriatric workforce education programs.
WHAT YOU SHOULD KNOW ABOUT PERCEPTIONS OF AGING (AND WHY THEY MATTER)

Experts emphasize that aging is a normal and cumulative process that extends across our lives. It is a part of our biological design and is distinct from disease and decline. This means that older adults can remain healthy and maintain high levels of independence and functionality—even while experiencing natural changes in vision, hearing, mobility, and muscle strength. Experts highlight the fact that the process and experience of aging is grounded in, and shaped by, the complex interaction between social, cultural, economic, and other factors that comprise context.

But that’s not always what our audiences hear...

The Leaders of Aging Organizations (LAO) and the FrameWorks Institute commissioned research in 2015 to explore the deep connections between attitudes and action where aging is concerned, and how to translate these insights from paper to practice for swaying public conscious, public policy, and public discourse. According to their research, LAO experts found that the American public draws on a complex set of cultural models to make sense of aging and the role that older Americans play in our society. Chief among these frames are implicit understandings and assumptions about aging being:

- **Someone Else’s Problem.** Instead of perceiving aging as an inherent aspect of development, people tend to focus on “the aged” as an “otherized” group to which they do not belong.

- **Undesirable.** The public associates aging with decline and deterioration. A large percentage of interviewed individuals emphasized their belief that capability “faded away” with time.

- **Inevitable.** For most, this “fading away” also is tied to a strong sense of inevitability—a resignation to “slowing or breaking down” as a central aspect of growing old.

- **Isolated.** A majority of the public perceives old age not only as an outside obstacle or opponent, but also as a personal or familial problem and not a challenge that society shares.

- **Fatalistic.** Intimately tied to these perceptions are fears of decline, depression, and dependence. Such fears not only imbue the aging process with dread, but also impede support for policies and solutions that actually address the challenges (and opportunities) associated with age.

- **Out of Sight and Out of Mind.** Fear and misperception ultimately fuel a lack of attention to older adult health. But keeping aging “off the radar” does little to remedy impediments to health as we grow older.

These perceptions are often in direct opposition to expert thinking on aging—but why do these disconnects matter?

These gaps represent challenges impeding policies and practices that can better respond to the overall aging trend in our country, and productively leverage the contributions of older Americans while also helping meet their needs.

It’s important that your message to legislators convey the seriousness of what we’re facing without activating negative cues or frames that could make geriatrics seem like a lost cause (we know it isn’t!).
Here are some lessons in reframing aging that can help keep your message attuned to communications cues.

**LESSONS IN REFRAMING AGING**

- **Many people see aging as a negative “obstacle” that needs to be overcome. Be sensitive to messages that might “otherize” aging or older adults.**
- **Aging is often perceived as an individual “problem” rather than a shared social experience. Find ways to make your message inclusive of what we all can do to promote health and quality of life.**
- **Most people don’t understand the larger demographic trends of aging in our population. Look for opportunities where you can appropriately educate your audience on what our country will look like as we all age.**
- **Ageism still isn’t on most people’s radar. It’s important to help people see where policies and practices might put older adults at a disadvantage.**
- **Fatalism about how to address aging can depress our sense of efficacy. There are balanced ways to present the challenges we face without resorting to language that makes aging sound like a “tsunami” or some insurmountable issue.**

For even more insights, access these helpful resources:

- [Gauging Aging: Mapping the Gaps Between Expert and Public Understanding of Aging in America (LAO Report)](#)
- “Mainstream or Extinction: Can Defining Who We Are Save Geriatrics?” (M. Tinetti, 2016, *Journal of the American Geriatrics Society*)
This toolkit was designed to help advocates educate Congress about the annual appropriations for and future reauthorization of the Title VII and VIII Geriatrics Health Professions Programs.

Eldercare workforce advocates will be important in educating their Members of Congress as follows:

- **The Need for Geriatrics Health Professions Title VII and VIII Appropriations (annual):** Appropriations for the Geriatrics Health Professions Programs support the work of the GWEP Centers. In 2015, HRSA established the GWEP program to provide enhanced funding for educating the primary care workforce on how to care for older adults. In doing so, HRSA recognized that there is a shortage of health professionals with specific expertise in geriatrics to care for the growing number of Americans over the age of 65 (current projections are that the U.S. population of individuals 65 years old and older nearly doubles to almost 84 million by 2050\(^1\)). To meet the need for a primary care workforce that has the skills and knowledge to care for this population, HRSA:
  
  o funded 44 Centers that are working in 29 states to train and educate health professionals, direct care workers, and family caregivers;
  
  o Grantees include 25 schools of medicine, 10 schools of nursing, five health care facilities, two schools of allied health, a school of social work and a certified nursing assistant program.
  
  o More than 80% of the GWEP Centers are providing education on Alzheimer’s disease with enhanced funding from HRSA.
  
  o The Labor, Health and Human Services, and Education and Related Agencies Subcommittee of the House and Senate Appropriations Committees are responsible for allocating funding for GWEPs.

- **Senate:** If you live in a State with a sitting Member of the Subcommittee or full Committee, your advocacy is particularly important as these Senators will develop the Senate appropriations request that includes Title VII and VIII Geriatrics Health Professions funding. You can check whether your Senator is involved with appropriations by clicking here – [Subcommittee](http://www.americangeriatrics.org/press/news_press_releases/id:6087) or [full Committee](http://www.americangeriatrics.org/press/news_press_releases/id:6087).

- **House:** If you live in a Congressional District with a sitting Member of the Subcommittee or full Committee, your advocacy is particularly important as these Representatives will develop the House appropriations request that includes Title VII and VIII Geriatrics Health Professions funding. You can check if your representative is involved with appropriations by clicking here – [Subcommittee](http://www.americangeriatrics.org/press/news_press_releases/id:6087) or [full Committee](http://www.americangeriatrics.org/press/news_press_releases/id:6087).

- **Reauthorization of Title VII and VIII Geriatrics Health Professions Funding:**

  We are anticipating that Congress will take up reauthorization of Title VII and VIII Geriatrics Health Professions programs in the 115th Congress. EWA is currently working to ensure any legislative...

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proposals aim to strengthen and improve the work of the existing GWEPs. It is important for your Members of Congress to hear from you about how your GWEP center enhances care of older adults in your community and state. We have pulled together some facts and figures about the eldercare workforce in your states but you represent the GWEP program in action and can provide the stories and context for why your Center is important to your state.

**Key Messages for GWEP Advocates**

- The HRSA Geriatrics Health Professions Program is the only federal program that increases the number of health professionals and faculty with geriatrics expertise. It does this by supporting 44 GWEP Centers in 29 states.
- It is important for Congress to make adequate appropriations to support the GWEP Centers annually.
- Congress should also expand funding for the GWEPS to allow for more GWEP Centers to be funded as there are geographic regions that do not have a GWEP nor do they have the geriatrics workforce to care for older adults.

**Geriatrics Health Professions Advocacy Materials**

- Talking Points
- State Fact Sheets
- Title VII and VIII Geriatrics Health Professions Programs Appropriations Request
- About the Geriatrics Workforce Enhancement Program Centers (GWEP Centers)

We recommend that you develop a one pager that describes the work of your GWEP including its impact on older adults and health professionals in your region. Quantifying your impact (how many trainees reach, how many older adults reached) is particularly valuable.
LOCATING YOUR MEMBERS OF CONGRESS

To determine the Members of Congress that represent your specific GWEP, the House of Representatives and Senate web pages offer tools to acquire that information.

The House of Representatives contains Members based on population size, so it may be efficient to contact the Representative that directly represents your district. Members of the House are up for re-election every 2 years. Additionally, you can contact other representatives of your state to increase awareness of the importance of your GWEP location and its key role in preparing care workers for providing for older adults.

The Senate is comprised of two Members from each state. Members of the Senate are up for re-election every 6 years, with one-third of the Senate up for re-election every two years. Contacting these Members will also be important to highlight the importance of the aging population within respective states, and how those states can equip their workforce and ultimately strive for better health outcomes.

While some Members of Congress may be more enthusiastic about the cause than others, it is important to highlight the urgency of issues concerning the eldercare workforce in both parties. It may be beneficial to contact Members that have sponsored bipartisan legislation on these issues, who may be on both sides of the aisle. Ultimately, however, advocacy aims to highlight and increase the visibility of the issues surrounding the needs of GWEPs and the eldercare workforce, and reaching out to Members previously silent on these issues may strengthen the campaign in Congress.

Following is a list of current Representatives and Senators based on GWEP locations. To find updated information about your Members of Congress, visit: GovTrack
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<td>Don Young (R-AK - At-large)</td>
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<td>Tucson, AZ</td>
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<td>Robert Casey (D), Patrick Toomey (R)</td>
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<tr>
<td>University of Pennsylvania</td>
<td>Philadelphia, PA</td>
<td>Robert Casey (D), Patrick Toomey (R)</td>
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<tr>
<td>University of Pittsburgh</td>
<td>Pittsburgh, PA</td>
<td>Robert Casey (D), Patrick Toomey (R)</td>
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<tr>
<td>Lake Erie College of Osteopathic Medicine</td>
<td>Erie, PA</td>
<td>Robert Casey (D), Patrick Toomey (R)</td>
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<td>University of Rhode Island</td>
<td>Kingston, RI</td>
<td>Jack Reed (D), Sheldon Whitehouse (D)</td>
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<tr>
<td>The Healthcare Institute LLC</td>
<td>Memphis, TN</td>
<td>Lamar Alexander (R), Bob Corker (R)</td>
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<tr>
<td>University of North Texas at Fort Worth</td>
<td>Fort Worth, TX</td>
<td>Ted Cruz (R), John Cornyn (R)</td>
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<td>University of Utah</td>
<td>Salt Lake City, UT</td>
<td>Orrin Hatch (R), Mike Lee (R)</td>
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<td>Virginia Commonwealth University</td>
<td>Richmond, VA</td>
<td>Tim Kaine (D), Mark Warner (D)</td>
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<tr>
<td>University of Washington</td>
<td>Seattle, WA</td>
<td>Maria Cantwell (D), Patty Murray (D)</td>
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<tr>
<td>Marquette University</td>
<td>Milwaukee, WI</td>
<td>Tammy Baldwin (D), Ron Johnson (R)</td>
</tr>
<tr>
<td>University of Wyoming</td>
<td>Laramie, WY</td>
<td>John Barrasso (R), Michael Enzi (R)</td>
</tr>
</tbody>
</table>
CONTACTING CONGRESSIONAL OFFICES

Members of Congress divide their time between Washington, DC and their home districts, where offices are often more accessible to constituents. Members and staff take meetings in both locations throughout the year, however we encourage you to take advantage of district and states offices, as local staff often have more time to meet and discuss issues surrounding aging populations and GWEPs in their states.

The following information will provide guidance and tips to developing correspondence (i.e. letters, emails, phone calls, and messages) and relationships with Members of Congress. Some tips for effective correspondence:

- Be positive and polite—Members and their staff will be more likely to engage if your phone message or email is not angry or rude.
- Be concise—make sure Members know exactly what issues you are bringing to them.
- Be honest—if your issue is urgent and important, make that clear in your correspondence. Positive does not mean sugarcoating the reality of a situation.
- Include your professional contact information in your message, identifying who you are representing and providing an avenue for further discussion.
- Thank the Member for taking time to read or listen to your message.
- Attempt to establish yourself as a resource for the Member and his/her staff—present your information to educate the Member
- Make sure you DO NOT advocate on time being paid for GWEP.

Any correspondence with Members of Congress is beneficial to your interest/organization as well as the Member and staff. This will allow you to develop relationships with lawmakers to not only raise awareness but really engage on these issues. It also gives Members a way to better understand the needs in their district and state, and will provide a local point of view on specific legislation.

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Hosting a Site Visit²

A great way to help Members and their offices understand your issues is by hosting them at your organization. A site visit can be any kind of tour of your facility, meetings with community partners or people working at your organization, or special events that will educate Members about the importance of your program. Such visits can leave a lasting impression when it comes time to vote on reauthorizing measures or when appropriating funds for programs.³ Examples of potential site visits include:

- Having a Member and staff sit-in on a training program class
- Inviting a Member to an event for older adult patients, like a flu shot clinic or caregiver meeting
- Inviting Members to different commencement ceremonies for those training to work in geriatrics or gerontology at your organization

Hosting a site visit is a great way to further a relationship with a Member of Congress. It provides an additional setting for you to educate the Member on the reality of the issues concerning GWEP funding and how this program impacts the community. Visits also give Members a chance to meet constituents and learn about issues in their state or district.

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² http://www.pta.org/advocacy/content.cfm?ItemNumber=2111
Scheduling a Site Visit: Request by emailing a Member’s district scheduler at least six weeks in advance of the visit. You can find this information through www.house.gov and www.senate.gov, which will direct you to Members’ district websites. Include specifics about the event (date, time, location, other attendees, media presence, and agenda), and why you feel the visit would be beneficial.

The Media: If you plan to engage the media around your site visit, it is important that you inform and coordinate with the Member’s press staff to coordinate media activity. Alert local news outlets of the visit, and if possible, send a press release. If the media is unable to be present, cover the visit through social media, linking various outlets to the posts. Prepare a media kit: a summary of activities, quotes, and images from the visit for press to use. Take photos during the visit, provided it is ok with the Member. Remember to send feedback and photos to EWA.

Hosting the Visit: Prepare GWEP site staff for the Member’s visit, including what to expect from the event. Encourage interactions with the Member, providing a hands-on experience of the work and service put forth from these locations. Make connections between activities and experiences during the visit and the importance of GWEP reauthorization/appropriation, and make clear your request for the Member’s action going forward.

After the Visit: Continue coverage on social media, and continue reaching out to local news outlets. Send a thank you letter to the Member of Congress, and include any stories or photos from the visit. Find resources at www.eldercareworkforce.org and send information and photos from visits along to EWA as well.

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Conducting a Meeting

After some correspondence with a Member and/or legislative staff, you should sit down with them in-person to further talk about the impact and necessity of the GWEPS. This is another way to maintain professional relationships with Congressional offices, and may be easier to schedule while Members are not in Washington during in-session periods. Meetings show your dedication to the issues as well as dedication to educating the Member.

Scheduling: Members hold meetings in their offices. Generally speaking, many Members only meet with constituents from their state or district, so be strategic with whom you choose to schedule a visit. Again, visit www.house.gov and www.senate.gov to find Member contact information. The following are some tips for scheduling a meeting:

- Over the phone, request a meeting with the Member while he or she is in the home district.
- Try to request a time during normal business hours.
- Identify yourself, your affiliation with a GWEP, and who will be in attendance.
- Make clear your objectives for the meeting, including what you want to discuss with Member\staff.
- Confirm your appointments in advance.

Before the Meeting: As previously noted, remember to do your research.

- Learn about the Member you are meeting with:
  - Voting record
  - Priority issues

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"http://www.pta.org/advocacy/content.cfm?ItemNumber=3891"
Committee assignments and caucus memberships
- Publicly shared interests.
- Bring brief fact sheets that highlight data and information specific to your GWEP that represents your interest in the GWEP legislation, and why the program should be important to the Member.
- Reach out to community partners of your program, as group meetings are a good way to represent the importance of your issues to Members. If you participate in a group meeting, make sure each person/group knows their role going into the meeting.

Here are some key EWA resources:

**At the Meeting:** Arrive slightly early and introduce yourself to office staff.
- State the purpose of your appointment. Remind the Member or staff of your position or affiliation with a GWEP, what you want to discuss, and why.
- The Member and staff may have other positions on the issue—take into account this information for future correspondence, and do not argue over points of view. The point is to have a constructive dialogue and ongoing relationship, so listening is key to making policy change happen.
- Summarize your position, and give the Member and staff your contact information and any research you wish to leave with them. Thank the Member and office for their time.

**After the Meeting:** Remember to write a thank you note after the meeting. Continue to stay in contact and update the office on new developments of information that may better inform actions going forward.

**A Note on Congressional Staff:** If you schedule a meeting with legislative staff instead of Member, this is a great opportunity to educate the office and the Member. The role of these staff is to educate the Members on specific issues, so your contact with these individuals in Congressional offices is very valuable. Staff should be treated the same as a Member, they are taking time out of their schedules to meet with you and learn about your issue. Have the same conversation you would if you were talking directly to the Member. Remember to leave your contact information, and thank them for their time as well.

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**Modes of Correspondence**

Contacting your Member of Congress can be as simple as sending an email or making a phone call over to their office. This is a good first step in setting up a more personal meeting, or just to make a first impression about the issues you would like to talk to them about. Keep these as short and precise as possible, making sure the important information is visible and prioritized in the message. If making a phone call, be as prepared as possible beforehand, so that you can present your issue clearly and add any research or information necessary to make your case. In both cases, try to articulate the effects of the GWEPs on the community, and the impact they may have in the future—this may make the issue more personal for Members. Using www.house.gov and www.senate.gov, you can find contact information for both Washington, D.C. and district offices.

Another way of contacting a Congressional office is by writing a letter. Legislative aides do read constituent mail, but sometimes checking and responding to physical mail takes a long time for Congressional offices.

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1 http://www.pta.org/advocacy/content.cfm?ItemNumber=2097
Still, your letter can act as a resource, containing specific information that helps convey your message. Attaching it to an email and/or adding it to other handout materials are great ways to incorporate a formal letter to your advocacy plan. Again, conciseness is key, as Congressional offices receive large inflow of constituent mail over many different issues and topics. Keep the following in mind when writing a letter or sending an email to an office:

- Include specific bill or program information.
- Keep it short: one page, three paragraphs are recommended.
- At the beginning, identify yourself and affiliation with the Geriatrics Workforce Enhancement Program, and why you are writing the letter.
- Include specific details on the issue: separate authorization and annual appropriation process, and the importance of maintaining and expanding the GWEPs.
- Briefly add any research, data, or other information that you feel will persuade the Member to address the issue.
- Remember to be clear about the action you want the Member to take. Whether that includes voting on reauthorization/re-appropriation language, prioritizing aging and workforce issues, or expanding the GWEP program, emphasize your request.

The following letter is a template for you to use when drafting a formal letter. We encourage you to include the letter head, logo, and footer information of your organization, but you are welcome to share EWA’s contact information as a resource if the Congressional office has further questions. The text provides more detail about what should be included in the address lines and body of the letter, but add your own facts and information to personalize the draft.
The Honorable _______________
United States Senate/United States House
Washington, DC 20510/20515

Dear Senator/Representative:

On behalf of (your organization name), we are writing to urge support for the Title VII and VIII Geriatrics Workforce Enhancement Program (GWEP), administered by the Health Resources and Services Administration (HRSA). Through a HRSA GWEP grant, (your organization) runs a GWEP center that trains health professionals, family caregivers, and consumers in your (district/state) in an effort to improve health outcomes for older adults. This is a critical program for seniors in your community and we urge you to ensure it is adequately funded and supported moving forward.

Paragraph 2: Who you are and what you do [Discuss the particular interest of your organization and affiliation with the GWEP program. In a few sentences, explain the work of your GWEP, i.e. the organizations involved, who is trained, the kinds of programs you run, the community-focus, etc.]

Paragraph 3: Impact [Relay important research or data that demonstrates the importance of the GWEPs in general and your specific organization. Make the impact local!] FOR EXAMPLE: In the 2013-2014 academic year, the federal geriatrics funding trained 274,900 health professions students, faculty, and community-based health providers across the country, including many in medically-underserved communities. Professions that participated in the programs included allopathic medicine, osteopathic medicine, nursing, social work, psychology, dentistry, pharmacy and other allied health. The curriculum of the programs ranged from healthy aging, including oral health, and chronic disease management, to Alzheimer’s disease, and related dementias, and advances in palliative care.

The Geriatrics Workforce Enhancement Program directly impacts the quality of care received by older adults in your community, now and in the future. We urge you to support increased funding for the GWEP in order to ensure that current GWEP Centers can continue to improve care for older adults and that more communities across the country can access this critical training program. This investment protects our most vulnerable elders while training individuals to meet the growing demand for health and eldercare jobs.

As 10,000 Americans turn 65 every day, we must advance training for our primary care workforce. We urge you to support this program at this crucial time.

Thank you for your consideration. Please contact Jessica Nagro (jnagro@eldercareworkforce.org) at the Eldercare Workforce Alliance if you have any questions.

Sincerely,
Your Name, Title
CONGRESSIONAL PRIMER

Congress maintains the power of the purse in the federal government, and thus a lengthy and thorough authorization and appropriations process is required for federal programs, like the GWEPs, to exist. The process consists of two steps: (1) enactment of a measure that authorizes the creation or continuation of a program, and (2) enactment of appropriations to provide funds for the authorized programs.  

THE LEGISLATIVE PROCESS

Any and all Members of Congress are able to introduce legislation, which is then assigned to a specific committee. GWEP funding legislation specifically falls under the Labor, Health and Human Services, and Education and Related Agencies Subcommittee within the Committee on Appropriations in the House of Representatives, and a subcommittee of the same name in the Senate Committee on Appropriations. By approaching any of your Members of Congress, whether they are Representatives or Senators, your interests could be represented in legislation on the floor of either chamber.

An authorizing measure can establish, continue, or modify an agency or program for a fixed or indefinite period of time. It also may set forth the duties and functions of an agency or program, its organizational structure, and the responsibilities of agency or program officials. Authorizing legislation also authorizes the enactment of appropriations for an agency or program. The amount authorized to be appropriated may be specified for each fiscal year or may be indefinite (providing “such sums as may be necessary”). The authorization of appropriations is intended to provide guidance regarding the appropriate amount of funds to carry out the authorized activities of an agency.

Committee: Once the bill finds the appropriate committee and/or subcommittee, the chairman of the committee will decide whether or not to hold a mark-up hearing, where members of the committee discuss, edit, and amend the bill as they see fit. Currently, the chairman of the Senate Labor, HHS, And Education and Related Agencies Subcommittee is Senator Roy Blunt (R-MO), and the chairman of the parallel House subcommittee is Representative Tom Cole (R-OK). These individuals, as well as Ranking Members, are important to reach out to in advocacy events, as they prioritize which bills get hearings and their offices can be helpful in advocacy efforts. After mark-up is complete, the committee will vote the bill to the Senate or House floor.

The Floor: On the floor of the Senate and/or House of Representatives, all members of each respective chamber have the opportunity to debate the bill. In the House, a quorum must be present to have a final vote on the bill (requiring 218 Representatives to be present). For non-controversial bills, the Speaker of the House may motion to suspend this rule and vote. In the Senate, Senators can offer amendments during debate, even if such amendments are not relevant to the bill. The bill goes to a vote, and will pass by majority or unanimity. Senators can filibuster passage of the bill, by continuously speaking on the floor in order to obstruct a vote. Non-controversial bills may pass by a process of unanimous consent, without debate or amendments, called “hotlining.” Once one chamber passes the bill, it is referred to the other chamber, which may reject, amend, or pass it.

http://www.pta.org/advocacy/content.cfm?ItemNumber=2096
Conference on a Bill: If both chambers pass differing versions of the same bill, a special conference committee is called to reconcile the two versions. If no agreement is reached, the bill dies. However, if the committee can come to a consensus on one new version of the bill, it goes back to the House and the Senate to be passed in this new form. Both houses must pass this version, or the bill dies.

At the President’s Desk: After a bill is passed by both chambers, the President must sign it into law. If he or she does not agree with any part of the bill, they may veto it. The President may also take no action on it for ten days after Congress adjourns, where the bill dies by “pocket veto.” Congress can override a presidential veto with a two-thirds vote, and the bill will still become law.

THE APPROPRIATIONS PROCESS

The Federal Budget and Appropriations process impacts how much enacted programs receive in federal funding. This is a critical step in the lawmaking process, as a program cannot have impact without backing federal funds. An appropriations measure provides budget authority to an agency for specified purposes. Budget authority allows federal agencies to incur obligations and authorizes payments to be made out of the Treasury. Discretionary agencies and programs, and appropriated entitlement programs, are funded each year in appropriations acts. The regular appropriations acts provide budget authority for the next fiscal year, beginning October 1.[8]

The President’s Request: The federal government plans its budget based on a fiscal year starting October 1 through September 30. Each fiscal year, the President must submit a budget request to Congress, with specific spending levels for all discretionary programs. This document also includes how the federal budget would best reflect the presidential administration’s goals. Because of this, public opinion and visibility of issues are important to increase the awareness of the president, staffers, and advisors, and may be reflected in the budget request.

Congressional Budget Resolution: The House Budget and Senate Budget Committees receive the President’s budget proposal, and hold hearings from administration officials about these requests. The committees then formulate their own budget proposals, and the full Senate and full House each vote on their respective budget bill. A conference committee between the houses then reconciles the differences between versions, and finalizes the budget proposal for that fiscal year. The Federal Budget is a concurrent congressional resolution and is funded by Congress, thus is not ultimately signed by the President after passage in the House and Senate. If Congress is unable to approve a new budget, the previous year’s is used, effectively called a continued resolution, or CR.

Allocation of Money: The Federal Budget includes budget functions, which separate federal spending into broad categories, and a report detailing how federal spending is allocated to different congressional committees. All spending for discretionary portions of the budget are designated in a single allocation, and the Appropriations Committees of each chamber (House, Senate) divide this funding up into their subcommittees. Each subcommittee proposes a draft bill for specified levels of spending for all programs, which must be marked up and passed to move to the full Appropriations committee. Once passed in the full committee, a House-Senate conference committee reconciles the differences between the two, and a final version of this spending bill must be passed in both chambers and signed by the president to become law.

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8 http://www.pta.org/advocacy/content.cfm?ItemNumber=2094
KEY CONGRESSIONAL ORGANIZATIONS

Congressional committees are small groups of Members that handle specific legislative duties; that is, they are in charge of passing certain types of legislation on to the floor of the House or Senate, while adding amendments and changing language as they see fit. Members and their staff who are part of these key committees are more knowledgeable about the issues they work on, as they are focused on a narrower spectrum of policy. Members and staff that are part of these committees have authority to select which bills move on in the legislative process, and how the language of the bills are framed. Advocating on behalf of GWEP reauthorization and annual appropriation to these Members gives you an opportunity to influence how the committee and the rest of Congress views your issues. Committee-specific staff are also important contacts as they work on the policies passed by the committee as a whole, not just for one individual Member.

<table>
<thead>
<tr>
<th>House of Representatives</th>
<th>Senate</th>
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<tr>
<td>** Appropriations **</td>
<td>** Appropriations **</td>
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</tbody>
</table>
| Chair: Rodney Frelinghuysen, R-NJ  
Ranking Member: Nita Lowey, D-NY  
(for full list of members, go [here](#)) | Chair: Thad Cochran, R-MS  
Ranking Member: Patrick Leahy, D-VT  
(for full member list, go [here](#)) |
|   • Labor, Health and Human Services,  
   Education, and Related Agencies  
   Chairman: Tom Cole, R-OK  
   Ranking Member: Rosa DeLauro, D-CT  
   (for full list of members, go [here](#)) |   • Labor, Health and Human Services,  
   Education, and Related Agencies  
   Chairman: Roy Blunt, R-MO  
   Ranking Member: Patty Murray, D-WA  
   (for full list of members, go [here](#)) |
| ** Energy and Commerce ** | ** Health, Education, Labor, and Pensions ** |
| Chair: Greg Walden, R-OR  
Ranking Member: Frank Pallone, D-NJ  
(member list) | Chair: Lamar Alexander, R-TN  
Ranking Member: Patty Murray, D-WA  
(member list) |
|   • Subcommittee on Health  
   Chairman: Michael Burgess, R-TX  
   Ranking Member: Gene Green, D-TX  
   (member list) |   • Subcommittee on Primary Health and  
   Retirement Security  
   Chairman: Michael Enzi, R-WY  
   Ranking Member: Bernie Sanders, I-VT  
   (member list) |
KEY CONGRESSIONAL ORGANIZATIONS

**Congressional caucuses** group members of the House and the Senate under various interests and specific legislative objectives. Caucuses are also referred to formally as *congressional member organizations* in the House of Representatives. They are informally formed in the Senate, and often Senators do not receive official recognition or funding for their groups. Locating Members of Congress on these special Caucuses and groups will expand your contacts in Congress, and will allow Members to work together to pass meaningful legislation.

**Seniors Task Force**
Rep. Jan Schakowsky (D-IL)
Rep. Doris Matsui (D-CA)

**Bipartisan Disabilities Caucus**
Rep. Gregg Harper (R-MS)
Rep. James Langevin (D-RI)

**Congressional Home Health Caucus**
Rep. Walter B. Jones (R-NC)

**Congressional Mental Health Caucus**
Rep. Grace F. Napolitano (D-CA)

**Congressional Oral Health Caucus**
Rep. Elijah E. Cummings (D-MD)
Rep. Mike Simpson (R-ID)

**Congressional Primary Care Caucus**
Rep. Joe Courtney (D-CT)
Rep. David Rouzer (R-NC)

**Congressional Public Health Caucus**
Rep. Gene Green (D-TX)
Rep. Robert J. Wittman (R-VA)
Representative Kay Granger (R-TX)
Representative Lucille Roybal-Allard (D-CA)
Representative Jim McGovern (D-MA)

**Congressional Social Work Caucus**
Rep. Barbara Lee (D-CA)
Congressional Task Force on Alzheimer’s Disease
Rep. Michael Burgess (R-TX)
Rep. Chris Smith (R-NJ)
Rep. Maxine Waters (D-CA)

Sen. Susan Collins (R-ME)
Sen. Mark Warner (D-VA)
Sen. Ed Markey (D-MA)
Sen. Pat Toomey (R-PA)

GOP Doctors Caucus
Rep. Phil Roe (R-TN)

Assisting Caregivers Today (ACT) Caucus
Rep. Diane Black (R-TN)
Rep. Michelle Lujan Grisham (D- NM)
Sen. Shelley Moore Capito (R-WV)
Sen. Michael Bennet (D-CO)
2017 CONGRESSIONAL CALENDAR

January

February

March

April

May

June

July

August

September

October

November

December

WHAT ARE GWEPS?

ORIGINS
The Health Resources and Services Administration (HRSA), part of the U.S. Department of Health and Human Services, administers the Geriatrics Workforce Enhancement Program (GWEP). The program supports the development of a workforce that improves the health and wellbeing of older adults by facilitating training specific to older adult needs. To do this, HRSA requested grant applications from accredited health professions schools to provide the primary care workforce with the knowledge and skills to care for older adults and collaborate with community partners to address gaps in health care for older adults.10

The GWEP is the only federal program that increases the number of faculty with geriatrics expertise in a variety of disciplines who provide training in clinical geriatrics, including the training of interdisciplinary teams of health professionals. In July 2015, HRSA announced 44 three-year grant funded programs.

Title VII and VIII Geriatrics Workforce Enhancement Program: The GWEP seeks to improve high-quality, interprofessional geriatric education and training to the health professions workforce, including geriatric specialists, as well as increase geriatrics competencies of primary care providers and other health professionals to improve care for this often underserved population. It supports the development of a health care workforce that improves health outcomes for older adults by integrating geriatrics with primary care, maximizing patient and family engagement, and transforming the healthcare system.

In FY15, the Title VII and VIII geriatrics programs provided continuing education on Alzheimer’s disease and related dementias, among other topics, to more than 150,000 providers. Additionally, in academic year 2014-2015 alone, Title VII and VIII supported 54 fellows in medicine, geriatrics, dentistry, and psychiatry who cared for older adults. Overall, in the 2014-2015 academic year, these geriatrics and gerontology programs provided training to more than 200,000 individuals. In July 2015, HRSA announced 44 three-year grant funded programs. In future years, we hope to see increased funding for this program to close current geographic and demographic gaps in geriatric workforce training.

ADDITIONAL AND RELATED FEDERAL FUNDING
Alzheimer’s Disease Prevention, Education, and Outreach Program: GWEPS can opt-in for additional funding to provide interprofessional continuing education to health professionals on Alzheimer’s disease and related dementias.11

PRIVATE FUNDING

THE JOHN A. HARTFORD FOUNDATION GWEP COORDINATING CENTER12
The John A. Hartford Foundation has awarded the American Geriatrics Society (AGS) a $3 million grant to establish a Geriatrics Workforce Enhancement Program (GWEP) Coordinating Center. As a component of the GWEP platform administered by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services, the GWEP Coordinating Center will serve as a strategic resource

10 http://bhpr.hrsa.gov/grants/geriatricsalliedhealth/gwep.html
for 44 organizations across 29 states working on projects to increase the number of doctors, nurses, social workers, and other healthcare professionals trained to care for America’s growing older adult population.

The purpose of the GWEP Coordinating Center is to support HRSA’s GWEP awardees in your work to develop a healthcare workforce that improves health outcomes for older adults by integrating geriatrics into primary care and increasing access to community-based programs for patients, families, and caregivers. As part of a major HRSA initiative with local roots and national reach, the GWEP Coordinating Center strategically will ensure that more healthcare professionals can understand, employ, and embrace foundational principles of clinical geriatrics now and in the future.

### TOPICAL RESEARCH AND INFORMATION

#### UNDERSTANDING THE ISSUES

- Institute of Medicine Report: Retooling for an Aging America, Building the Health Care Workforce
- Title VII Geriatric Health Professions Education Programs
- The Aging of the Baby Boom and Growing Care Gap - AARP
- Home Alone: Family Caregivers Providing Complex Care - AARP
- Workforce Issues - AGS
- Trailer: Care, A documentary film - Caring Across Generations
- Report: Caregiving in the U.S. 2015 - National Alliance for Caregiving
- National Clearinghouse on the Direct Care Workforce - PHI
- The Cost of Aging [infographic]
- ElderCare Workforce Alliance: Stories from the Field
- America’s Health Rankings: 2016 Senior Report

#### POLICY PRIORITIES OF OTHER ORGANIZATIONS

- Valuing the Invaluable: 2015 Update - AARP
- FY 2017 House Title VIII Nursing Workforce Letter - NAGE
- FY 2017 Senate Title VIII Nursing Workforce Letter - NAGE
- Older Americans Act Reauthorization Bill (House S.192) - Consumer Voice
- Gerontological Advanced Practice Nurses Association Position Statements
- American Geriatrics Society 2016 Policy Priorities National Association for Geriatric Education - Public Policy Updates
- About Us: How We Win & Our Wins to Date - Caring Across Generations
- Show Us the Money: Investments That Support the ElderCare Workforce
- ElderCare Workforce Alliance: Take Action
- Caring Across Generations: The candidates need to care about care!

#### DEMOGRAPHICS

- Caregiver Statistics: Demographics - Family Caregiver Alliance
- Caregiving across the States: 50 State Profiles - Family Caregiver Alliance
- LGBT Aging Resources Clearinghouse - ASA
- Network of Multicultural Aging - ASA
EMPLOYMENT

Understanding the Impact of Family Caregiving and Work - AARP
The Direct Care Workforce—Raising the Floor of Job Quality - ASA
Paying the Price: How Poverty Wages Undermine Home Care in America - PHI
Caring in America: A comprehensive analysis of the nation’s fastest growing jobs - PHI
Caregiver Statistics: Work and Caregiving - Family Caregiver Alliance

COORDINATION OF CARE

Care Coordination - AGS
Health Care’s ‘Dirty Little Secret’: No One May Be Coordinating Care

EDUCATION

Family Caregiver Support Web Seminar Series - ASA
Aging Mastery Program - National Council on Aging

ALZHEIMER’S DISEASE & DEMENTIA

Alzheimer’s Disease Facts and Figures - Alzheimer’s Association
Cost of Care - Alzheimer's Foundation of America

MENTAL HEALTH

Institute of Medicine Follow-up Report: The Mental Health Workforce for Geriatric Populations
Geriatric Healthcare Workforce Fact Sheet - American Association for Geriatric Psychiatry
American Association for Geriatric Psychiatry Position Statements

GLOSSARY OF HELPFUL TERMS

Authorization: The amount of money that federal law allows a budget item to be funded at. This is determined by the Budget Committee, which is called an authorizing committee because they determine the maximum amount of money that can be spent, or authorized, in a budget.

Allocation: the amount of money actually provided for a budget item. This is determined by the Appropriations Committee. While appropriators can fund less than what was authorized by the Budget Committee, they may not allocate more.

Appropriations: Annual process of allocating funds for government programs through the federal budget. For the GWEPs, even though the program is authorized for three years, every fiscal year requires the federal government to re-allocate funds to this program. The President or Congress can increase, decrease, or maintain levels of funding from the previous year.
Budget: A detailed statement of anticipated revenues and expenditures during an individual fiscal year. For the federal government, the term “budget” often refers to the President’s budget submission to Congress early each calendar year. The President’s budget includes requests for budget authority for federal programs and estimates of revenues and outlays for the upcoming fiscal year and, with respect to budget authority requests in some cases, for future fiscal years. By law, elements of the budget, such as the estimates for the legislative branch and the judiciary, must be included without review by the Office of Management and Budget (OMB) or approval by the President.¹³

Cloture: A procedure in the Senate that allows the Majority leader to stop all debate on a bill. This requires 2/3 of the Senate to approve.

Continuing Resolution (CR): A temporary spending authorization that allows the government to remain funded until a budget can be passed. The CR may authorize diminished, current, or expanded funding.

Discretionary: Programs that must have their funding renewed each year in order to continue operating. Examples of discretionary programs include the budgets for K-12 education, housing, and most defense operations. Collectively, discretionary programs make up approximately one third of all federal spending.

Earmark: A legislative provision that directs approved funds to be spent on specific projects, or that directs specific exemptions from taxes or mandated fees.

Filibuster: A procedure unique to the Senate that allows any Member to speak on a bill for as long as they would like, as long as they continue without stopping or sitting down. This is used to halt debate or block measures from being voted on.

Fiscal Year: Length of time accounted for in a federal budget. The funds specified in this budget only reference this period of time, from October 1 of one year to October 1 of the next. FY2017 references the time from October 1, 2016 to October 1, 2017.

Mandatory: Programs that are not considered annually and are not controlled by the annual appropriations process. However, Congress or the administration may consider changes to these programs which would alter the overall federal spending required for their operation. Examples include Medicare, Social Security, and Temporary Assistance to Needy Families (TANF).

Majority Leader: The leader of the party holding the majority of seats in Congress.

Minority Leader: The leader of the party holding the minority of seats in Congress.

Motion to Suspend the Rules: when 2/3 of voting Members in the House of Representatives vote to override the rule attached to a bill, or to allow it to be brought to the House floor without a rule.

Quorum: The number of members who must be present in order for the House, Senate, or their committees to do business.

Riders: A legislative amendment or measure attached to a bill that is non-related. This can happen in the Senate because amendments are not required to be germane (or related) to the measure being debated or voted on.

Rules Committee: A committee unique to the House of Representatives that is responsible for assigning each bill introduced in the House a “rule” determining how much debate will be allowed on the measure.

**Speaker of the House**: The leader of the House of Representatives. This person does NOT have to be of the majority party, but because members determine who holds this position, it nearly always is.

*Congressional Staff Titles and Descriptions*¹⁴

**Chief of Staff/Administrative Assistant**: This staff member reports directly to the Member of Congress, and manages the rest of the office staff. This person is responsible for evaluating various legislative proposals and constituent requests and their potential political outcomes.

**Legislative Director/Legislative Counsel/Tax Counsel/Senior Legislative Assistant**: This staff member keeps track of the legislative schedule in the House or Senate, and makes recommendations on various pieces of legislation, including pros and cons of supporting particular issues. On office may have several legislative directors focused on specific topics.

**Communications Director/Press Secretary**: This staff member is responsible for maintaining “open and effective” communication between the Member, constituents and the general public. This person organizes all media and press activities for the Member.

**Scheduler/Appointment Secretary/Personal Secretary**: This staff member allocates a Member’s time to address demands of congressional responsibilities and constituent requests. This person makes travel arrangements, including speaking engagements and site visits in the home state and district.

**Caseworker**: This staff member is responsible for helping a Member respond to constituents by preparing replies for the Member’s signature. This person also may help resolve issues presented by constituents that involve federal agencies. There are often several case workers in a district office.

¹⁴ http://www.cof.org/content/roles-congressional-staff-members