State Toolkit:

BUILDING A STATE ELDERCARE WORKFORCE COALITION
**TABLE OF CONTENTS**

**PART I: THE ISSUES**

1. THE AGING POPULATION AND THE ELDERCARE WORKFORCE  
2. THE ELDERCARE WORKFORCE ALLIANCE

**PART II: RETOOLING RECOMMENDATIONS AND STRATEGY**

1. ENHANCING THE GERIATRIC COMPETENCE OF THE HEALTH WORKFORCE  
2. INCREASING THE RECRUITMENT AND RETENTION OF THE ELDERCARE WORKFORCE  
3. REDESIGNING CARE MODELS AND METHODS OF CARE DELIVERY  
4. STATE COALITION FORMATION: STAKEHOLDER FORUM

**PART III: STATE COALITION TOOLKIT**

1. STEP-BY-STEP TOOLKIT  
2. KEY TERMS AND RESOURCES

**PART IV: NORTH CAROLINA ELDERCARE WORKFORCE COALITION DOCUMENTS**

**PART V: REFERENCES**
PART I: THE ISSUES

1. THE AGING POPULATION AND THE ELDERCARE WORKFORCE

“America faces an unprecedented challenge. The number of people reaching retirement will double in number by 2030, accounting for an increase from 12 percent of the U.S. population to almost 20 percent. To live with a measure of independence and dignity, these aging Baby Boomers will need a wide range of professional health and social service expertise, as well as home care and residential supports and services. Providing our parents and grandparents quality care demands a coordinated team of well-trained professionals and caregivers.

Yet the Institute of Medicine’s (IOM) landmark report, Retooling for an Aging America: Building the Health Care Workforce, notes the significant shortage in the current workforce trained to care for the needs of our nation’s older adults, which will grow explosively as the Baby Boomers retire.

Eldercare is projected to be the fastest-growing employment sector within the health care industry. Strengthening these caregiving occupations is not only vital to our social infrastructure and improving the quality of care, but also has the potential to drive long-term economic growth (1).”

“The current health care workforce overall is not large enough to meet older patients’ needs. The scarcity of workers specializing in the care of older adults – the eldercare workforce - is even more pronounced. It is estimated that by 2030, 3.5 million additional health care professionals and direct-care workers will be needed (2).”

EWA Brief: Our Aging Population
EWA Brief: Workforce Shortage

THE ELDERCARE WORKFORCE ALLIANCE

To meet these needs, the Eldercare Workforce Alliance (EWA), as recommended by the IOM report, calls for a focus on recruitment, training, retention, compensation, and reimbursement for members of the interdisciplinary team (2).

“The Eldercare Workforce Alliance is a group of 31 national organizations, joined together to address the immediate and future workforce crisis in caring for an aging America.

In response (to the IOM report), we formed the national Eldercare Workforce Alliance --representing consumers, family caregivers, the direct-care workforce, and healthcare professionals-- to propose practical solutions to strengthen our eldercare workforce and improve the quality of care (3).”

On a federal level, the Eldercare Workforce Alliance works with their alliance members to “address our nation's worsening eldercare crisis, the Alliance will build a caring and competent eldercare workforce, joining in partnership with older adults, their families and other unpaid caregivers - to provide high-quality, culturally-sensitive, person-directed, family-focused care, and improve the quality of life for older adults and their families (4).”

EWA: Who We Are
EWA: Mission and Vision

For more Eldercare Workforce Issue Briefs, click HERE.
Retooling for an Aging America: Building the Health Care Workforce was a report commissioned in 2007 by the Institute on Medicine and prepared by the “Committee for the Future Health Care Workforce for Older Americans (5 preface).” The committee was formed to develop a strategy for addressing the challenges associated with caring for the aging baby boom generation. To meet these issues, the committee suggested three approaches, enhancing the geriatric competence of the health workforce, increasing the recruitment and retention of the eldercare workforce and redesigning care models (5 pg 2).

Below is a summary of the strategy recommendations in Retooling for an Aging America:

1. **ENHANCING THE GERIATRIC COMPETENCE OF THE HEALTH WORKFORCE**

   In order to prepare for the complexities of care that the older adult population will need, Retooling recommends that all health care workers increase their competence in geriatrics. For the professional health care workforce such as physicians and nurses, it is recommended that they train in settings that care for older adults such as rehabilitation and long-term care facilities. Professional certifications and licensures should also include a show of skill and competence in caring for older adults.

   The direct care workforce including personal care aides should have minimum training standards and the standards for CNA certification should be raised to 120 hours. Family caregivers provide the majority of care for older adults in their homes. They also need basic training in caregiving techniques such as feeding, lifting and medication administration.

2. **INCREASING THE RECRUITMENT AND RETENTION OF THE ELDERCARE WORKFORCE**

   Retooling also recommends increasing the recruitment and retention of those working in eldercare. Currently, there are many disincentives to work in geriatrics including low reimbursement rates for complex cases and lower wages than comparable specialties. For the direct care workforce, the physical demands are high and the wages are low with few additional benefits available. Strategies to address this issue includes providing scholarships for geriatric study, loan forgiveness programs, Geriatric Academic Career Awards (GACAs), and an increase in wages and benefits for direct care workers.

3. **REDESIGNING CARE MODELS AND METHODS OF CARE DELIVERY**

   The Committee also realized that expanding the capacity of the current health care system to care for more older adults would not address its shortcomings in providing quality care to this population. The recommendations to redesign care models and method of care delivery were to include comprehensive care for older adults being provided efficiently with the partnership of the older adult patient.
4. STATE COALITION FORMATION: STAKEHOLDER FORUM

The Elder Care Workforce Alliance addresses recommendations through advocacy at the federal level, but so many important decisions about the workforce are made at the state and local level. Such as Workforce Investment Boards, scope of practice regulation for clinicians, state Medicaid program design, and paid family and sick leave laws, to name a few. This is discussed throughout the *Retooling* report. While a number of EWA members have state-based organizations, there are not coalitions that specifically address the eldercare workforce. EWA’s unique collaborative effort will serve as a model for state coalition building efforts. EWA members such as Leading Age, PHI, Community Catalyst, and GWEP programs will be important state partners.

North Carolina is the first state to form an EWA coalition. Maryland and Michigan have reached out to EWA to help them develop a coalition there, as well. Through EWA’s work in NC we have learned that there is a great interest in collaborating on eldercare workforce issues, in particular, training, recruitment, and retention of the direct care workforce. EWA will use what we learned in NC to help additional states start EWA coalitions and vice versa. As we develop this program, EWA will serve as conduit to share draft legislation, best practices, and model programs among state affiliates.
PART III: THE STATE **COALITION TOOLKIT**

**STEP ONE:**

1. Compile background information on your state and the eldercare workforce.
   
   A. What are the state’s aging demographics?
   
   B. Perform an [Environmental Scan](#) or [SWOT](#) analysis:
      
      i. What programs currently exist in the state to improve the eldercare workforce?  
         Examples: [Geriatric Workforce Enhancement Programs](#)  
      
      ii. Has the state participated in any past grants or initiatives focused on the eldercare workforce?  
         Examples: [Better Jobs Better Care, PHCAST](#), other state based programs  
      
      iii. Identify any champions in the state for the eldercare workforce or that possess historical knowledge of past programs and initiatives.  
      
      iv. Are there any other coalitions or initiatives surrounding this field? Could the Coalition be included within an existing group?  
      
      v. What are the current regulations in the state for direct care workforce training, adult care homes, Medicaid, Personal Care Support, etc.?  
         1. Is there any recent or current legislation in committee or moving towards implementation?  
         2. Is there any legislation that was introduced but not passed? Why?
   
   C. Determine if your state's [US Senators and area Representatives](#) serve on any relevant committees or have any related focus areas. (Aging? Health? Workforce?)

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**North Carolina Example:**

The North Carolina Eldercare Workforce Coalition (NC-EWC) found state demographic information from various sources including the NC Department of Health and Human Services, NC AARP, and the NC Demographic Center at UNC. A basic google search was a good start for other demographic information and helped point to more specific resources.

North Carolina was fortunate to be awarded and participate in multiple grant programs related to the eldercare and health workforce over the years. Once these programs were identified, their leaders or champions were also identified and contacted about the NC-EWC to gather more information and make further connections. For example, NC was involved in the [PHCAST](#) demonstration project with several eldercare and workforce leaders in...
the state. These leaders were identified and then connected the Coalition to other leaders and initiatives, such as NC NOVA or WIN A STEP UP, that have taken place in the state.

The NC-EWC has connected with both Senator Burr and Senator Tillis’s offices and serve on the Senate Special Committee on Aging as well as with Representative Virginia Foxx’s office, as the Chair of the Education and Workforce Committee.

**STEP TWO:**

2. Identify major stakeholders and interest groups
   
   a. Identify the state counterparts to the Eldercare Workforce Alliance, national membership, e.g. AARP and NC AARP
   
   b. Is there a State Coalition on Aging?
   
   c. Contact State Department on Aging
   
   d. Universities with gerontology, nursing, medical, geriatrics and public health programs, etc.
   
   e. State Area Agency on Aging Chair or Director
   
   f. Find contacts in different regions of state; rural vs. urban, east/west, etc.
   
   g. Connect with Workforce Development Boards at the state and regional/county levels

**North Carolina Example:**

The NC-EWC began by reviewing the Eldercare Workforce Alliance’s membership list of thirty-one organizations and identifying their state counterparts. For example, both AARP and LeadingAge are members of the EWA and have state chapters in North Carolina. Other counterparts were less obvious, for example, Caring Across Generations does not have a state chapter in NC but has done some work with the NC Justice Center.

North Carolina also has an active Coalition on Aging with more than fifty member organizations representing much of the aging community in the state.
Next, the NC-EWC connected with state agencies including the directors of the regional Area Agencies on Aging (AAA) and chair of the AAA Association (NC4A). By connecting with the AAA’s, the Coalition is able to connect with all sixteen regions in the state.

NC has workforce development boards at the city, state, county, and regional levels depending upon area population. The NC-EWC identified boards that have existing relationships with Community Colleges in their regions to start membership discussions. The NC Community College System is the centralized system of fifty-nine community colleges in the state which train the majority of the certified nursing assistants in NC.

**STEP THREE:**

3. Identify a partner(s) for coalition support and sustainability.
   a. State LeadingAge or other Facility Association
   b. State Aging Coalition
   c. Community Colleges (System)
   d. Universities
   e. Geriatric Education Centers (GEC) or Geriatric Workforce Enhancement Programs (GWEP)
   f. PACE Programs
   g. State and Regional Councils of Government
   h. University/HRSA Health Workforce Centers

**North Carolina Example:**

The North Carolina Eldercare Workforce Coalition (NC-EWC) is partnered with LeadingAge NC. LeadingAge is a member of the Eldercare Workforce Alliance on a national level and has recently started their own Center for Workforce Solutions. LeadingAge also has a strong state association in North Carolina, making this a natural fit for partnership. To date, three of the NC-EWC meetings have
been hosted at the LeadingAge NC offices in Raleigh, NC. The Dementia Capable North Carolina workgroup has also been a strong supporter and partner in the NC-EWC efforts. Many of their goals are also related to training and support of the workforce including family caregivers.

NC-EWC has also been working on a partnership with the NC Community College System and connecting with the three GWEP programs in the state at East Carolina University, University of North Carolina, and Duke University as members. North Carolina also has a well-established Coalition on Aging (NCCOA) that meets monthly. The NC-EWC has presented during these NCCOA meetings to raise awareness and also recruit members and participants.

North Carolina Example:

### State Eldercare Workforce Coalition

<table>
<thead>
<tr>
<th>Identified Needs and Assets</th>
<th>Desired Results</th>
<th>Indicators</th>
<th>Activities</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Needs</strong></td>
<td><strong>Short Term</strong></td>
<td><strong>Long Term</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Geriatric Workforce shortage across the country</td>
<td>• Change in provider practices and policies to promote recruitment, retention and work-life</td>
<td>• Interest in the aging field as a viable and rewarding career option</td>
<td>• Monthly Coalition Meetings with a call in option</td>
<td>• Diverse network of stakeholders for Coalition</td>
</tr>
<tr>
<td>High turnover rate within direct care work</td>
<td>• Change in state policies to promote programs that support older adults and their caregivers, both formal and informal</td>
<td>• Better care and support for older adults</td>
<td>• Annual day at the state legislature</td>
<td>• Strong partnerships with one or two organizations</td>
</tr>
<tr>
<td>Recruitment issues across disciplines within geriatrics field (e.g. DCW → Geriatrics)</td>
<td>• Improved education and training for caregivers and providers at all levels (DCW, Families, Geriatrics)</td>
<td></td>
<td>• Connect with Federal representatives, Committees and Caucuses for hearings in state regarding the Eldercare Workforce</td>
<td>• Meeting space and conference call abilities</td>
</tr>
<tr>
<td>Family caregivers providing 30% of care and experiencing burnout</td>
<td>• Lack of interest in aging careers</td>
<td></td>
<td>• Create Internship/Fellowship lists and make widely available</td>
<td>• Engaged Leadership and energized members</td>
</tr>
<tr>
<td>Lack of training and education at all levels of field</td>
<td>• Baby Boomer population aging and will need care soon</td>
<td></td>
<td>• Host Annual BI-Annual Summit</td>
<td>• Funding for personnel or program activities</td>
</tr>
</tbody>
</table>

*Step Four: 4. Draft a Strategic Plan*
**STEP FIVE:**

5. Plan Coalition Meetings

   a. How often does the Coalition meet?
   b. Where are meetings held?
   c. Who is leading the meetings?
   d. Identify a **steering committee** to set priorities and goals
   e. What is the timeline for each established goal?
   f. Will there be a chair or co-chairs for the Coalition?
   g. Is funding needed? If yes, how will the Coalition be funded?

North Carolina is the 9th fastest growing state in terms of the over sixty-five population. The purpose of the NC-Eldercare Workforce is to provide a platform for stakeholders to work together for improving the quality of care and support for older North Carolinians. This will be accomplished through enhancing provider policies and practices, improving education and training to all caregivers, and advocating for state policy interventions. We have a three-year plan to implement these interventions.

To assess the current environment as well as assets and goals, the NC-EWC used a **logic model** builder from the University of Minnesota. The first page sample is below which includes both inputs, outputs, resources, activities, and desired goals. Additional pages go into more detail about how and when progress is measured.

North Carolina Example:

The North Carolina Eldercare Workforce Coalition, to date, has met every other month and quarterly in an alternative region in the state to allow different members to attend. The meetings have been held in person at the LeadingAge NC office in Raleigh, NC and at the Piedmont Triad Area Agency on Aging offices in Kernersville, NC. There are both in-person and phone conferencing options for members and minutes are then sent out following each meeting.
KEY TERMS AND RESOURCES

AARP: “A nonprofit, nonpartisan, social welfare organization with a membership of nearly 38 million that helps people turn their goals and dreams into real possibilities, strengthens communities and fights for the issues that matter most to families — such as health care, employment and income security, and protection from financial abuse.” (www.aarp.org)

Area Agency on Aging: “AAA’s were established under the Older Americans Act (OAA) in 1973 to respond to the needs of Americans 60 and over in every local community. By providing a range of options that allow older adults to choose the home and community-based services and living arrangements that suit them best, AAAs make it possible for older adults to “age in place” in their homes and communities. (Learn more about AAAs)” (www.n4a.org)

Coalition: An alliance for combined action (Google)

Caring Across Generations: “A movement of Americans of all ages and backgrounds, sparking connections across generations and strengthening family and caregiving relationships.” (www.caringacross.org)


Environmental scanning is a process that systematically surveys and interprets relevant data to identify external opportunities and threats. An organization gathers information about the external world, its competitors and itself. (https://www.shrm.org/resourcesandtools/tools-and-samples/hr-qa/pages/cms_021670.aspx)

Leading Age: “is 6,000+ members and partners include not-for-profit organizations representing the entire field of aging services, 38 state partners, hundreds of businesses, consumer groups, foundations and research partners.” (www.leadingage.org)

A logic model (also known as a logical framework, theory of change, or program matrix) is a tool used by funders, managers, and evaluators of programs to evaluate the effectiveness of a program.

Strategic Plan(ing): “A systematic process of envisioning a desired future, and translating this vision into broadly defined goals or objectives and a sequence of steps to achieve them.” (www.businessdictionary.com)

Steering Committee “a committee that decides on the priorities or order of business of an organization and manages the general course of its operations.” (Google)

SWOT Analysis is an acronym for strengths, weaknesses, opportunities, and threats and is a structured planning method that evaluates those four elements of an organization, project or business venture.

Workforce Development Boards: “WDBs are part of the Public Workforce System, a network of federal, state, and local offices that support economic expansion and develop the talent of the nation’s workforce. State and local WDBs serve as connectors between the U.S. Department of Labor and more than 2,500 local American Job Centers that deliver services to workers and employers. The WDBs’ role is to develop regional strategic plans and set funding priorities for their area.” (https://www.careeronestop.org)
<table>
<thead>
<tr>
<th>INTERNAL ANALYSIS</th>
<th>Strengths</th>
<th>Weaknesses</th>
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<tr>
<td>▪ Human resources</td>
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<td>▪ Physical resources</td>
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<td>▪ Financial resources</td>
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<tr>
<td>▪ Activities and processes</td>
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<tr>
<td>▪ Past experiences</td>
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<thead>
<tr>
<th>EXTERNAL ANALYSIS</th>
<th>Opportunities</th>
<th>Threats</th>
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<tbody>
<tr>
<td>▪ Future trends - in your field or the culture</td>
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<tr>
<td>▪ The economy</td>
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<tr>
<td>▪ Funding sources (foundations, donors, legislatures)</td>
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<tr>
<td>▪ Demographics</td>
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<td>▪ The physical environment</td>
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<tr>
<td>▪ Legislation</td>
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<tr>
<td>▪ Local, national, or international events</td>
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<tr>
<td>Outputs</td>
<td>Activities</td>
<td>Participation</td>
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<table>
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<th>Inputs</th>
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<tr>
<th>Outcomes -- Impact</th>
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<tr>
<td>Short</td>
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<td>Medium</td>
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<tr>
<td>Long</td>
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LOGIC MODEL
NC-EWC has set up an email account through Gmail and a conference line through FreeConferenceCall.com for it’s meetings and emails. Emails are sent out with meeting minutes and relevant updates once a month and then meeting reminders and a calendar invite with agenda later closer to meeting time. The Coalition has also set up a webpage on the Eldercare Workforce Alliance’s website and a Twitter account.

While the steering committee is being formed, meetings are currently being led by, Amanda Borer, founder and Health and Aging Policy Fellow. There is a tentative strategic plan in place, however, the priorities and goals for the Coalition are still being formed by the Coalition as a whole.

PART IV: NORTH CAROLINA ELDERCARE WORKFORCE COALITION
DOCUMENTS

BACKGROUND:

North Carolina has the 9th fastest growing aging population in the country. Currently, more than a quarter of these North Carolinians over 65 require assistance with one or more activities of daily living to maintain their independence in the community. In the state, 1.7 million family caregivers provide this care valuing more than $13.6 billion to support their loved ones. With almost 60% of them still in the workforce, many some support themselves to continue working.

While North Carolina has been on the forefront of many programs over the last few decades to improve the geriatric workforce in the state, North Carolina is still almost 400 geriatricians short of projected need and has nearly 100% turnover for direct care workers in one year’s time.

North Carolina is a largely rural state with almost 60% of the aging population residing in its 85 rural counties. In fact, the more rural the county the older the community’s population, making its scarce eldercare services and workforce that much more important.

EXECUTIVE SUMMARY:

The Eldercare Workforce Coalition is a network of eldercare providers, caregivers, individuals and agency partners that are committed to strengthening the eldercare workforce in North Carolina. The purpose of this Coalition is to work together to improve the quality of care and support for older North Carolinian through:

• Changing provider practices and behaviors
• Improving education and training for all caregivers
• Advocating for policy interventions

Membership of the Coalition is open to any individual, agency or organization that is impacted by the shortage of qualified workers in eldercare in the state of North Carolina.
ORG. PARTICIPANTS AND INDIVIDUAL COALITION CONTACTS

A Helping Hand
ADTS of Rockingham County, Cheryl Albrecht
Alamance Hospice, Shannon Pointer
Association for Home and Hospice Care of NC
Benita Jenkins , Charlotte Area Administrator
Bev Cowdrick,, Culture Change Advocate
Carol Woods Retirement Community
Carolina Meadows
Charlene Brown, CNA
Charles House Association
Davidson County Community College
Davidson County Transportation
Dementia Inclusive Durham
Dr. Thomas “Bob” Konrad
Duke Geriatric Workforce Enhancement Program (GWEP)
Durham Tech. Comm. College, Orange County Campus
Durham Veteran’s Affairs Medical Center
Durham Workforce Development Board
East Carolina University GWEP
Governor’s Council on Aging
Guiding Lights of NC
Guilford Technical Community College
High Country AAA
Homewatch Caregivers of the Triangle
Johnston Co State Representative
LeadingAge NC
LifeLinks
National Assoc. of Social Work-NC
NC 211
NC AARP
NC Adult Day Services Association
NC Alliance for Retired Persons
NC Coalition on Aging
NC Community College System
NC Dept. of Health and Human Services; Department of Aging and Adult Services;
NC DHHS; Dementia Services
NC Friends of Residents in Long-Term Care
NC Health Care Facilities Association
NC Justice Center
NC Long Term-Care Ombudsman;
NC PACE Association
NC Rural Health Alliance
NC4A
Nurse Care of North Carolina
NWP Workforce Development
Orange County Dept. on Aging, SHARP
PACE Triad
Patricia Martin, RN
Piedmont Triad AAA
Premier Home Healthcare
PHI National
Senior Transitions of NC
Southwestern Commission AAA
Susan Harmuth
UNC Geriatric Education Center
UNC Geriatrics/GWEP
UNC Health Workforce Research and SHEPs Center
UNC Partnerships in Aging
UNC Post-Acute Services
### Three-Year Focus Plan

**Year One (2017):**
- Organization and Sustainability
- Education and Training
- Provider Practices and Policies

**Year Two (2018):**
- Education and Training
- Provider Practices and Policies

**Year Three (2019):**
- State Policy Interventions

1. Establish Partnerships, Promote Coalition, Develop Strategic Plan, Leadership and Coalition Priorities

AND

2. Connect with Academic Institutions (Universities, Colleges, and High Schools) regarding current and desired training and education for eldercare workforce on all levels

AND

3. Coincides with NC long legislative session. Which policies obstruct or enhance eldercare workforce.

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### 2017 COALITION ACTIVITIES

<table>
<thead>
<tr>
<th>National Policy Connection</th>
<th>Provider Practices and Policies</th>
<th>Education and Training</th>
<th>State Policy Intervention</th>
<th>Awareness and Promotion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participation in Bi-Annual Eldercare Workforce Full Alliance Meetings</td>
<td>Promotion and Creation of Internships</td>
<td>GWEP Presentation at Meeting</td>
<td>Civil Monetary Penalty Inquiry</td>
<td>Coalition meetings every two months with phone in options</td>
</tr>
<tr>
<td>Public Policy and Communication Calls</td>
<td>Conversation with SEIU and Coalition involvement re: Home Care</td>
<td>NC Community College System Council of Engagement of Associations</td>
<td>Participation in NCCOA Day at the Legislature</td>
<td>Twitter Account</td>
</tr>
<tr>
<td>Advocacy Days on Capitol Hill</td>
<td>Conversation with consultancy about home care cooperatives in NC</td>
<td>Community College engagement with providers and Workforce Development</td>
<td>Met with Johnston Co. Representative Donna White</td>
<td>Presentations at NCCOA and Dementia Capable NC</td>
</tr>
<tr>
<td>On-going conversations with Senator Tillis’s Office, RE: Aging Committee Field Hearing</td>
<td>Initiating development of new family caregiver program within organization</td>
<td>Information gathering PHCAST and other past interventions</td>
<td>Presentation for Dementia Capable NC Task Group</td>
<td>Updates monthly through email listserv</td>
</tr>
<tr>
<td>State Coalition Toolkit</td>
<td>Creation of new “for-credit” internship within organization</td>
<td>Developing family caregiver and direct care worker conversation aide</td>
<td>Met with NC IOM re: project on eldercare workforce</td>
<td>Coffee, lunch, phone meetings</td>
</tr>
<tr>
<td>Maryland State Coalition Formation and Summit</td>
<td>DTCC- Orange Campus expansion conversations</td>
<td></td>
<td>Initiating Replication of DCW Awards in Durham County</td>
<td>Committee Participation</td>
</tr>
</tbody>
</table>
Over the last two decades, North Carolina has actively pursued and initiated programs to develop or enhance the eldercare workforce. Below are some of these major initiatives that have been undertaken in the state.

In 2001, North Carolina Department of Health and Human Services partnered with the UNC Institute on Aging to develop the *Win A Step Up* program. The program was designed for nursing home workers including nursing assistants and their supervisors with an aim to improve turnover rates through education and training. In addition to a 33-hour training for nursing assistants that focused on items such as interpersonal skills and dementia care, Win A Step Up also offered financial awards for class completion and retention through the program. During its five-year evaluation period, Win A Step Up saw some success through moderately improved turnover rates, increased job satisfaction and morale and also improved quality of care in the participating nursing home sites.

In 2002, North Carolina was one of five states awarded a four-year grant from the Robert Wood Johnson Foundation and Atlantic Philanthropies to study the long-term care workforce through the *Better Jobs Better Care* initiative. The *Better Jobs Better Care* program was designed to assess the effects of policy and practice change at the organizational level to improve the quality of the direct care workforce. Goals included reducing high turnover rates and improving job satisfaction for workers in long-term care settings. While North Carolina was able to pass legislation to designate providers that provide quality jobs for direct care workers, the overall program faced many challenges during implementation leading to limited overall impact.

*Caregivers are Professionals, Too!* was a three-year program designed and implemented in 2004 in Western North Carolina focused on the impact of compensation, recognition and opportunities for advancement on recruitment and retention of direct care workers. Interventions that were utilized included affordable employer sponsored health insurance, merit-based compensation, and organizational career ladders. While all of the interventions were found to be impactful on job satisfaction, recruitment and retention during this study, affordable health insurance was found to be most effective.

As part of the Better Jobs Better Care program, *NC New Organizational Vision Award (NC NOVA)* was adopted by the NC Legislature in 2007. As mentioned above, the award was created to designate organizations employing direct care workers which meet high standards for quality jobs by providing a special licensure. Part of the eligibility criteria was to provide strong links between families, workers, and supervisors, and create career ladders for workers. Applications for the program and licensure are no longer being accepted.

The *Personal and Home Care State Training (PHCAST)* program was authorized through the Affordable Care Act in 2010 and administered by the Health Resources and Services Administration (HRSA). North Carolina was one of six states selected to participate in this three-year grant project to develop training methods and career ladders for direct care workers. The PHCAST training and credentialing is still being utilized in some participating organizations throughout the state.

*Geriatric Workforce Enhancement Program (GWEP)*. The GWEP program is a grant program administered by the Health Resources and Services Administration. There are forty-four programs throughout the country, of which, three Geriatric Workforce Enhancement Programs are located in North Carolina at the University of North Carolina, Duke University and East Carolina University. The GWEP Program focuses on ways to integrate geriatrics into primary care. Each program has its own system of delivery and focus that include interprofessional training, geriatrics training for primary care providers and dementia trainings. There are three focus areas: 1. Transforming clinical environments to integrate geriatrics into primary care and train practitioners in the field, 2. Developing providers at all levels (from professional to family caregivers) to assess and assist the needs of older adults and their families, and 3. “Creating and delivering community-based programs that will provide patients, families and caregivers with the knowledge and skills to improve health outcomes and the quality of care for the older adult(s).”
UNIVERSITY OF NORTH CAROLINA GERIATRICS WORKFORCE ENHANCEMENT PROGRAM

- The Carolina Geriatrics Workforce Enhancement Program aims to address the medical needs of North Carolina's elders, families and caregivers by changing the structure of standard primary care systems. The CGWEP plans to educate and train caregivers and medical professionals in the field of Geriatrics so that more rural, underserved, and diversely populated areas in North Carolina are better prepared to treat their elderly patients.

- The UNC Chapel Hill health science schools (including dentistry, medicine, nursing, public health, pharmacy, social work, and allied health) will partner with four different Area Health Education Centers: Piedmont Health Services, Southeast AHEC, Charlotte AHEC, and Wake AHEC to implement these plans of transforming primary care through the integration of Geriatric education and training.

- UNC Chapel Hill will also partner with: Mountain AHEC, Northwest AHEC, Greensboro AHEC, Area L AHEC, and Eastern AHEC. These AHEC community partners, along with the help of Alliant Quality, the NC American Indian Health Board, Alzheimer's North Carolina Inc, and the Alzheimer's Association will work together to develop and deliver continuing education resources in the field of Geriatrics.

- These resources and curricula will then be implemented into: the UNC Chapel Hill health science schools mentioned above, Piedmont Health Services, and the other AHEC primary care sites through a series of 2-year fellowship programs in nursing, geriatric medicine, and dentistry to reach students and develop a broader Geriatric workforce. As a final result, primary care providers will document when geriatric assessments and interventions are needed for each patient and the number of geriatric-based professional teams will be increased in primary practices.

- The CGWEP and its community partners will extend education and training on geriatric screening and syndromes, not only to direct care workers, but also to patients and families. With doing so, we hope that trainees will better be able to manage elders' health conditions, and improve overall quality of life.

DUKE UNIVERSITY GERIATRIC WORKFORCE ENHANCEMENT PROGRAM

The Duke Geriatric Workforce Enhancement Program's overall mission is to strengthen capacity to provide patient-centered coordinated healthcare for a growing population of seniors locally, regionally, and nationally. The GWEP will bring together geriatrics and primary care training programs, primary care practices, community agencies and healthcare organizations to implement a new model of workforce development and practice change that strives to improve outcomes for older adults in a sustainable manner, by implementing innovative interprofessional training models that emphasize accelerated translation of best practices into primary care.

- Geriatric Resource Team (GRT) Engagement Program. The GWEP provides training for interprofessional clinical teams in primary care practices that focuses on best practices for care of older adults and their caregivers. These Geriatric Resource Teams (GRTs) are developing geriatric expertise while embedded in their usual practice sites. They participate in a series of educational events and have preferred access to geriatric care resources and clinical consultations.

- Interagency Care Team (ICT) Consultations. This team, led by Geraldine Kanne, ANP-BC, aims to help practices and community agencies connect to care for older adults with complex care needs. The team, composed of GWEP members with expertise in Geriatrics and commu-
nity-based services, thoroughly reviews information on referred seniors and provide specific recommendations to practices, partner agencies, and directly to seniors and caregivers.

- **Gero Practice Compendium (GPC) and Resource Directory.** The GPC is a web-based resource that hosts a collection of both clinical and community resources that includes: 1) A curated set of best-practices (many evidence-based) that primary care clinicians can use to improve practice. 2) A community services directory (housed in the Durham Network of Care) that helps older adults, their caregivers, and their providers access care to implement best practices; and 3) A community resource guide that serves as a bridge between the GPC and the community services directory. Website: http://gerocompendium.nursing.duke.edu

- **Advanced Traineeships.** We have enrolled fellows in Geriatric Medicine and Geriatric Psychiatry and look forward to hosting our first class of Adult Gero-NP fellows this spring. The three professions train together and collaborate on GWEP related projects. The curriculum includes a Core Curriculum, Clinical Teaching Workshop, Advanced Course in LTC and a series on social determinants of health and community care.

- **GWEP Webinars.** GRTs, advanced trainees and community partner tune into monthly webinars aimed at improving knowledge and skills in geriatric care at the practice and community level. Webinars are broadcast live via Webex and recorded for viewing later. Continuing education credits are available.

- **Dementia Education and Senior Learning Communities.** The GWEP supports a range of longitudinal activities aimed at providing community dwelling seniors with information and resources on living with dementia and related disorders. The Early Dementia Support Group (EDSG) offers an educational series on living with dementia for people and their caregivers. The Senior Health Support of the Triangle is another senior learning community for which the GWEP provides speakers and resource information at their quarterly meetings. Finally, “Dementia Inclusive Durham” is a coalition of seniors and providers who serve as a catalyst for the well-being of persons living with dementia in Durham County.

**EAST CAROLINA UNIVERSITY GERIATRIC WORKFORCE ENHANCEMENT PROGRAM:**

A three-year, $2.5 million grant through the U.S. Department of Health and Human Services Geriatrics Workforce Enhancement Program is allowing the ECU College of Nursing and its partners to build a comprehensive approach to caring for the eastern North Carolina region’s older adults.

- **Implementing Interprofessional Education:** Support collaborative care models to provide evidence-based interprofessional geriatric education for three disciplines within ECU that provide primary care training (nurse practitioners, physician assistants, medical students);

- **IPE Activities-Abrieron Troka Method;** Geriatric prescribing course, Agromedicine course, academic afternoon training, “2 as 1” precepting program in rural communities

- **Training Primary Care Providers:** Provide Geriatric Education to geriatric and primary care workforce in the 41-county region of Eastern North Carolina in predominately rural and underserved communities.

- **Symposium, lunch and learn.**

- **Providing Community Based Education for AgroMedicine:** Develop community-based education focused on needs of aging adults and families from the industries of agriculture, forestry, and fishing.

  - **Farm visits for education and geriatric screening,** logging annual training events

  - **Extending Dementia and Alzheimer’s Resources:** Provide dementia and related disorders education to families, caregivers, primary care providers, students and faculty
CARING FOR OLDER ADULTS

OLDER ADULTS in NORTH CAROLINA [1]

<table>
<thead>
<tr>
<th>State</th>
<th>Population 65 and Older in 2015</th>
<th>Projected Population 65 and Older in 2030</th>
<th>Difference</th>
<th>Percentage Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Carolina</td>
<td>1,374,754</td>
<td>2,173,173</td>
<td>798,419</td>
<td>58.1%</td>
</tr>
</tbody>
</table>

Direct-Care Workforce in North Carolina [2]

Direct-care workers provide an estimated **70% to 80%** of the paid hands-on care for older adults or those living with disabilities or other chronic conditions.³

Nationally, between 2010 and 2030, women aged 25 to 44 (the typical direct care worker) will increase by only 7%, creating a care gap.⁴ According to the Bureau of Labor Statistics, Personal Care Aides and Home Health Aides are among the fastest-growing occupations with demand expected to increase **49%** by 2022.⁵

TITLE VII GERIATRICS WORKFORCE ENHANCEMENT PROGRAM

The Geriatrics Workforce Enhancement Program supports the development of a health care workforce that improves health outcomes of older adults by integrating geriatrics with primary care, maximizing patient and family engagement, and transforming the healthcare system.

Total FY2016 Title VII Geriatrics Funding in North Carolina: **$2,548,023**

CURRENT and FUTURE GERIATRICIAN SHORTFALL [8]

<table>
<thead>
<tr>
<th>State</th>
<th>Certified Geriatricians (2014) / # Needed</th>
<th>Estimated Current Shortfall</th>
<th># Geriatricians we need to train between now and 2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>NC</td>
<td>216 / 589</td>
<td>373</td>
<td>715</td>
</tr>
</tbody>
</table>

Geriatrician per 10,000 elderly population
- 0 (n = 1,937)
- 0.01 - 1.07 (n = 440)
- > 1.07 (n = 764)
FAMILY CAREGIVERS in NORTH CAROLINA

Family caregivers in North Carolina—all 1,280,000 of them—provided more than 1,190 million hours of unpaid care in 2013. The estimated economic value of North Carolina family caregivers’ unpaid contributions in 2013 was approximately $13.4 billion. Providing support and training opportunities to family caregivers is essential, especially during a time when nationally, 46% of family caregivers performed medical/nursing tasks for care recipients with multiple chronic physical and cognitive conditions. Family caregivers must be valued partners with health care professionals, with health providers identifying family caregivers, assessing their needs, and offering training and support.

In North Carolina in 2010, the family caregiver ratio was 8 potential caregivers aged 45-64 for every person in the high-risk years of 80-plus. In 2030, the ratio is projected to decline sharply to 3.9 to 1; and it is expected to fall to 2.7 to 1 in 2050.

OLDER AMERICANS ACT FAMILY CAREGIVER SUPPORT PROGRAMS

Total FY2016 National Family Caregiver Support Program Funding in North Carolina: $4,417,060
Total FY2015 Native American Family Caregiver Support Funding in North Carolina: $45,860 or $3.49 per caregiver in North Carolina

Source: AARP Public Policy Institute, The Aging of the Baby Boom and the Growing Care Gap: A Look at Future Declines in the Availability of Family Caregivers

The positions of the Eldercare Workforce Alliance reflect a consensus of 75 percent or more of its members. Statements reflect the consensus of the Alliance and do not necessarily represent


REFERENCES

(3) https://eldercareworkforce.org/about-us/who-we-are/
(5) Retooling for an Aging America