CARING FOR DUALLY-ELIGIBLE CALIFORNIANS

OLDER ADULTS in CALIFORNIA [1]

<table>
<thead>
<tr>
<th>State</th>
<th>Population 65 and Older in 2010</th>
<th>Projected Population 65 and Older in 2030</th>
<th>Difference</th>
<th>Percentage Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>4,246,514</td>
<td>8,288,241</td>
<td>4,041,727</td>
<td>95%</td>
</tr>
</tbody>
</table>

DUAL ELIGIBLE INDIVIDUALS in CALIFORNIA, BY AGE GROUP [2]

A WELL-TRAINED ELDERCARE WORKFORCE & COST-SAVINGS [3]

There is a strong argument that geriatric team care can lead to a cost savings due to a reduction in such issues as re-hospitalization, polypharmacy, falls and other geriatric syndromes. A 2002 Health Affairs article noted, “patients who received specialized geriatric care had sizable reductions in functional decline and improvements in mental health at no additional costs. Older patients cared for by nurses prepared in geriatrics are less likely to be physically restrained, have fewer readmissions to the hospital, and are less likely to be transferred inappropriately from nursing facilities to the hospital.” Coordinated care from a well-trained team is crucial to “improving the quality, outcomes, or efficiency of care,” especially for the most vulnerable of older adults. One recent study revealed that geriatricians are more efficient than other physicians at managing hospitalized older adults, measured by shorter hospital stays and lower costs per admission, with no difference in outcomes. At the very least, studies have shown that geriatric team-care can result in higher quality care that is “cost neutral from the healthcare delivery system perspective.” Skilled, efficient, coordinated care provided by a well-trained workforce, will be critical to meeting the goals of better health, better health care, and lower costs.
**DIRECT-CARE WORKFORCE in CALIFORNIA**

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 HEALTH PROFESSIONS & TITLE VIII NURSING WORKFORCE DEVELOPMENT PROGRAMS**

Title VII & VIII programs provide training in geriatrics and gerontology. Geriatrics training programs in your state include: University of California, San Francisco, University of California, San Diego, University of California, Los Angeles, and the Leland Stanford Junior University

**CURRENT and FUTURE GERIATRICIAN SHORTFALL in CALIFORNIA**

<table>
<thead>
<tr>
<th>Certified Geriatricians (2012) / # Needed</th>
<th>Estimated Current Shortfall</th>
<th># Geriatricians we need to train between now and 2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA</td>
<td>760 / 1,820</td>
<td>1,060</td>
</tr>
</tbody>
</table>

In addition to shortage of geriatricians, of the 2.56 million registered nurses, **less than 1%**, are certified gerontological nurses, and of the 111,000 advanced practice nurses, only 3,500 or 3%.⁹

**FAMILY CAREGIVERS in CALIFORNIA**

**Family caregivers in California — all 4,020,000 of them—provided more than 3,850 million hours of unpaid care in 2009.** The estimated economic value of California’s family caregivers’ unpaid contributions in 2009 was approximately **$47 billion**.¹⁰ 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.¹¹ Family caregivers must be valued partners with health care professionals, with health providers identifying family caregivers, assessing their needs, and offering training and support.¹¹
FAMILY CAREGIVER SUPPORT RATIO

In California in 2010, the family caregiver ratio was **7.7** 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 **4.4 to 1**; and it is expected to fall to **2.7 to 1** in 2050.**12**

OLDER AMERICANS ACT FAMILY CAREGIVER SUPPORT PROGRAMS **[13]**

Supporting family caregivers is essential to promoting quality care. Family caregiver support may be available through the National Family Caregiver Support Program, the Native American Family Caregiver Support Program, and other resources in the community.

WORKFORCE & MEETNG THE NEEDS OF DUAL ELIGIBLE INDIVIDUALS

New models of care for older adults who are dually eligible for both Medicare and Medicaid programs must include team members with training and expertise in geriatrics and gerontology. Five and a half million low-income seniors are dually eligible for and enrolled in both Medicare and Medicaid programs. Meeting their needs, through a well-trained eldercare workforce, including supports for family caregivers, is essential to providing higher quality care and reducing costs.