



**U.S. Department of Health and Human Services
Health Resources and Services Administration**

REPORT TO CONGRESS

**Geriatrics Workforce Enhancement Program and
Geriatrics Academic Career Awards Program
FY 2017 – FY 2022**

Executive Summary

This report to Congress on the geriatrics programs administered by the Health Resources and Services Administration (HRSA) covers fiscal years (FY) 2017 to 2022. The report is required by section 753(a)(7)(B) of the Public Health Service Act.

Accordingly, this report provides a description of the activities and outcomes for HRSA's geriatrics programs, specifically for the Geriatrics Workforce Enhancement Program (GWEP) and the Geriatrics Academic Career Awards (GACA) program, for FY 2017 to FY 2022.

The GWEP and GACA program focus on improving health outcomes for older adults. Participants in these programs are prepared to provide age- and dementia-friendly care to older adult patients and support to their families and caregivers. In academic year 2017-2018, the 44 grant recipients in the first cohort of the GWEP trained nearly 27,000 students and professionals through degree, certificate, fellowship, and practicum programs. By academic year 2021-2022 (the third year of the second cohort of 48 GWEP recipients and the third year of the reestablished GACA program for 26 grant recipients), the combined GWEP and GACA trainee count had increased to nearly 72,000 students, professionals, patients, caregivers, and faculty, reflecting the increase in the number of awards and the maturation of the programs.

As background, in FY 2015, HRSA implemented GWEP by combining four existing geriatrics programs into one program. In its first year, GWEP made 44 initial awards for a 3-year period of performance. In FY 2017, GWEP made 44 non-competing continuation awards totaling \$35,839,723. In FY 2018, GWEP made 44 non-competing continuation awards totaling \$37,729,921. When HRSA recompeted the GWEP grant in FY 2019, its program goals were: (1) to educate and train the primary care and geriatrics workforce to care for older adults in integrated geriatrics and primary care models and (2) to partner with community-based organizations to address gaps in health care for older adults, promote age-friendly health systems and dementia-friendly communities, and address the social determinants of health. HRSA made 48 awards in FY 2019 totaling \$35,653,437 for a 5-year period of performance. Since then, HRSA has made annual non-competing continuation awards.

In FY 2019, the GACA program was reestablished as a separate program with a separate grant competition. HRSA made 26 GACA awards totaling \$1,946,811 annually for a 4-year period of performance. The purpose of the program is to support the career development of individual junior faculty (instructors or assistant professors) in geriatrics at accredited schools of allopathic medicine, osteopathic medicine, nursing, social work, psychology, dentistry, pharmacy, or allied health as academic geriatrics specialists and to provide clinical training in geriatrics, including the training of interprofessional teams of health care professionals. The GACA program provides awards to eligible entities who apply on behalf of eligible individuals to promote the career development of such individuals as academic geriatricians or other academic geriatrics health professionals. Such individuals act as the GACA Project Directors. The program supports these GACA Project Directors in developing the necessary skills to lead health care transformation in a variety of settings, including rural and/or medically underserved settings;

being age-friendly; and providing training in clinical geriatrics, including the training of interprofessional teams of health care professionals to provide health care for older adults.



Fiscal Years 2017 through 2022 Report on the Geriatrics Workforce Enhancement Program and the Geriatrics Academic Career Awards program

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Acronym List

4Ms	What Matters, Medication, Mentation, Mobility
AGS	American Geriatrics Society
ADRD	Alzheimer’s Disease and Related Dementias
AFHS	age-friendly health system
AHRQ	Agency for Healthcare Research and Quality
AY	academic year
CARES Act	Coronavirus Aid, Relief, and Economic Security Act
CBO	community-based organization
CE	continuing education
CMS	Centers for Medicare & Medicaid Services
CNA	certified nursing assistant
ECHO	Extension for Community Healthcare Outcomes
FQHC	federally qualified health center
FY	fiscal year
GACA	Geriatrics Academic Career Awards
GWEP	Geriatrics Workforce Enhancement Program
HRSA	Health Resources and Services Administration
HHS	U.S. Department of Health and Human Services
IHI	Institute for Healthcare Improvement
IPET	interprofessional education and training
MIPS	Merit-based Incentive Payment System
PHS Act	Public Health Service Act
QI	quality improvement

I. Legislative Language

This report is being provided to Congress pursuant to section 753 of the Public Health Service Act (PHS Act) (42 U.S.C. § 294c), as amended by section 3403 of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) (Pub. L. 116-136). Section 753(a)(7)(B) of the PHS Act states:

(B) REPORT TO CONGRESS— Not later than 4 years after the date of enactment of the Coronavirus Aid, Relief, and Economic Security Act and every 5 years thereafter, the Secretary shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report that provides a summary of the activities and outcomes associated with grants, contracts, and cooperative agreements made under this section. Such reports shall include—

- (i) information on the number of trainees, faculty, and professionals who participated in programs under this section;*
- (ii) information on the impact of the program conducted under this section on the health status of older adults, including in areas with a shortage of health professionals; and*
- (iii) information on outreach and education provided under this section to families and caregivers of older adults.*

II. Introduction

The Health Resources and Services Administration (HRSA) is committed to providing health care providers with the knowledge and skills they need to care for older adults. The Geriatrics Workforce Enhancement Program (GWEP) and Geriatrics Academic Career Awards (GACA) program focus on improving health outcomes for older adults. Through these programs, participants are prepared to provide age- and dementia-friendly care to older adult patients and support to their families and caregivers.

In fiscal year (FY) 2015, HRSA combined four existing geriatrics programs into one program, GWEP, for each of these training types: medical residents and fellows, nursing students, junior medical faculty in geriatrics, and interprofessional teams. The single program provided value-based training across the medical staff continuum from students to practicing professionals. As part of this consolidation in FY 2015, GWEP changed focus from training physicians to become geriatricians, to providing training to primary care providers on how to better care for their older adult patients. As a result of this change in focus, grant recipients adopted a more focused type of training, in which small, interprofessional groups of individuals are trained in their clinical settings about geriatric syndromes, disease management, best practices, and practice transformation within the field of geriatrics. These changes provided additional opportunities for primary care providers to receive training in geriatrics.

To achieve greater geographic distribution, HRSA aimed to issue a minimum of one award in each U.S. Department of Health and Human Services (HHS) region and achieved this goal.

Grant recipients could receive a maximum award of \$850,000 annually, with a minimum of \$100,000 dedicated to education and training in dementia. The period of performance for the first GWEP cohort was FYs 2015 to 2018. The 44 grant recipients funded in this initial GWEP cohort participated in a focus group where they were asked to provide feedback on how to improve the effectiveness of GWEP. Their responses included observations that:

- continuing education (CE) had become a commercially viable training modality and although it was popular, it was not a cost-effective investment when used by the GWEP recipients as the main training modality; and
- there was still an unmet need to provide training to geriatrics specialists in multiple professions, not just in medicine.

To leverage the lessons learned, in FY 2019, HRSA encouraged innovative teaching modalities beyond the standard classroom, including simulations, small-group trainings, games, experiential interprofessional team trainings, elbow-to-elbow training, Project Extension for Community Healthcare Outcomes (ECHO) webinars, synchronous and asynchronous webinars, telehealth experiences, videos, blogs, podcasts, and the use of social media.

Additionally, in FY 2019, GWEP started its second funding cycle which placed a special emphasis on the following:

- transforming geriatrics care in clinical practices by providing the primary care workforce with the knowledge and skills to care for older adults,
- partnering with community-based organizations (CBO) to address gaps in health care for older adults,
- promoting age-friendly health systems (AFHS) and dementia-friendly communities, and
- addressing the social determinants of health.

The program focuses on providing instruction about AFHS and dementia-friendly communities, as well as training primary care providers about how to incorporate the four primary training topics referred to as the 4Ms (what Matters, Medication, Mentation, and Mobility) into clinical care. The 4Ms are now regarded as best practices within the geriatric community. The provision of interprofessional education and training (IPET) about the 4Ms promoted practice transformation and aided with the collection of process and patient outcomes.

Furthermore, HRSA recognized the need for faculty with expertise in geriatrics to train the workforce and provide specialized care to improve health outcomes for older adults. As a result, the GACA program, which had been a separate, stand-alone program before it was incorporated into GWEP in 2015, was reestablished as a separate program in FY 2019. Section 3403 of the CARES Act amended section 753 of the PHS Act to provide separate authority for the GACA program under section 753(b) of the PHS Act. The purpose of the GACA program is to support the career development of junior faculty in geriatrics to train them to be academic clinician educators. The revised GACA authority expanded the eligible professions for faculty members.

The GACA Project Directors are junior faculty charged to develop their careers as academic specialists in geriatrics who spend at least 75 percent of their time providing training in clinical geriatrics, including the training of interprofessional teams of health care professionals, and work with a geriatrics mentor regarding planning, executing, and evaluating the proposed activities in

the GACA awardee's Faculty Career Development Plan. Twenty-six junior faculty members in allopathic medicine, osteopathic medicine, dentistry, physical therapy, occupational therapy, social work, and nursing received GACA awards in FY 2019. Two GACA Project Directors relinquished their awards in the first year of the funding cycle: one Project Director was promoted and required to leave the program (based on statutory requirements from the pre-CARES Act version of the GACA statute, which has since been modified to allow GACA Project Directors who have been promoted to remain in the program) and the other GACA Project Director moved to another institution.

III. Overview

Geriatrics Workforce Enhancement Program

Geriatrics care is interprofessional and patient-centered. Patients and their families and caregivers should be involved. Factors that impact the health of older adults include access to reliable transportation, sufficient nutritious foods, economic stability, personal safety, safe and affordable housing, and safe neighborhoods.¹ Thus, GWEP recipients were required to develop reciprocal partnerships consisting of three partner types: academic faculty to provide the education, evaluation, and geriatrics content expertise; primary care clinic partners where interprofessional teams of health professionals receive geriatrics education and training and collect patient and process outcomes; and CBOs that provide long-term support and services to older adults and work with the other two partners to identify needs for services and records. CBOs bring knowledge of community needs and a history of working with community residents to the reciprocal partnership. These reciprocal partnerships work on behalf of patients, families, and caregivers to ensure that geriatrics education and training are provided and applied in clinical care and have a positive impact on patient care.

Prior to GWEP, IPET in geriatrics was offered across the health professions continuum, from community health workers and certified nursing assistants (CNA) to health professionals with credentials in medicine, nursing, pharmacy, dentistry, allied health, and social work, as well as students, interns, residents, and fellows. GWEP's creation added another important trainee type to the HRSA geriatrics portfolio: patients, families, and caregivers.

By FY 2018, the final year of the FY 2015 GWEP grants cohort's period of performance, the expansion of education and training opportunities to include patients, families, caregivers, and primary care providers was a success. However, HRSA learned there was still a shortage of health professions faculty specializing in geriatrics to provide that training. The formation of GWEP had not fully anticipated the need for supporting faculty development at a level that would allow for nurturing geriatrics champions among junior faculty. A 1-year extension of the FY 2015 award cycle allowed for program evaluation and review of successes, failures,

¹ Percival, A., Newton, C., Mulligan, K., Petrella, R. J., & Ashe, M. C. Systematic review of social prescribing and older adults: where to from here? *Family Medicine and Community Health*. (October 2022). Retrieved on July 17, 2023, from <https://pubmed.ncbi.nlm.nih.gov/36207017/>.

challenges, and barriers of the new GWEP. This evaluation and review led to the creation of the two current geriatrics programs in the FY 2019 grant cycle, the current GWEP and GACA program.

In FY 2019, HRSA competed the revised GWEP to improve health outcomes for older adults by developing a health care workforce that maximizes patient and family engagement and by integrating geriatrics and primary care.

HRSA directed grant recipients to use six tools to address GWEP's purpose:

1. Integrating Geriatrics and Primary Care Using an AFHS Framework² to Introduce 4Ms into Primary Care
2. Dementia Education and Training
3. Innovations/Practice Transformations
4. Patient Outcomes: Merit-based Incentive Payment System (MIPS) Measures and Level 1 and Level 2 AFHS Recognition
5. Responding to COVID-19³
6. Reciprocal Partnerships

These tools included reciprocal partnerships between academia, primary care delivery sites or systems, and CBOs. In addition to the tools listed above, Project ECHO was not a planned tool directed by GWEP but was embraced by the majority of GWEP recipients. The report discusses these components of the GWEP recipients' work and summarizes their accomplishments below.

Tool 1: Integrating Geriatrics and Primary Care Using an AFHS Framework⁴ to Introduce 4Ms into Primary Care

The FY 2019 GWEP recipients received instructions on the AFHS Framework from the American Geriatrics Society (AGS) and John A. Hartford Foundation. The goal of this contract is to enable GWEP recipients to improve health outcomes for older adults by integrating the 4Ms of geriatrics into their work.

The components of the contract include instructional webinars on the 4Ms and an online community for GWEP recipients. In addition, an annual recipient meeting included GWEP-to-GWEP exchanges about 4Ms topics, peer coaching calls, leadership webinars, and instructions and support for primary care clinical teams working to achieve Level 1 or Level 2 AFHS recognition from the Institute for Healthcare Improvement (IHI). Successful Level 1 (Participant) teams develop plans to implement the 4Ms. Successful Level 2 (Committed to Care Excellence) teams can provide 3 months of data on older adults who received 4Ms care. As of September 30, 2022, all 48 GWEP recipients assisted all or most of their clinical partners in obtaining AFHS recognition. This included 255 primary care partners, representing all 48

² The John A. Hartford Foundation. Age-Friendly Health Systems Initiative. (2009-2023). Retrieved on July 18, 2023, from <https://www.johnahartford.org/grants-strategy/current-strategies/age-friendly/age-friendly-health-systems-initiative>.

³ This element was added in 2020 as a result of the COVID-19 pandemic.

⁴ Op. cit. The John A. Hartford Foundation (2009-2023).

GWEP recipients, that earned Level 1 AFHS recognition and 125 primary care sites, representing 31 GWEP recipients, that earned Level 2 AFHS recognition.

Tool 2: Dementia Education and Training

All GWEP recipients are required to provide IPET on Alzheimer’s Disease and Related Dementias (ADRD) to patients, families, caregivers, direct care workers, health care providers, health professions students, residents, fellows, and faculty and are allowed to make community-based decisions regarding their collaborative partnerships and budget for ADRD activities. Four of the 48 GWEP recipients dedicate their entire budget to IPET in ADRD while the remainder dedicate a range of 13 to 33 percent of their budgets to ADRD. To deliver ADRD IPET, GWEP recipients commonly partnered with CBOs providing long-term support and services. Some used the open-source dementia curriculum provided on the HRSA website, which can be accessed and downloaded free of charge.⁵ Others developed resources and teaching materials to meet local needs. Some used evidence-based curricula to train providers and caregivers. GWEP funding supported the development of this training. GWEP will continue to support the training’s dissemination and further evaluation of its impact on practice change over the remainder of the grant cycle.

Tool 3: Innovations/Practice Transformations

GWEP recipients had to be innovative in educating primary care providers about 4Ms care for older adults to remain relevant and meet current care standards. They confronted several challenging and competing conditions, such as limited time due to providing patient care services, their inability to seek out new knowledge related to health care services, generational differences in learning styles between the primary care providers and older adults, and service delivery issues impacted by the COVID-19 pandemic requiring distance technologies to deliver IPET.

All GWEP recipients use IPET and other innovative approaches. Educators adopted telehealth in many forms, including tele-mentoring, tele-precepting, tele-education, telework, and telephonic to mobile health. Grant recipients developed informational and training videos, podcasts, social media feeds and pages, including accessibility for electronic information.

The GWEP recipients continue to be leaders in the development and delivery of unique, innovative IPET in rural communities; underserved communities; in prisons; on tribal lands; in free clinics; and at federally qualified health centers (FQHC). Each of these trainings is tailored to the unique needs of the community.

⁵ Health Resources and Services Administration. Train Health Care Workers About Dementia. (January 2023). Retrieved on May 5, 2023, from <https://bhw.hrsa.gov/alzheimers-dementia-training?msclkid=51779f70c0e311ecaf320156eb8631a9>.

Tool 4: Patient Outcomes: Merit-Based Incentive Payment System Measures and Level 1 and Level 2 AFHS Recognition

As of FY 2019, GWEP recipients embarked on a new approach to geriatrics education and training of the health care workforce, requiring IPET about the 4Ms and practice integration of geriatrics with primary care. GWEP recipients were required to collect data on several MIPS measures that HRSA identified, including selecting one MIPS measure for each of the 4Ms for measuring impact and reporting purposes. MIPS is a value-based payment system for physicians and other eligible clinicians, administered by the Centers for Medicare & Medicaid Services (CMS). The MIPS measures required of all GWEPs were MIPS 047: Advance Care Plan (to address What Matters to the patient), MIPS 414: Evaluation for Risk of Opioid Misuse (to address Medication), MIPS 288: Dementia: Caregiver Education and Support (to address Mentation), and either MIPS 318: Screening for Future Fall Risk or MIPS 154: Falls Risk Assessment (to address Mobility). The GWEP recipient and its partners chose the required fifth measure to address a health care priority specific to that GWEP recipient's clinical partners.

Currently, the 48 funded GWEP recipients are required to introduce the AFHS framework to trainees and to collect data from at least one primary care site that received IPET training on four HRSA-determined MIPS measures. The ability to collect patient and process outcomes data varies across GWEP recipients. Barriers to consistent data collection occur in practices of all sizes, including primary care sites affiliated with academic medical centers, primary care provider sites acquired by new organizations, and FQHCs. These barriers include turnover of trained staff, lack of agreement on what data to collect, failure of the electronic health record to collect the data in the needed format, and lack of trained evaluators to analyze the data.

After more than 3 years of patient and process outcomes data collection, a review of the MIPS measures results shows areas for recipient improvement as implementation continues. The MIPS measures are subject to change at the federal level (based on CMS and organizational needs for areas of improvement). For example, the collection of MIPS 414, Evaluation of Risk of Opioid Use was sunset in 2021, during the GWEP period of performance, making comparisons across program sites difficult because most primary care partner sites terminated data collection of that MIPS Measure as soon as it was sunset. Each GWEP recipient's clinical partners have different strengths, capabilities, electronic health record systems, availability or access to robust clinical data and information technology, and evaluation support provided by their health system.

In addition to collecting MIPS measures, GWEP recipients are recording successful and sustained implementation of the 4Ms as documented through the attainment of Level I and Level II AFHS status from IHI. As of September 30, 2022, the 48 GWEP recipients assisted 255 of their clinical partners in obtaining AFHS recognition.

The practice infusion model of geriatrics and primary care using IPET supports the collection of 4Ms data and can also be used to address the required MIPS measures. Due to the barriers and challenges of data collection and analysis, HRSA will analyze aggregated data once the period of performance has ended. HRSA expects that during the remainder of the period of performance (through FY 2023), the GWEP recipients will continue to report outcomes and document the impact of IPET on patient care.

Tool 5: Responding to COVID-19

The COVID-19 pandemic changed providers' access to patients, patients' access to health care, trainees' access to clinical training, clinical training topics of interest, and community priorities regarding access and service delivery. Clinical access also became more virtual, emphasizing telemonitoring, telehealth, tele-precepting, and mobile health.

In FY 2020, GWEP recipients each received an administrative supplement funded through the CARES Act totaling \$4,350,000. This funding provided COVID-19 education and training opportunities, including telehealth, tele-precepting, and tele-education. The supplemental funding that GWEP recipients received allowed them to develop and disseminate education and training on the management of COVID-19 and provide telehealth access for older adults living in the community, either alone or in senior housing and nursing homes. Older adults learned to use internet-accessible tablets, hot spots, and smartphones to participate in telehealth visits. Health professions students coordinated the delivery of telehealth supplies and trained healthy older adults how to use those supplies to access telehealth visits, when they should need them, and how to remain connected to the outside world while learning about and using current technology.

Thirty-six of the 48 GWEP recipients leveraged training funds from the Agency for Healthcare Research and Quality (AHRQ) to address health care in nursing homes during the COVID-19 pandemic. AHRQ received funding to provide Project ECHO access to nursing homes to discuss infectious diseases and pandemic priorities. AHRQ anticipated that GWEP recipients would serve as consultants to the nursing homes during the Project ECHO webinars. Each GWEP recipient interested in participating received free training and access to Project ECHO in return for those consulting services.

The GWEP recipients collaborating with AHRQ to support their infectious disease experts and became the health care advisors for the nursing homes on issues related to COVID-19's impact on providers and patients. GWEP recipients provided geriatric care expertise to nursing homes, which required more support in addition to that of AHRQ. As a result, the GWEP recipients leveraged their program funds to reach almost 10 percent of the nation's 15,000 nursing homes to provide guidance about COVID-19 in the context of geriatric care, as well as behavioral mental health of patients and providers in the context of COVID-19. In their original applications, the 48 GWEP recipients proposed to partner with a total of only 11 nursing homes; however, they worked with 1,400 nursing homes as a result of the COVID-19 pandemic; the changing needs of the community; the collaboration with AHRQ; and the number of nursing homes receiving IPET about infectious diseases, vaccine hesitancy, long COVID, behavioral health, depression, loneliness, anxiety, and other factors.⁶

In FY 2021, HRSA solicited applications for competitive GWEP supplemental grant awards to create and deliver COVID-19-specific education and training to the nursing home workforce and nursing home residents and their families and caregivers within the context of the 4M framework. Training centered on best practices regarding managing and treating frail older adults living in nursing homes — including those living with dementia — who were at risk of

⁶ These data were collected during quarterly calls between the GWEP Project Directors and Program Officers. These are not official numbers collected in the HRSA annual performance report.

contracting COVID-19 or who were ill with COVID-19. GWEP extended this training to families and caregivers who have been impacted by COVID-19 and families and caregivers of persons who have died of COVID-19. Twelve GWEP recipients from nine HHS Regions received \$187,500 each for their projects. They partnered with another 12 GWEP recipients that did not receive supplemental funding to produce training modules. The 24 GWEP recipients worked together to produce 20 modules in the curriculum. Required topics included the following:

- Vaccine options, administration, delivery, storage, and safety;
- Behavioral and mental health; and
- The impact of social and health disparities on health determinants and outcomes.

Twenty modules are accessible via links under the “Nursing home training modules” section of the [HRSA Dementia webpage](#).⁷ In FY 2022, the 12 GWEP recipients with supplemental funding received a second year of supplemental funding to support the same purpose.

In FY 2022, all 48 GWEP recipients received supplemental funding to develop or enhance an evidence-based practice curriculum on nursing home care for older adults, including those with dementia, using the AFHS framework. The curriculum had both didactic and experiential content for nursing students in associate and bachelor’s degree nursing programs, diploma nursing students in the final year of their training, and CNAs in CNA programs, as well as CNAs currently employed in nursing homes. To accomplish this goal, each GWEP recipient partners with at least one accredited school of nursing, one accredited CNA program, and at least one nursing home. The purpose of the partnership is to develop or enhance the curricula’s experiential care learning opportunities for the student nurses and CNA students or staff that encourage recruitment and retention to practice in nursing home settings after graduation.

Tool 6: Reciprocal Partnerships

GWEP recipients must develop partnerships with at least three partner types: academic institutions, primary care clinics, and CBOs. Faculty from academic institutions bring expertise in education, evaluation, and geriatrics content to the partnership. Primary care clinics provide access to patients, providers in need of geriatrics education and training, and patient and process outcomes. Eligible CBOs must provide long-term support and services to older adults, bring a knowledge of community needs, and have a history of working with community residents. GWEP recipients are required to develop reciprocal partnerships between these three partner types, exchanging resources and ideas and working for the mutual benefit of all partners and their projects.

The goals and objectives of each GWEP recipient determine the number of each of these partner types in their program. Training across the health care and educational continuums requires expertise in geriatrics topics, educational theory, and evaluation. Such training may benefit from multiple academic partners. GWEP recipients are required to have at least one primary care partner in a medically underserved or rural setting; however, it is often helpful to test training programs with familiar audiences which might lead to the addition of primary care clinics

⁷ Health Resources and Services Administration. Train Health Care Workers About Dementia. (February 2024). Retrieved on February 8, 2024, from <https://bhwh.hrsa.gov/alzheimers-dementia-training>.

affiliated with academic partners, which are often not in medically underserved or rural areas. Finally, it would be unusual to find a CBO that could respond to all the health care and social determinants of health needs of older adults. Addressing multiple social determinants of health often involves more than one CBO with sufficient resources to address the priorities of the GWEP recipients. Therefore, the priorities of the individual GWEP recipient and the resources available to CBOs in a particular community normally determine the number of community-based partners.

One of the unanticipated outcomes reported during this period of performance was that GWEP recipients often found themselves in need of adding new reciprocal partners of each of the three types, as well as other partners such as national organizations; foundations; government entities such as CMS, AHRQ, and the Department of Veterans Affairs; and other state and local agencies that are not health care providers but that have vested interests in older adults and their continued safety. As a result, the number of reciprocal partnerships that GWEP recipients developed has been much greater than originally anticipated. The requirement was that each GWEP-awarded program consist of at least one academic partner, clinical partner, and CBO partner, totaling a required minimum of 144 partners across all 48 GWEP recipients. However, the current cohort of unique GWEP recipients has had at least 707 academic partners, 648 CBO partners, 1,906 primary care partners, and 595 other types of partners for a total of 3,856 unique partners (Table 1). The other types of partners include nursing homes and primary care clinics that received Project ECHO education only and no clinical care training and, therefore, are not listed in the community-based or primary care categories. Each of the 48 GWEP recipients also partnered with one to 12 other GWEP recipients.

Table 1. Number and Types of Reciprocal Partnerships for All GWEP Recipients Combined

Number of Academic Partners	Number of Community-Based Partners	Number of Primary Care Site/Systems Partners*	Number of Other Partners**
707	648	1,906	595

**As noted above, this number does not include nursing homes or primary care clinics that received Project ECHO education only.*

***This number includes other GWEP recipients, as well as federal, state, and local agencies and departments. Duplicates have been removed.*

Geriatrics Academic Career Awards Program

The GACA program provides awards to eligible entities who apply on behalf of eligible individuals to promote the career development of such individuals as academic geriatricians or other academic geriatrics health professionals. This program has an unusual structure since grant awards are made to eligible entities who apply on behalf of individuals who are the GACA Project Directors (as opposed to the awards being made directly to eligible individuals. The 27 GACA Project Directors are from seven disciplines: 19 physicians, two nurse practitioners, two social workers, one pharmacist, one dentist, one occupational therapist, and one physical therapist. One physician relinquished the award before the project started, resulting in 26 awards. One GACA Project Director changed academic institutions during the first year of the award, and another did so in the third year, leaving 24 awards. The GACA Project Directors that

changed institutions could not transfer the award and are no longer reporting follow-up information. Three GACA Project Directors who relinquished their awards prematurely in FY 2022 due to receiving promotions to Associate Professors after 3 years of support provided information for this report. Twenty-four current GACA Project Directors contributed information about their projects. Ten of the 26 GACA Project Directors were at institutions that also held a GWEP award.

Impact on Career Development as Academic Geriatricians or Geriatrics Specialists

The current GACA cohort comprises 15 physicians, two nurses, two social workers, one psychiatrist, one dentist, one physical therapist, one occupational therapist, and one pharmacist. All 24 GACA Project Directors report using funds annually to attend geriatrics and profession-specific conferences. Eight GACA Project Directors report earning additional certificates or master's degrees with support from the GACA program. One reported becoming board-certified in palliative care. Ten GACA Project Directors expect promotions to associate professor in 2023, ten expect promotions in 2024, and one expects a promotion in 2025. All the GACA Project Directors commented on how helpful it was to have mentors to guide their career development.

Providing Interprofessional Team Training

In addition to pursuing training to increase their knowledge, the GACA Project Directors provide IPET in geriatrics to various learners. They train students and practicing health professionals from multiple professions about 4Ms care. They also train physician specialists, such as surgeons and pulmonologists, who provide care to individuals who are hospitalized. The GACA Project Directors train care managers, nurses, physicians, and therapists employed by hospitals and at-home or home care programs. Older adults received training primarily on health management, dementia, fall prevention, and healthy aging. Many GACA Project Directors use Project ECHO as an information dissemination tool, while others offer training in classrooms. They provide information on opioid use disorders and substance use disorders. Many GACA Project Directors that use Project ECHO concentrate on behavioral health, Alzheimer's disease, and other dementias. A few GACA Project Directors train staff at CBOs, including physicians, social workers, nurses, and other health professionals employed by Area Agencies on Aging. They deliver geriatrics IPET in nursing homes to CNAs, dietitians, rehabilitation therapists, licensed practical nurses, registered nurses, nursing students, administrators, support staff, social workers, housekeeping staff, kitchen staff, maintenance staff, and activities coordinators. Appropriate medication use for older adults is a popular topic. In summary, the GACA Project Directors put their new knowledge to good use by training health professionals and trainees as well as patients and caregivers about geriatric care.

Use of the Age-Friendly Health Systems Framework

All GACA Project Directors use the AFHS framework daily to develop didactic and experiential clinical teaching across the care continuum to train students, residents, fellows, interns, faculty, and older adults. Several GACA Project Directors published the results of using the AFHS framework in their teaching and clinical care, thus enhancing their national reputation as geriatrics educators. They use the framework to make changes in clinical workflows and enhance their interprofessional teamwork's effectiveness. This includes modifying the electronic medical record templates to make them age-friendly, thereby developing a clinical decision

support tool based on the AFHS framework. One GACA Project Director used their knowledge to champion AFHS quality improvement (QI) at their hospital. The GACA Project Directors recognize the value of the AFHS framework in geriatrics care and are using it in all aspects of their work and careers.

Career Development Through Participation in Leadership Positions

All GACA Project Directors report that the awards supported their ability to participate in leadership opportunities with local, regional, and national professional organizations and positions.

GACA Project Directors participate in national and local geriatrics interest groups such as the American Thoracic Society's Aging in Critical Care Medicine Interest Group, the American Association of College of Pharmacy and AGS Special Interest Groups, and the American Academy of Family Physicians' Home-Based Primary Care Interest Group. They are members of the Dementia Friendly Communities Special Interest Group and the Intellectual and Developmental Disabilities Special Interest Group for the Geriatrics Workforce Enhancement Programs. Two GACA Project Directors serve as Co-Chairs of the GACA special interest group at the AGS and another serves as Chair of the Gerontological Advanced Practice Nurse Association's House Call Student Interest Group. One GACA Project Director is a founding member of the American Academy of Family Physicians' Home-Based Primary Care Interest Group and serves on the executive committee. They also organized local student interest groups at Yale Medical School, the University of Oklahoma, and the University of Utah.

GACA Project Directors have been invited to become members of various societies and committees, such as the New Leaders and Education Committees of the American Academy of Home Care Medicine, the American College of Surgeons Geriatric Surgery Verification Education and Feedback Taskforce, the Society of Post-Acute and Long-Term Care, the AGS Public Education Committee, the AGS Medical and Surgical Specialties Section, the AGS' Intersection of Structural Racism and Ageism in Healthcare Initiative Goals and Strategies Committee, and the AGS Ethnogeriatrics and Public Education Committee. One GACA Project Director is a member of the Council on Social Work Education Council on Disability and Persons with Disabilities. Two GACA Project Directors have become board members of the National Association of Geriatrics Education Centers.

The success rate for promotion from Assistant Professor to Associate Professor reflects the impact of this exposure provided to GACA Project Directors on their academic reputation. The promotion rate to Associate Professor for GACA Project Directors is expected to be 100 percent compared to a 25 percent rate nationwide.

IV. Program Highlights and Accomplishments

GWEP recipients reported on their activities that address integrating geriatrics with primary care and providing dementia training and education. They also provided a list of innovations and practice transformations, process and patient outcomes, and COVID-19 training.

GACA Project Directors reported on their career development as academic geriatricians or academic geriatrics specialists, their interprofessional team training, their use of the AFHS

framework, and their career development through participation in leadership positions, all of which are required components of their GACA award.

A. Highlights and Accomplishments, GWEP

GWEP recipients throughout the nation made strides in integrating geriatrics and primary care, providing dementia education and training, advancing innovative practice transformation, improving patient outcomes, and responding to the COVID-19 public health emergency. Examples of such efforts include the following:

1. Integrating Geriatrics and Primary Care

The University of Louisville GWEP recipient, called Flourish Care, used a hub and spoke model to address the needs of underserved, vulnerable older adults in rural Kentucky. The Optimal Aging Clinic served as the center for age-friendly health care practices, with 20 spoke sites nationwide. To address the need for more trained health care professionals in rural areas, the GWEP recipient developed partnerships with colleges nationwide and trained an interdisciplinary team of student interns to implement best practices rooted in the 4Ms of age-friendly health care. Interns were placed around the state in emergency departments, nursing homes, primary care practices, and other CBOs, and paired with on-site physicians, nurses, social workers, and other health care professionals who also attended geriatric care-focused Project ECHO programs and case conceptualizations. GWEP funds allowed for the development of a holistic whole health model of care called Flourish Care, which is paired with a published Flourish Care Index that is used within primary care settings to assess the biopsychosocial needs of older adults and implement age-friendly best practices to support them in managing these needs.

Similarly, the Northwest GWEP recipient delivered training activities that infused geriatrics-specific knowledge into primary care. These included Project ECHO - Geriatrics, Geriatric Healthcare and Dementia Lecture Series offered across a six-state region, an Area Agency on Aging Practicum, a Primary Care Liaison Outreach to Primary Care, and an Advanced Practice Nurse Traineeship. The audience was primary care trainees and health professionals. The Northwest GWEP recipient cataloged recordings of lectures and brief didactics on the GWEP website for those who were unable to join virtually. The two publications cited below describe the GWEP recipient's training models⁸ and outcomes.⁹ Accomplishments since 2019 include training over 2,500 primary care health professionals in age-friendly care principles, and over 50 primary care medical residents and nurse practitioner trainees, and over 60 other health professions students in evidence-based geriatrics care. Over 89 percent of Project ECHO-Geriatrics trainees say they plan to change their practice of geriatric care and among those who

⁸ Bennett, K. A., Ong, T., Verrall, A. M., Vitiello, M. V., Marcum, Z. A., & Phelan, E. A. (2018). Project ECHO-Geriatrics: Training Future Primary Care Providers to Meet the Needs of Older Adults. *Journal of Graduate Medical Education*. (June, 2018). Retrieved on July 22, 2023 from <https://pubmed.ncbi.nlm.nih.gov/29946389/>.

⁹ Boll, A. M., Ensey, M. R., Bennett, K. A., O'Leary, M. P., Wise-Swanson, B. M., Verrall, A. M., Vitiello, M. V., Cochrane, B. B., & Phelan, E. A. (2021). A Feasibility Study of Primary Care Liaisons: Linking Older Adults to Community Resources. *American Journal of Preventive Medicine*. (December, 2021). Retrieved on July 22, 2023, from <https://pubmed.ncbi.nlm.nih.gov/34497030/>.

participate in educational activities, GWEP observed a measurable increase in geriatrics-specific knowledge and confidence to care for older adults.

The Wyoming GWEP recipient supported the integration of age-friendly, value-based geriatric care into primary care services through training and implementation of the Medicare Chronic Care Management program, Behavioral Health Integration program, the Medicare Annual Wellness Visit, and Advanced Care Planning services. The Wyoming GWEP recipient supported seven practices in Wyoming that are now delivering the Chronic Care Management and/or Behavioral Health Integration programs. The program collaborated with Mountain-Pacific Quality Health to analyze Medicare billing claims for Chronic Care Management and other value-based care programs in Wyoming. In 2021, Mountain-Pacific Quality Health reported 12,750 claims for these services, a significant increase from 7,500 claims in 2019.

2. Dementia Education and Training

The San Diego Imperial Geriatric Education Center GWEP recipient provided ADRD education to various target audiences. ADRD training with fellows, residents, students, patients, families, clinical service providers, direct care workers, and caregivers is ongoing. Academic partners actively provided multiple training and clinical experiences to its students, residents, and fellows, including providing stipends to social work and nursing students to complete field placements focused on dementia. GWEP recipient community partners offered a combination of live trainings, a library of asynchronous webinars and training modules, podcasts, symposiums, support groups, and clinical coaching. Community partners and County Area Agencies on Aging developed age- and dementia-friendly communities and delivered dementia-friendly trainings — including a Dementia Friends course — across San Diego and Imperial Counties. The GWEP recipient and San Diego County created sector-specific brochures for banks, libraries, faith-based organizations, and older adult communities, outlining common warning signs of ADRD and providing guidance on dementia-friendly practices. They continued to update physician clinical guidelines for ADRD and distribute with corresponding training. They updated community resources with input from the GWEP recipient's community partners, with outreach to providers and the community. Patient and caregiver materials include a Dementia Friendly Activities Toolkit and Caregiver Handbook which are available in multiple languages. The GWEP recipients' partners expanded efforts to provide training in Spanish and support Spanish-speaking patients and caregivers.

The Middle Tennessee GWEP recipient worked with five CBOs and the Veterans Health Administration to enhance dementia education and caregiver support. These programs impacted thousands of caregivers and provided new practice models at their clinical partner sites.

Using Project ECHO, the North Texas GWEP recipient trained primary care providers about screening, diagnosis, management, and non-pharmacological approaches to care for patients with dementia and their caregivers. Partnering with the Alzheimer's Association, the GWEP recipient trained 75 health system and managed care organizations to use evidence-based screening and referral practices and community programs to improve the quality of life for older adults with dementia and their caregivers and equip community health workers as dementia educators. This supported resources and referrals in underserved communities as a part of the Centers for Disease Control and Prevention's Healthy Brain Initiative. The GWEP recipient worked with

Tarrant County to implement a person-centered dementia-friendly intervention, a program recognized by the Texas Health and Human Services with an *Innovators in Aging* award in 2019. The North Texas GWEP recipient also provided the John Peter Smith Health Network's Family Medicine Residency program — the largest in the United States — with didactic and experiential training in geriatrics based on the Dementia Live simulation to broaden the family physician's understanding of community services, empathy, and collaboration with caregivers in dementia care. The program partners with Dementia Friendly Fort Worth and Age-Friendly Fort Worth to develop a joint business designation. The partnership includes 40 local businesses completing dementia training that commit to dementia-friendly system changes.

3. Innovations/Practice Transformations

The Rhode Island GWEP recipient partnered with a primary care transformation partner and the Rhode Island Department of Health-funded Building Our Largest Dementia Infrastructure for Alzheimer's Act Project to design and deliver a specialized Project ECHO on dementia for health care and human service providers built on primary care performance measures. This program is Phase 1 of a two-part project that will develop a community of practice focusing on QI in dementia care within an AFHS framework in Phase 2. This project is a good example of how the Rhode Island GWEP recipient leveraged its collaboration with primary care and community-based partners to create synergy and increase transformative impact to improve geriatric care across their state through private and public funding.

Notable innovations for caregiver support at the Middle Tennessee GWEP recipient include an Eldercare Coach Caregiver Optimization Program at AgeWell Middle Tennessee, a group virtual caregiver support curriculum at Tennessee Valley Health System Healthcare System, and statewide virtual caregiver support classes that Alzheimer's Tennessee provided. Other home- and community-based service providers in the Middle Tennessee region adopted some of these models. The use of virtual training has expanded outreach to a national audience, with the Middle Tennessee Geriatric Update Conference recently providing CE to 167 providers and trainees representing 10 states. The Middle Tennessee GWEP recipient contributed to 13 practices (academic, community, and the Department of Veterans Affairs), achieving Level 1 age-friendly recognition by the IHI.

4. Patient Outcomes

The Northern New England GWEP recipient is housed at Dartmouth-Hitchcock Clinic, part of a health care system that has achieved Level 2 recognition as an AFHS from the IHI. During this current grant cycle, the GWEP recipient supported five primary care practice partners as they worked to achieve Level 2 recognition. The GWEP recipient supports three additional FQHC practices as they pursue Level 1 recognition. The GWEP recipient's MIPS data indicate improvement across all MIPS on which the GWEP recipient reports: High-Risk Meds (9 percent improvement), Advance Care Plan (4 percent improvement), Dementia Education/Support (25 percent improvement), Falls Risk Screening (32 percent improvement), and Opioid Eval 65+ (41 percent improvement).

The Ohio GWEP recipient helped two primary care sites achieve AFHS Level 2 recognition and is working with a third to achieve the same recognition. Evaluations of their geriatric team simulation education show statistically significant associations between positive ratings of the

teamwork experience and variables associated with higher resiliency in the health care workforce, such as feeling connected, engaged, valued, accomplished, and like they make a difference. These variables were considered to increase resiliency, which is associated with decreased medical errors and improved patient outcomes. The COVID-19 pandemic complicated the measurement and improvement of GWEP recipient's MIPS outcomes; however, data showed an increase from before the COVID-19 pandemic compared to subsequent years in Advance Care Planning (65 percent to 87 percent), diabetes control (22 percent to 25 percent), and blood pressure control (9 percent to 66 percent).

5. COVID-19

As a result of the COVID-19 pandemic, the Las Vegas GWEP recipient developed telehealth training competencies for its trainees. Through a statewide collaboration between the University of Nevada, Reno's Improving Care of Elders through Community and Academic Partnerships GWEP recipient and the Las Vegas GWEP recipient, the state developed and implemented 4Ms-based telehealth training for primary care delivery and measurement of the impact of workforce training on health care cost savings. Their DeepPlan evaluation program evaluated these results, facilitating primary care planning with real-time risk prediction. Examples of how the state uses DeepPlan include monitoring entry into long-term care, documenting the designation of power of attorney, and studying how to improve this process. The Las Vegas GWEP recipient is evaluating the impact of telehealth training for primary care providers on the efficiency of their care delivery. The GWEP recipient developed a partnership with the University of Nevada Las Vegas School of Nursing to provide 4Ms-based AFHS training in nursing home care and for their baccalaureate level nursing students, CNA students, and nursing faculty. They are also extending this training to nursing staff, student nurses, and CNAs at Mission Pines Nursing and Rehabilitation Center.

The Iowa GWEP recipient addressed COVID-19 related challenges by redirecting in-person activities to virtual formats. The recipient used supplemental funding from the CARES Act to facilitate new and renewed partnerships with members of the University of Iowa College of Nursing's Faculty Practice, primary care Doctor of Nursing Practice leaders and students, and University of Iowa College of Medicine faculty and students. Telehealth didactic and simulation training allowed practitioners to conduct telehealth visits safely and effectively with older adults and helped isolated older adults engage in virtual visits with family members and friends. The GWEP recipient's collaboration with the Saint Louis University Gateway GWEP recipient taught community-based stakeholder informants to identify pressing COVID-19-related training needs that the GWEP recipients then addressed using Project ECHO to deliver innovative training to nursing homes, community, and family caregivers throughout Missouri, Iowa, and Kansas. This COVID-19 training is the foundation for CNA training that is integrated into CNA training programs and practice settings.

6. Reciprocal Partnerships

The number of reciprocal partnerships involved in the GWEP has been much greater than originally anticipated. At a minimum, each GWEP recipient was required to consist of 3 partners (one of each type - academic institutions, primary care clinics, and CBOs), or 144 partners across all 48 GWEPs. The actual numbers are significantly higher. The GWEP recipients now report 707 academic, 1906 primary care, 648 CBO, and 595 other partners for a

total of 3,856 different reciprocal partners (Table 1). Common “other” partners include government agencies such as the Agency for Healthcare Research and Quality and the Substance Abuse and Mental Health Services Administration, national organizations such as the Institute for Healthcare Improvement (IHI), community-based organizations, quality improvement organizations, local academic partners, emergency departments, and other GWEP recipients.

B. Highlights and Accomplishments, GACA

The GACA Project Directors throughout the nation experienced a positive impact on their career development as academic geriatricians or geriatrics specialists. They provided interprofessional team training, incorporated the AFHS framework into their teaching and clinical care, and enhanced their career development through participation in leadership positions. Examples of such activities include the following:

1. Impact on Career Development as Academic Geriatricians or Geriatrics Specialists

A GACA Project Director at the University of Iowa was able to attend and complete the Harvard Macy Institute’s *Program for Leading Innovations in Health Care and Education*, Harvard Macy Institute’s *Transforming Your Teaching for the Virtual Environment* course, the Harvard *Media & Medicine* Certificate Program, Harvard *Palliative Care Education & Practice* course, and the Harvard *Effective Writing for Health Care* certificate program. As an academic clinician and geriatrician, they developed expertise and leadership skills in program development and implementation by completing these courses. The award also enabled them to work on multiple presentations and publications that enhanced the field of palliative care.

2. Providing Interprofessional Team Training

A GACA Project Director at Wake Forest University developed a health equity rotation throughout a mobile clinic to help support medical, nursing, and physician assistant students interested in caring for underserved communities. Since beginning these rotations, the GACA Project Directors have been able to provide practicum experiences for over 300 students per year, for a total of over 1,000 students. Additionally, the Project Director developed an *Educator’s Toolkit*¹⁰ in partnership with the American Academy of Home Care Medicine, which is a free resource for home-based medical care professionals providing learning modules, teaching content, and tools to help educators provide meaningful home-based medical care rotations for students they train nationally. These trainings, hosted for free on the American Academy’s webpage, are also focused on health equity, empowering health care professionals to address social risk factors such as food insecurity in meaningful and impactful ways. The mobile health program opened in 2019 and has since provided medical services to over 1,000 unique patients. The mobile health and house call programs are rich clinical settings that provide health care students with several opportunities to engage with models of care that provide accessible care for older adults.

¹⁰ American Academy of Home Care Medicine. (2022). Introducing the Educator’s Toolkit. Retrieved on July 20, 2023, from https://www.aahcm.org/index.php?option=com_content&view=article&id=138:introducing-the-educator-s-toolkit&catid=23:latest-news&Itemid=182.

3. Using the Age-Friendly Health Systems Framework

The University of Chicago's GACA Project Director had substantial time to develop, implement, and evaluate novel curricula for a wide-ranging audience based on the IHI AFHS framework. The AFHS framework is the backbone of their scholarship in teaching, clinical care, and career development. Signature features of their work include education and QI initiatives for inpatient and post-acute geriatric care and age-friendly initiatives around delirium and frailty. They published on the topics of educational sessions¹¹ and QI projects.^{12,13}

4. Career Development Through Participation in Leadership Positions

The GACA Project Director at the Oregon Health & Science University was granted the opportunity to participate in leadership positions for their educational program, institution, region, and nationally. The focus on interprofessional education created networking opportunities. At the institutional level, the GACA Project Director led a medical student course, taught within the nursing school, and started a Diversity, Equity, and Inclusion component for medical residents. Regionally, they served on the advisory board of the Forum on Aging in Rural Oregon and had an adjunct appointment at the Washington State University medical school due to the curriculum development and hands-on teaching they created within their medical school. Nationally, they were accepted to the AGS Ethnogeriatrics Committee and worked to ensure culturally appropriate publications and programming within the AGS community. They were also invited to serve as part of the AGS Resident Competencies Workgroup to draft new geriatric medicine competencies for internal and family medicine residency programs. These positions helped support their application for promotion.

¹¹ Gleason, L. J., Martinchek, M., Long, M., Rapier, N., Hamlish, T., Johnson, D., & Thompson, K. (2019). An innovative model using telementoring to provide geriatrics education for nurses and social workers at skilled nursing facilities[☆]. *Geriatric Nursing*. (September-October 2019). Retrieved on July 20, 2023, from <https://pubmed.ncbi.nlm.nih.gov/30987777/>.

¹² Collison, M., Beiting, K. J., Walker, J., Huisingh-Scheetz, M., Pisano, J., Chia, S., Marrs, R., Landon, E., Levine, S., & Gleason, L. J. (2020). Three-Tiered COVID-19 Cohorting Strategy and Implications for Memory-Care. *Journal of the American Medical Directors Association*. (May 2021). Retrieved on July 20, 2023, from <https://pubmed.ncbi.nlm.nih.gov/33138937/>.

¹³ Beiting, K. J., Huisingh-Scheetz, M., Walker, J., Graupner, J., Martinchek, M., Thompson, K., Levine, S., & Gleason, L. J. (2021). Management and outcomes of a COVID-19 outbreak in a nursing home with predominantly Black residents. *Journal of the American Geriatrics Society*. (May 2021). Retrieved on July 20, 2023, from <https://pubmed.ncbi.nlm.nih.gov/33739444/>.

V. Geriatrics Outcomes for Geriatrics Workforce Enhancement Program and Geriatrics Academic Career Awards Program

GWEP and GACA awardees submit Annual Performance Reports to HRSA in July at the end of each academic year (AY) to comply with statutory and programmatic requirements for performance measurement and evaluation, as well as the Government Performance and Results Act of 1993¹⁴ and the Government Performance and Results Act Modernization Act of 2010 requirements.¹⁵

HRSA submits all performance metrics and requirements to the Office of Management and Budget for public comment and formal approval. Specific performance measurement requirements are on the HRSA website.¹⁶ These measures allow HRSA to show progress in meeting HHS and HRSA objectives and demonstrate programmatic compliance with applicable statutory requirements. In the Annual Performance Report, GWEP and GACA awardees report on the prior AY training and graduation counts associated with their training grant. This report presents outputs for AYs 2017 to 2022.

In AY 2017-2018, GWEP trained nearly 27,000 students and professionals through degree, certificate, fellowship, and practicum programs (see Table 2). By AY 2021-2022, GWEP had matured and HRSA had reestablished GACA. As a result, the trainee count had increased to nearly 72,000 students, professionals, patients, caregivers, and faculty.

Table 2. GWEP and GACA Trainee Counts by Trainee Type, AYs 2017-2018 to 2021-2022^a

Trainee Type	AY 2017-2018	AY 2018-2019	AY 2019-2020	AY 2020-2021	AY 2021-2022
Students	17,353	18,004	25,480	28,640	46,362
Professionals	9,613	13,518	9,219	10,346	14,360
Patients ^b	--	--	6,129	17,605	6,430
Caregivers ^b	--	--	5,279	5,403	4,718
Faculty ^c	--	--	26	25	24
Total Trainees	26,966	31,522	46,133	62,019	71,894

^a Trainees may participate for more than 1 year. Therefore, counts cannot be summarized across AYs.

^b GWEP began collecting patient and caregiver trainee counts in AY 2019-2020.

^c GACA began in AY 2019-2020 resulting in no faculty trainee counts for earlier years.

In addition to offering degree, certificate, fellowship, and practicum training programs, GWEP and GACA offered faculty development training programs and activities that reached 52,230 trainees. GWEP also provides outreach and education to families and caregivers on care delivery for older adults and trains patients in self-management. During AYs 2017-2018 to

¹⁴ Pub. L. No. 103-62, 107 Stat. 285 (Aug. 3, 1993).

¹⁵ Pub. L. No. 111-352, 124 Stat. 3866 (Jan. 4, 2011).

¹⁶ Health Resources and Services Administration. (2023). Report on Your Grant. Retrieved on January 3, 2024, from <https://bhw.hrsa.gov/grants/reportonyourgrant>.

2021-2022, GWEP and GACA awardees trained more than 2.2 million individuals using courses they developed or enhanced. Of those trained, 57 percent were patients and caregivers. Additionally, GWEP and GACA awardees trained over 1.6 million individuals – 45 percent of whom were patients and caregivers – through 8,296 CE courses. Of those courses, 2,854 (34 percent) focused on ADRD. More than a half million trainees took these ADRD courses and 35 percent of these trainees were patients and caregivers. Patients and caregivers also took courses on other topics related to the health needs of older adults, such as geriatric health, evidence-based practice, emergency response training, QI and safety training, and community health.

VI. Geriatrics Program Funding

Table 3. Overall Geriatrics Program Funding, FYs 2017-2022

FY	GWEP	GACA	TOTAL
2017	\$35,839,723	—*	\$35,839,723
2018	\$37,729,921	—*	\$37,729,921
2019	\$35,653,437	\$1,946,811	\$37,600,248
2020	\$36,035,495	\$1,905,000	\$37,940,495
2021	\$37,786,353	\$1,852,584	\$39,638,937
2022	\$40,304,913	\$1,716,666	\$42,021,579
TOTAL	\$223,349,842	\$7,421,061	\$230,770,903

**In FY 2017 and FY 2018, the GACA program was part of GWEP and specific funding for the GACA program was not listed separately.*

VII. Summary and Conclusions

HRSA’s two geriatrics education and training programs, GWEP and GACA, are training more geriatrics specialists and primary care teams to care for the increasing number and percentage of older adults in the United States. Helping older adults in their communities (e.g., rural, underserved, temporarily in prisons or shelters, on tribal lands, in urban health care deserts, nursing homes, hospice units, or at home but living with a chronic condition such as dementia) takes time, commitment, and knowledge. That knowledge must be medical and social; an interprofessional team is necessary to keep older adults safe in their community.

GACA Project Directors are clinician educators. Through their GACA award, they can become leaders and champions of geriatric health care. They are responsible for educating and training health care providers – from student trainees to practicing professionals – on providing age-friendly and dementia-friendly care to older adults. The GACA Project Directors are the small

core of faculty members who are specialized geriatricians and geriatrics specialists expected to train their replacements and serve as consultants in geriatrics to non-geriatricians.

GWEP recipients educate more broadly and are also responsible for educating and training faculty, such as the GACA Project Directors and other faculty certified in geriatrics and gerontology. Their trainees include students, residents, fellows, interns, faculty, non-specialist health care providers, health care assistants, patients, families, caregivers, and non-health care providers. GWEP recipients provide training on various geriatrics syndromes and have proven they can pivot quickly to address international pandemics that threaten vulnerable older adults. GWEP recipients are concentrating on integrating geriatrics and primary care because most older adults have a primary care provider and there are too few geriatricians to care for many older adults. Caregivers, police, and many others should receive training in the type of care an older person may require. GWEP recipients train the entire interprofessional team, from health professionals to community members who interact with older adults.

Both GACA and GWEP awardees are using the AFHS framework that presents how care of the older adult can be structured within the 4Ms, allowing members of interprofessional teams to construct care plans to address care across the continuum of care, from ambulatory care to hospice care. This structure allowed both GWEP and GACA awardees to address pandemics, vaccines, and vaccine hesitancy, in addition to all other planned topics.

The GWEP recipients are working towards finding ways to measure the success of their training. To that end, GWEP recipients evaluate their educational inputs to see if they can relate the knowledge gained to practice transformation and improved patient outcomes, including patient satisfaction with their care and whether geriatric patients perceive their health is improved. Again, the 4Ms framework allows GWEP recipients to investigate whether their education and training positively impact patient health. Looking at the impact of education and training on MIPS measures has shown mixed successes. Evaluating the impact of education on health outcomes requires cooperation and record sharing across many different actors in both the public and private sectors. Results are variable and require more study to determine the necessary components for documenting successful care.

Future work in geriatrics education and training must focus on determining and developing common evaluation methods and procedures that can be used to show the impact of such education and training on older adults. The GWEP and GACA program will continue to work on reducing disability and maintaining function for everyone to live longer, fuller lives. The health of everyone growing older will be impacted by this work, if not today, then certainly in time.

VIII. Appendices

Appendix A: Geriatrics Workforce Enhancement Program Recipients, Fiscal Years 2017-2022

Grant Number	Grant Recipient	State	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
U1QHP28721	University of Arizona	AZ	\$846,849	\$881,825				
U1QHP33068	Baylor College of Medicine	TX			\$749,887	\$754,972	\$757,370	\$795,833
U1QHP28702	Baystate Health System Health Services, Inc.	MA	\$841,186	\$876,140	\$750,000	\$755,000	\$744,447	\$989,748
U1QHP33069	Board of Regents Nevada System of Higher Education	NV			\$749,987	\$754,987	\$757,657	\$797,485
U1QHP33079	Board of Regents of the University of Nebraska	NE			\$749,926	\$751,695	\$757,483	\$797,336
U1QHP32519	Dartmouth-Hitchcock Clinic	NH			\$750,000	\$755,000	\$945,170	\$989,748
U1QHP28708	Duke University	NC	\$846,534	\$881,468				
U1QHP28722	East Carolina University	NC	\$845,417	\$880,387				
U1QHP33070	Emory University	GA			\$749,999	\$754,999	\$757,670	\$797,496
U1QHP28709	Florida State University	FL	\$696,491	\$781,825	\$750,000	\$755,000	\$757,670	\$797,500
U1QHP28703	Healthcare Institute LLC, The	TN	\$555,046	\$589,616				
U1QHP28710	Johns Hopkins University	MD	\$846,848	\$881,825	\$750,000	\$755,000	\$757,670	\$797,500
U1QHP28711	Lake Erie College of Osteopathic Medicine	PA	\$743,411	\$778,373	\$743,673	\$748,173	\$748,343	\$788,173
U1QHP28704	Lehigh Valley Hospital, Inc.	PA	\$846,181	\$881,825				
U1QHP33071	Louisiana State University	LA			\$734,881	\$748,305	\$757,148	\$796,171
U1QHP28712	Marquette University	WI	\$844,638	\$881,825				
U1QHP33072	Metro Community Provider Network, Inc.	CO			\$749,624	\$754,812	\$757,231	\$796,496
U1QHP33111	Nevada System of Higher Education	NV			\$726,584	\$754,608	\$757,391	\$795,833
U1QHP28713	New York University	NY	\$846,849	\$881,825				
U1QHP33073	Northeast Ohio Medical University	OH			\$745,093	\$741,938	\$750,327	\$790,070
U1QHP33074	Nova Southeastern University, Inc.	FL			\$714,218	\$700,796	\$712,215	\$761,214
U1QHP33075	Pennsylvania State University	PA			\$750,000	\$755,000	\$757,670	\$797,500
U1QHP28727	Regents of the University of California, San Francisco	CA	\$846,849	\$881,825	\$750,000	\$755,000	\$757,670	\$797,500
U1QHP33076	Regents of the University of Minnesota	MN			\$747,581	\$754,568	\$756,208	\$797,097
U1QHP33077	Research Foundation for the State University of New York	NY			\$749,999	\$755,000	\$757,670	\$797,500
U1QHP28714	Rowan-Virtua School of Osteopathic Medicine	NJ	\$846,848	\$881,825	\$750,000	\$755,000	\$757,670	\$797,500
U1QHP28715	Rush University Medical Center	IL	\$846,046	\$881,019	\$750,000	\$755,000	\$757,670	\$797,500
U1QHP28716	Saint Louis University	MO	\$839,874	\$874,692	\$750,000	\$755,000	\$945,170	\$989,748
U1QHP28717	San Diego State University Foundation	CA	\$829,419	\$861,244	\$749,999	\$754,999	\$490,004	\$797,500
U1QHP28705	Sloan-Kettering Institute for Cancer Research	NY	\$791,855	\$826,506				
U1QHP28706	Southcentral Foundation	AK	\$846,849	\$881,825				
U1QHP28707	Summa Health System	OH	\$617,436	\$746,564				

Grant Number	Grant Recipient	State	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022
U1QHP28718	Trustees of Dartmouth College	NH	\$842,719	\$877,678				
U1QHP28719	Trustees of Indiana University	IN	\$846,849	\$881,825	\$750,000	\$755,000	\$757,670	\$797,500
U1QHP28720	Trustees of the University of Pennsylvania	PA	\$846,508	\$881,566				
U1QHP28723	University of Arkansas for Medical Sciences	AR	\$787,494	\$868,052	\$748,708	\$754,342	\$756,924	\$797,287
U1QHP28724	University of California, Irvine	CA	\$718,790	\$881,825	\$750,000	\$755,000	\$945,170	\$989,748
U1QHP28725	University of California, Los Angeles	CA	\$850,000	\$881,825		\$120,314		
U1QHP28726	University of California, San Diego	CA	\$846,054	\$881,031				
U1QHP28728	University of Chicago	IL	\$740,339	\$775,289	\$750,000	\$755,000	\$945,170	\$989,748
U1QHP33078	University of Guam	GU			\$749,989	\$754,499	\$757,208	\$796,813
U1QHP28729	University of Hawaii Systems	HI	\$846,849	\$881,825	\$750,000	\$755,000	\$945,170	\$989,748
U1QHP28730	University of Illinois	IL	\$846,802	\$881,778	\$749,987	\$754,987	\$757,657	\$797,487
U1QHP28731	University of Iowa	IA	\$833,292	\$868,212	\$749,708	\$754,671	\$757,105	\$797,476
U1QHP28732	University of Louisville	KY	\$846,849	\$881,825	\$750,000	\$755,000	\$945,170	\$989,748
U1QHP28733	University of Montana	MT	\$733,084	\$768,002	\$750,000	\$755,000	\$757,670	\$797,500
U1QHP33080	University of New England	ME			\$749,999	\$754,907	\$757,560	\$797,391
U1QHP28734	University of North Carolina at Chapel Hill	NC	\$846,849	\$881,825	\$750,000	\$755,000	\$757,670	\$797,500
U1QHP33081	University of North Dakota	ND			\$750,000	\$755,000	\$945,170	\$989,748
U1QHP28735	University of North Texas Health Science Center at Fort Worth	TX	\$846,842	\$881,825	\$750,000	\$755,000	\$945,170	\$989,748
U1QHP33082	University of Oklahoma	OK			\$749,759	\$754,491	\$747,550	\$796,721
U1QHP28736	University of Pittsburgh	PA	\$834,873	\$874,616				
U1QHP33083	University of Puerto Rico Medical Sciences Campus	PR			\$746,267	\$745,867	\$717,425	\$788,367
U1QHP28737	University of Rhode Island	RI	\$846,849	\$881,825	\$750,000	\$755,000	\$757,670	\$797,500
U1QHP28738	University of Rochester	NY	\$845,894	\$880,868	\$750,000	\$755,000	\$945,170	\$989,748
U1QHP28739	University of South Florida	FL	\$780,837	\$813,731				
U1QHP28740	University of Southern California	CA	\$811,921	\$881,825	\$750,000	\$755,000	\$757,670	\$797,500
U1QHP33084	University of Southern Indiana	IN			\$710,578	\$746,682	\$754,103	\$797,039
U1QHP28741	University of Utah	UT	\$846,813	\$881,789	\$750,000	\$755,000	\$757,670	\$797,500
U1QHP28742	University of Washington	WA	\$843,968	\$878,936	\$750,000	\$755,000	\$757,670	\$797,500
U1QHP28743	University of Wyoming	WY	\$846,800	\$881,776	\$750,000	\$755,000	\$757,670	\$797,500
U1QHP33085	Vanderbilt University Medical Center	TN			\$537,408	\$535,004	\$703,132	\$778,796
U1QHP28744	Virginia Commonwealth University	VA	\$845,684	\$880,658	\$749,583	\$754,879	\$944,945	\$989,352
U1QHP28745	Yale University	CT	\$832,138	\$867,080	\$750,000	\$755,000	\$757,670	\$797,500
TOTAL			\$35,839,723	\$37,729,921	\$35,653,437	\$36,035,495	\$37,786,353	\$40,304,913

Appendix B: Geriatrics Academic Career Awards Program Awardees, Fiscal Years 2019-2022

Grant Number	Grant Awardees Employer	State	FY 2019	FY 2020	FY 2021	FY 2022	TOTAL	Discipline
K01HP33437	Albert Einstein College of Medicine	NY	Terminated	\$0	\$0	\$0	\$0	Medicine
K01HP33882	Albert Einstein College of Medicine, Inc.	NY	\$74,998	\$76,200	\$77,191	\$81,746	\$310,135	Medicine
K01HP33438	Azusa Pacific University	CA	\$74,103	\$76,200	\$77,191	\$81,746	\$309,240	Nursing
K01HP33439	Brown University	RI	\$74,994	\$76,200	\$77,191	Terminated	\$228,385	Medicine
K01HP33440	Concordia University	WI	\$74,973	Terminated	\$0	\$0	\$74,973	Pharmacy
K01HP33441	Dominican University of California	CA	\$74,968	\$76,200	\$77,191	\$81,746	\$310,105	Occupational Therapy
K01HP33442	Duke University	NC	\$74,400	\$76,200	\$77,191	\$81,746	\$309,537	Medicine
K01HP33443	Icahn School of Medicine at Mount Sinai	NY	\$75,000	\$76,200	Terminated	\$0	\$151,200	Medicine
K01HP33444	Oregon Health & Science University	OR	\$75,000	\$76,200	\$77,191	\$81,746	\$310,137	Medicine
K01HP33445	Rector & Visitors of the University of Virginia	VA	\$73,894	\$76,200	\$77,191	\$81,746	\$309,031	Medicine
K01HP33446	Regents of the University of California, San Francisco	CA	\$75,000	\$76,200	\$77,191	\$81,746	\$310,137	Medicine
K01HP33447	Research Foundation for The State University of New York	NY	\$75,000	\$76,200	\$77,191	\$81,746	\$310,137	Psychiatry
K01HP33448	Saint Louis University	MO	Terminated	\$0	\$0	\$0	\$0	Medicine
K01HP33449	Thomas Jefferson University	PA	\$75,000	\$76,200	\$77,191	\$81,746	\$310,137	Medicine
K01HP33450	Trustees of Boston University	MA	\$75,000	\$76,200	\$77,191	\$81,746	\$310,137	Medicine
K01HP33451	Trustees of Boston University	MA	\$75,000	\$76,200	\$77,191	\$81,746	\$310,137	Social Work
K01HP33452	University of Chicago	IL	\$75,000	Terminated	\$0	\$0	\$235,137	Medicine
K01HP39479	University of Chicago	IL	\$0	\$76,200	\$77,191	\$81,746	\$75,000	Medicine
K01HP33453	University of Cincinnati	OH	\$74,994	\$76,200	\$77,191	\$81,746	\$310,131	Medicine
K01HP33454	University of Hawaii Systems	HI	\$75,000	\$76,200	\$77,191	\$81,746	\$310,137	Pharmacy
K01HP33813	University of Iowa	IA	\$75,000	\$76,200	\$77,191	Terminated	\$228,391	Medicine
K01HP33455	University of Louisville	KY	\$75,000	\$76,200	\$77,191	\$81,746	\$310,137	Social Work
K01HP33456	University of North Carolina at Chapel Hill	NC	\$75,000	\$76,200	\$77,191	\$81,746	\$310,137	Medicine

Grant Number	Grant Awardees Employer	State	FY 2019	FY 2020	FY 2021	FY 2022	TOTAL	Discipline
K01HP33457	University of North Texas Health Science Center at Fort Worth	TX	\$74,908	\$76,200	\$77,191	\$81,746	\$310,045	Physical Therapy
K01HP33458	University of Rochester	NY	\$75,000	\$76,200	\$77,191	\$81,746	\$310,137	Medicine
K01HP33459	University of Texas Health Science Center at Houston	TX	\$74,736	\$76,200	\$77,191	Terminated	\$228,127	Dentistry
K01HP33460	University of Texas Southwestern Medical Center	TX	\$75,000	\$76,200	\$77,191	\$81,746	\$310,137	Medicine
K01HP33461	University of Washington	WA	\$75,000	\$76,200	\$77,191	\$81,746	\$310,137	Medicine
K01HP33462	Wake Forest University Health Sciences	NC	\$74,843	\$76,200	77,191	\$81,746	\$309,980	Nursing
TOTAL			\$1,946,811	\$1,905,000	\$1,852,584	\$1,716,666	\$7,421,061	



DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

July 16, 2024

The Honorable Bernie Sanders
Chair
Committee on Health, Education, Labor and Pensions
United States Senate
Washington, DC 20510

Dear Chair Sanders:

I am pleased to provide you with the report on the Geriatrics Workforce Enhancement Program and the Geriatrics Academic Career Awards Program for fiscal years 2017-2022. The Health Resources and Services Administration prepared this report and is submitting the report in accordance with section 753(a)(7)(B) of the Public Health Service Act.

The Geriatrics Workforce Enhancement Program supports several endeavors to enhance geriatrics education and training across the health professions, with an emphasis on integrating geriatrics and primary care. The purpose of the Geriatrics Academic Career Awards Program is to support the career development of junior faculty as academic geriatricians or academic geriatrics specialists. This report provides descriptions of the activities and outcomes associated with these programs.

I hope you find this information helpful.

Sincerely,

/Melanie Anne Egorin/

Melanie Anne Egorin, PhD
Assistant Secretary for Legislation

Enclosure



DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

July 16, 2024

The Honorable Bill Cassidy, M.D.
Ranking Member
Committee on Health, Education, Labor and Pensions
United States Senate
Washington, DC 20510

Dear Senator Cassidy:

I am pleased to provide you with the report on the Geriatrics Workforce Enhancement Program and the Geriatrics Academic Career Awards Program for fiscal years 2017-2022. The Health Resources and Services Administration prepared this report and is submitting the report in accordance with section 753(a)(7)(B) of the Public Health Service Act.

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/Melanie Anne Egorin/

Melanie Anne Egorin, PhD
Assistant Secretary for Legislation

Enclosure



DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

July 16, 2024

The Honorable Cathy McMorris Rodgers
Chair
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

Dear Chair Rodgers:

I am pleased to provide you with the report on the Geriatrics Workforce Enhancement Program and the Geriatrics Academic Career Awards Program for fiscal years 2017-2022. The Health Resources and Services Administration prepared this report and is submitting the report in accordance with section 753(a)(7)(B) of the Public Health Service Act.

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Assistant Secretary for Legislation

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DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

July 16, 2024

The Honorable Frank Pallone, Jr.
Ranking Member
Committee on Energy and Commerce
U.S. House of Representatives
Washington, DC 20515

Dear Representative Pallone:

I am pleased to provide you with the report on the Geriatrics Workforce Enhancement Program and the Geriatrics Academic Career Awards Program for fiscal years 2017-2022. The Health Resources and Services Administration prepared this report and is submitting the report in accordance with section 753(a)(7)(B) of the Public Health Service Act.

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Assistant Secretary for Legislation

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DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

July 16, 2024

The Honorable Kamala D. Harris
Vice President of the United States
President of the Senate
Washington, DC 20510

Dear Madam Vice President:

I am pleased to provide you with the report on the Geriatrics Workforce Enhancement Program and the Geriatrics Academic Career Awards Program for fiscal years 2017-2022. The Health Resources and Services Administration prepared this report and is submitting the report in accordance with section 753(a)(7)(B) of the Public Health Service Act.

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/Melanie Anne Egorin/

Melanie Anne Egorin, PhD
Assistant Secretary for Legislation

Enclosure



DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF THE SECRETARY

Assistant Secretary for Legislation
Washington, DC 20201

July 16, 2024

The Honorable Mike Johnson
Speaker of the House of Representatives
Washington, DC 20515

Dear Mr. Speaker:

I am pleased to provide you with the report on the Geriatrics Workforce Enhancement Program and the Geriatrics Academic Career Awards Program for fiscal years 2017-2022. The Health Resources and Services Administration prepared this report and is submitting the report in accordance with section 753(a)(7)(B) of the Public Health Service Act.

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