



## PRINCIPLES AND PRIORITIES

### Alliance Principle

**Quality care requires quality of life for all those who care for older adults, including family caregivers.**

<p><b>EWA Consensus Priority 1:</b> Urge federal, state and local public and private entities to provide training and support for informal caregivers.</p>	<p><b>IOM Recommendation 6.2:</b> Public, private, and community organizations should provide funding and ensure that adequate training opportunities are available in the community for informal caregivers.</p>
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### Alliance Principle

**Resolving the workforce shortage crisis calls for a focus on recruitment, training, retention, compensation and reimbursement, and career development for direct care workers and professional service providers.**

<p><b>EWA Consensus Priority 2:</b> Encourage certification and regulatory entities, as appropriate, to include demonstrated competence in the care and treatment of older adults as a criterion for licensure, certification and renewal of these credentials for health care providers who serve this population.</p>	<p><b>IOM Recommendation 4.2:</b> All licensure, certification, and maintenance of certification for health care professionals should include demonstration of competence in the care of older adults as a criterion.</p>
<p><b>EWA Consensus Priority 3:</b> Support new federal funding and other needed changes to public and private payer reimbursement for providers with competence in geriatrics and gerontology in order to ensure that older adults receive the care they need and all healthcare professionals are adequately compensated for the care they provide.</p>	<p><b>IOM Recommendation 4.3:</b> Public and Private Payers should provide private incentives to increase the number of geriatric specialists in all health professions.</p> <p><b>Recommendation 4.3a:</b> All payers should include a specific enhancement of reimbursement for clinical services delivered to older adults by practitioners with a certification of special expertise in geriatrics.</p>

Eldercare Workforce Alliance Consensus Priorities	Institute of Medicine Recommendations
<p><b>EWA Consensus Priority 4:</b> Advocate for both short term and long term efforts to address acute shortages in geriatrics and gerontology faculty and training sites, including reauthorization and expansion of Title VII and VIII programs, implementation of loan forgiveness programs, and advocating for adequate faculty compensation and sufficient training sites.</p>	<p><b>IOM Recommendation 4.3b:</b> Congress should authorize and fund an enhancement of the Geriatric Academic Career Award (GACA) program to support junior geriatrics faculty in other health professions in addition to allopathic and osteopathic medicine.</p>
<p><b>EWA Consensus Priority 5:</b> Encourage state certification bodies to increase competency training standards for direct-care workers, by: requiring a minimum of 120 hours of training for Certified Nurse Aides and Home Health Aides, including explicit geriatric care content; revising federal and state training requirements to align with competencies; and creating minimum training standards for non-clinical direct-care workers, such as personal care attendants and other Medicaid waiver positions, incorporating consistent standards across occupations requiring similar skills.</p>	<p><b>IOM Recommendation 5.1:</b> States and the federal government should increase minimum training standards for all direct-care workers. Federal requirements for the minimum training of CNAs and home health aides should be raised to at least 120 hours and should include demonstration of competence in the care of older adults as a criterion for certification. States should also establish minimum training requirements for personal care aides.</p>
<p><b>EWA Consensus Priority 6:</b> Urge state and federal agencies to increase pay and fringe benefits for direct-care workers by: a) establishing minimum standards for wages and benefits paid to direct-care workers under public programs, and b) encouraging states to target payment policies, ensuring that state and federal funds directly improve wages and benefits for direct-care workers.</p>	<p><b>IOM Recommendation 5.2:</b> State Medicaid programs should increase pay and fringe benefits for direct-care workers through such measures as wage pass-throughs, setting wage floors, establishing minimum percentages of service rates directed to direct-care labor costs, and other means.</p>
<p><b>EWA Consensus Priority 7:</b> Advocate for expanded federal wage and hour protection to home care workers.</p>	
<p><b>EWA Consensus Priority 8:</b> Advocate for the federal government and states to create incentives for recruitment, training and retention for professionals</p>	<p>Crosswalks to Multiple IOM recommendations, including 4.2, 4.3, 4.3c and 5.3 (specifically as these address competence and</p>

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and direct care workers who seek careers caring for older adults, including reauthorization and expansion of Title VII and VIII programs and implementation of loan forgiveness programs.	increasing the supply of providers with geriatrics expertise)

**Alliance Principle**

**Effective models of care require: efficient and comprehensive care coordination, evidence-based clinical care that addresses physical, mental and cognitive impairments; interdisciplinary teams with clearly defined roles, respectful relationships between caregivers (paid and unpaid) and consumers, and continuity across all care providers and settings.**

<p><b>EWA Consensus Priority 9:</b> Promote the dissemination and adoption of clinically and cost effective, comprehensive care coordination models and, when available, evidence-based clinical models, building on key care coordination components that have demonstrated measurable success, as well as new emerging models aimed at improving the quality of care and quality of life.</p> <p><b>EWA Consensus Priority 10:</b> Identify common features and components of care coordination that have already demonstrated measurable success.</p> <p><b>EWA Consensus Priority 11:</b> Advocate for payment mechanisms that support existing and create new incentives for implementation of effective interdisciplinary models of care.</p> <p><b>EWA Consensus Priority 12:</b> Encourage the expansion of education, training, and clinical practice opportunities in interdisciplinary models of care for professionals.</p> <p><b>EWA Consensus Priority 13:</b> Encourage the development and implementation of training and career opportunities in interdisciplinary models of care for direct care workers as well as expanding existing ones.</p>	<p><b>IOM Recommendation 3.1:</b> Payers should promote and reward the dissemination of those models of care for older adults that have been shown to be effective and efficient.</p> <p><b>IOM Recommendation 3.2:</b> Congress and foundations should significantly increase support for research and demonstration programs that:</p> <ul style="list-style-type: none"> <li>• Promote the development of new models of care for older adults in areas where few models are currently being tested, such as prevention, long-term care, and palliative care; and</li> <li>• Promote the effective use of the workforce to care for older adults.</li> </ul>
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<p><b>EWA Consensus Priority 14:</b> Support the development of new models that cut across health, long-term care, social service, and community-based settings and that have the potential to demonstrate the importance of person- and family-centered care and interdisciplinary team practice to improve quality of care.</p>	

### Members of the Eldercare Workforce Alliance

- ◆ AARP
- ◆ Alzheimer’s Association
- ◆ Alzheimer’s Foundation of America
- ◆ American Academy of Nursing
- ◆ American Association for Geriatric Psychiatry
- ◆ American Geriatrics Society\*\*
- ◆ American Health Care Association and National Center for Assisted Living
- ◆ American Medical Directors Association
- ◆ American Nurses Association
- ◆ American Physical Therapy Association
- ◆ American Psychological Association
- ◆ American Society of Consultant Pharmacists
- ◆ American Society on Aging
- ◆ Coalition of Geriatric Nursing Organizations
- ◆ Council on Social Work Education
- ◆ Direct Care Alliance
- ◆ Family Caregiver Alliance
- ◆ Gerontological Society of America
- ◆ LeadingAge
- ◆ National Alliance for Caregiving
- ◆ National Association for Geriatric Education
- ◆ National Consumer Voice for Quality Long-Term Care
- ◆ National Council on Aging
- ◆ National Hispanic Council on Aging
- ◆ National Partnership for Women & Families
- ◆ NCB Capital Impact/THE GREEN HOUSE® Project
- ◆ New York Academy of Medicine/Social Work Leadership Institute
- ◆ PHI – Quality Care through Quality Jobs\*\*

### Federal Liaisons

- ◆ US Department of Veterans Affairs

\*\*Co-Conveners of the Alliance

For further information: Visit [www.eldercareworkforce.org](http://www.eldercareworkforce.org) or contact Caitlin Connolly at [cconnolly@eldercareworkforce.org](mailto:cconnolly@eldercareworkforce.org) or (212) 308-1414 x310.