

Blanche DuBois Geriatrics

My non-gerontological friends often say things like “your business must be booming and getting all sorts of support with the country growing older” and “people must be flocking to careers that are aging-related.” Unfortunately, in the first instance, there’s no free ride in academia or in state appropriations just because one is serving a need that is growing. As in other disciplines and concentrations, one must justify one’s costs. What seems like a priority logically is not necessarily a priority fiscally. In the second case, while the numbers of older adults are growing and the leading edge of the Baby Boom is in its 60s, aging-related education, service, and practice are far from burgeoning.

The number of students preparing for aging-related work is hardly commensurate with the growing demographics. In health care, for instance, there are troubling shortages of nurses and physicians with training in geriatric care and, among those who have the most hands-on interactions with elders in need of care, i.e., nurse aides, home care workers, etc., 100% annual turnover rates among staffs are not uncommon.

New graduates of medical schools are not required to be trained in geriatrics and the overwhelming majority of freshly-minted physicians have none at all. We have been seeing a steady trend downwards among those with geriatric credentials and among those who train and teach in geriatrics. The late 1980s introduced the Certificate of Added Qualifications (CAQ) in Geriatric Medicine, under the American Boards of Family Medicine and of Internal Medicine (jointly), and in Geriatric Psychiatry, under the American Board of Psychiatry and Neurology, and, in 1991, the CAQ in Osteopathic Geriatrics in Family Medicine.

The numbers who sat for these exams, essentially but not quite a specialty board certification, peaked by 1996 and then plummeted. Re-certifications have fallen well below 50% in medicine and below 65% in psychiatry. Overall, about 14,000 physicians have been certified in geriatric medicine and psychiatry since the first certifications in 1988. As a point of reference, over this time period there were some 800,000 physicians in practice in this country. Today there are about 8,000 certified geriatricians and the number of newly-certified geriatric fellow graduates is hovering under 300 a year nationally. Similarly, the number of geriatrics educators, those physicians who take advanced training in research and teaching, has also been dropping, now down to 34-36.

Perhaps we Americans really are a do-it-yourself people. Perhaps we fully intend to rely upon self-care and self-medication as we age. Perhaps, like Blanche DuBois in *A Streetcar Named Desire*, we plan to depend upon the kindness of strangers. But, just in case we ever do need geriatrically or gerontologically trained physicians, nurses, pharmacists, therapists, recreators, social workers, and so forth, Virginia has the Geriatric Training and Education (GTE) program that we are fortunate to administer.

Owing to the foresight of former Delegate Jack Reid, the guidance of former Delegate Frank Hall, and the assistance of so many in the General Assembly and Executive branch, the GTE initiative has supported geriatric workforce development across virtually every geographic region of the Commonwealth over the past two fiscal years. Make no mistake; the GTE is a modest program that cannot possibly address the troubling shortfalls mentioned above. But the GTE does embrace the gamut of training needs from nurse aides to licensed professionals and it does respond to needs across Virginia.

The GTE program invites Virginians to submit proposals for financial support for needed training and education; these are reviewed on the basis of merit. In its two fiscal years of operation (2007-2009) we have awarded 38 projects. The 22 projects in the just-ended fiscal year included training direct service workers in the Danville-Pittsylvania region on aging and dementia among Virginians with intellectual disabilities; supporting Rappahannock's geriatric rural health physician residency program; sponsoring a training conference at UVA for physicians, nurse practitioners, and other health care providers on neuro-imaging and other research on Alzheimer's disease; training community pharmacists in three regions on medication management for older adults; palliative care training for long term care nursing staff; four regional teleconference trainings for social workers; staff training at the Three Rivers Health District in Northern Neck on arthritis in later life; staff and volunteer training on Alzheimer's and on early-onset support and education with the Alzheimer's Association Chapters in the National Capital Area and Southeastern Virginia, respectively; multidisciplinary training for nurse aides in Southside, the Shenandoah Valley, and the Charlottesville region; providing three days of training at the annual conference of the Virginia Geriatrics Society for 65 non-geriatric physicians, nurses, and pharmacists; and much more.

While hoping for greater initiatives at the national level, we look forward to continuing GTE in Virginia.