



Educational Challenges in Geriatric Education: Comparison between the U.S. and EU, Czech and Slovak Republics

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Introduction

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Dynamic Educational Exchange in Geriatrics



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Overview of U.S.

- U.S. National population statistics (particularly in Florida)
- Elder Needs
 - coordinated care
 - cost
 - access
- Education Needs
 - medical/health care professions
 - geriatrics

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U.S. National population statistics

The U.S. population is getting older - global aging.

People age 65 and over are projected to represent 20% of the total U.S. population in 2030, compared with 12% in 2003 (U.S. Bureau of the Census 2005).

65+ is the fastest growing population group in U.S.

- recently: 1 in 8 U.S. residents is 65+
- 2030: 1 in 5 U.S. residents will be 65+
- 2008: 38.7 million → 2050: 88.5 million

The number of older old, those over age 85, is growing a even faster rate, projected to increase 233% between 2008 and 2040

(U.S. Bureau of the Census 2008)

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Florida - population statistics

The demographics of Florida is undergoing a significant population shift as the numbers of those 60 years and older increase concurrently with the diversity of the population.

- Florida is the 4th most populous state in the country (2009)
- Florida ranks number one in the percentage of its residents 60 years and older (28%). The number is expected to grow to 35% in 2030.

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Concept of Aging

- Aging is a highly individual experience

Influenced by:

- Genetics
- Nutrition
- Exercise
- Overall lifestyle

Will determine

- Quality of life in later years

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Longevity

Increased longevity is viewed not only as a success but also as a big challenge for health care providers.

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Elder Needs

- adequate number of health care professionals
- adequately trained health care providers
 - chronic disease care - eg. Diabetes, Heart Disease
 - physical and mental health
 - palliative care
 - end of life care
- health promotion and disease prevention
- interprofessional, coordinated care

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Elder Needs

- focus on ethnogeriatrics (minorities, racial and ethnic diversity)
- efficient services
- affordable health care
- access to health care (urban x rural areas)

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Education Needs

- the number of seniors is increasing, the number of geriatricians in the U.S. is decreasing
- currently 7,590 certified geriatricians in the US => **1 geriatrician for every 2,500 Americans 75+**
- due to a projected increase in the number of older Americans, this ratio is expected to drop to **1 geriatrician for every 4,254 older Americans**

Source: American Geriatrics Society, Association of Directors of Geriatric Academic Programs (ADGAP)

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Education Needs - Florida

Current Geriatrician Shortfall		Projected Future <u>Need</u> for Geriatricians	
Population 65 and older (2005)	2,986,142	Projected population 65+ in 2030	7,769,452
Number of geriatricians needed	1,280	Projected number of geriatricians needed in 2030	3,330
Certified Geriatricians (2008)	426	Certified Geriatricians (2008)	426
Estimated geriatrician shortfall	854	Number of geriatricians needed between now and 2030	2,904

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Response

United States

- Health Care Reform
- CCRC
- Education - GEC, GRECC
“focus on interprofessional care”
- NSU-COM-GEC Study/Survey

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Response - United States

EDUCATION

Geriatric Education Centers (GECs)

- Funded by HRSA (Health Resources and Services Administration), US Department of Health and Human Services
- Focusing on providing health professional faculty, practitioners, and students information on aging and geriatric education resources available, encouraging collaboration among geriatric education providers.

-GREAT GEC's mission: *is to encourage and promote the profession of geriatrics by providing interprofessional education and training programs for students, residents, fellows, faculty, and health professionals in geriatrics with a focus on health promotion and prevention, emphasizing service to the underserved, ethnically and culturally diverse elders. (Adopted Feb. 3, 2010)*

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Response - United States

EDUCATION

Geriatric Research Education and Clinical Centers (GRECCs)

- Funded by the US Department of Veteran's Affairs
- Contain research, education and a clinical component among geriatric education providers.
- Created to attract scientists and health science students to the field of geriatrics -> increase the basic knowledge of aging, transmit this knowledge to health care providers, and improve the quality of care delivered to elders.

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Response - United States

NSU-COM-GEC - MEDICAL EDUCATION SURVEY

Problem:

- senior population and elderly in Florida are not receiving age appropriate healthcare
- caused by lack of health care professional workforce in the geriatric and gerontological field in South Florida.

US aging population reflects an increasing need for medical professionals trained in the health care of older adults, in geriatrics and gerontology.

Purpose of the survey is to:

- receive detailed information about student's opinions, attitudes and feedback on their future career plans including consideration/willingness to enter the field of geriatrics/gerontology and become a health care professional in these areas/specialties.

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Response - United States

NSU-COM-GEC - MEDICAL EDUCATION SURVEY

1. Demographics: age, sex, race and ethnicity, highest degree earned, current major
2. Recent knowledge about geriatrics, gerontology, aging
3. Specialized Institute training (programs, activities within NSU)
4. Attitudes about elders and aging
5. Attractiveness/factors and their level of influence on choosing geriatrics as your professional career
6. Future plans

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Overview of E.U.

- EUGMS (European Union Geriatric Medicine Society) promoting systemized approach to education and care of geriatric population
- impact policy for seniors

EU: The percentage of people 60+ is estimated to rise significantly -> increase varying from (1993) 3.9% to 9.4% (by 2020)

- Growing demand for education and training in all health professions, and in geriatrics&gerontology

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Response - European Union

1. Patient mobility: rights to healthcare in other EU member states, improved access to appropriate and specialized healthcare, European cooperation on health systems
2. Health care and long-term care coordination: three main guiding principles: accessibility, quality, financial sustainability
3. eHealth: new technologies and new ways of delivering healthcare, online communication tools (doctor x patient), online and digital patient records, e-prescribing etc.
4. Research



How will EU influence geriatric care and geriatric professionals in the future?

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Similarities to EU and US initiatives

EU Health Strategy - formulated in European Union Geriatric Medicine Society's (EUGMS) Action Plan

- The role of good health as a driver of economic growth
- The urgency of addressing health inequalities
- A shift from treating ill-health only to proactively promoting good health
- The need to exploit synergies between different policies and mainstreaming health into all policy making
- Examination of chronic disease management

* **Similar to Healthy People 2010-2020 initiative**

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Similarities to EU and US initiatives

US Health Initiative - Healthy People 2020

- Reduce the proportion of older adults who have moderate to severe functional limitations.
- Increase the proportion of older adults with one or more chronic health conditions who report confidence in managing their conditions.
- Reduce the proportion of non-institutionalized older adults with disabilities who have an unmet need for long-term services and supports.
- Reduce the rate of pressure ulcer-related hospitalizations among older adults.

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Similarities to EU and US initiatives

US Health Initiative - Healthy People 2020 cont.

- Increase the proportion of the health care workforce with geriatric certification.
- Increase the proportion of older adults with reduced physical or cognitive function who engage in light, moderate, or vigorous leisure-time physical activities.
- Reduce the rate of emergency department visits due to falls among older adults.



Overview of C.R. & S.R.

- More family care, less nursing homes and assisted living facilities
- Better accessibility
- Higher longevity
- Lower cost
- More people go into geriatrics, choose geriatrics as their (sub)specialty

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Lessons Learned

- GEC model is worthy of replication
- Focus on “positive aging” and avoid “ageism”
- Free education “may” influence a student’s choice to go into geriatrics, high cost of training x lower incomes in geriatrics (grant funded programs, loan forgiveness, scholarships and other financial incentives)
- Form of payment for medical services (reimbursements) may influence a student’s choice to go into geriatrics

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Future

- Research as to why students go into geriatrics
- Can we replicate CR and SR geriatric model in the US to attract more students?
- How will EU influence geriatric care and geriatric professionals in the future?
- Similarities to EU and US initiatives
- Need to focus on geriatric assessment, evaluation, management and overall health promotion

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? Any Questions ?

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