Training To Serve People With Dementia
Is our health care system ready?

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justiceinaging.org
Justice in Aging is a national non-profit organization that fights senior poverty through law. We secure health and economic security for older adults of limited income and resources by preserving their access to the courts, advocating for laws that protect their rights, and training advocates around the country to serve the growing number of older Americans living in poverty.

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Topics

• The study—scope, design, goals
• Findings: Training standards:
  - Facilities
  - Professional Licensure
  - Curriculum
  - Law enforcement and EMT
• Big take aways
• Advocacy
  - Why it matters
  - How to get started
The Study-Scope, Design, Goals
Scope of research

- Survey of statutes and regulations
- 50 States, DC and Puerto Rico
- Mandatory training requirements re dementia
- Health care, law enforcement and EMT
- Look at covered individuals, hours, frequency, curriculum content, testing
- Highlight promising practices
5 papers

• Summary of findings
• Requirements placed on regulated facilities
• Requirements based on professional licensure
• Requirements for law enforcement and EMT
• Promising practices—Washington State
Goals

• Snapshot of current requirements
• Identify gaps, relative strengths
• Identify promising practices
• Provide roadmap for future advocacy
What did we find?
States use two regulatory routes to impose dementia training requirements

Facility regulation: Nursing facilities, assisted living and other residential facilities, adult day facilities.

Professional licensure: Nursing facility administrators, registered nurses, certified nursing assistants, personal care assistants.
Facility regulation
Facility regulation

• More states impose dementia training standards on assisted living than on nursing homes.
• Few states have standards for adult day health.
• Many regulations only apply to Special Care Units, not general facilities.
Assisted Living

People in assisted living with dementia: 42%

States requiring training for assisted living staff: 44
Nursing facilities

People in nursing homes with dementia: 64%

States requiring training for nursing home staff: 23
Adult Day Programs

People in adult day programs with dementia: 42%
States requiring training for adult day program staff: 19
• Wide variation among states in:
  – Hours required
    • Specific dementia hrs v. part of larger package
  – When training must take place
    • Initial and continuing
  – Covered personnel
    • Direct care v. direct contact staff
  – Specificity in content
  – Testing requirements, if any
Promising practices:
Two examples from assisted living

• California: All staff (effective 2016)
  – 20 hrs prior to working independently including 6 specific to dementia
  – 20 hrs w/in 4 weeks including 6 specific to dementia
  – 20 annual education including 8 specific to dementia

• North Carolina
  – Administrators: 20 hrs. dementia specific training
  – Direct care staff:
    • 6 hrs orientation w/in 5 weeks
    • 20 hrs of dementia specific training w/in 6 mos.
    • 12 hrs continuing ed. annually including 6 dementia specific.
Professional Licensure
Administrators:

15 states require dementia training for professional licensure.

Certified Nursing Assistants:

24 states require dementia training.

Home Health Aides/Personal Care Assistants:

13 states require some dementia training.
• Professional licensure and facility requirements can synchronize
• Gaps in requirements for administrator training
• Need to address training needs of unlicensed caregivers
Training Content
Curriculum-Core topics

• Disease overview
• Communications w/resident
• Managing behaviors

• Working with families
• Promoting independence in ADLs
• Safety risks
Curriculum: Digging deeper

• More topics, more detail:
  – e.g., Effects of psychotropic drugs and non-drug interventions, assessments, family role reversal issues, grief, techniques to address provider burn-out

• Standardizing curriculum:
  – E.g., Washington state specialty training curriculum, Alabama DETA Brain Series

• Outcome-based training, competency testing
Detailed competencies and learning objectives

• Example: to demonstrate competency on communicating with people who have dementia, the trained person must be able to:

  – Describe common dementia-caused cognitive losses and how those losses can affect communication;
  – Identify appropriate and inappropriate nonverbal communication skills and discuss how each impacts a resident’s behavior;
  – Describe how to effectively initiate and conduct a conversation with a resident who has dementia; and
  – Identify communication strategies to work with residents who have dementia.
First Responders
• **Law enforcement personnel:**

  10 states require some dementia training.

  Focus is missing persons, Silver Alert, wandering.

• **EMTs:**

  1 state—Connecticut—requires training.
Big Take Aways
• Uneven landscape—many gaping holes. Need for more comprehensive approach.

• Training is needed for all providers in all settings where individuals with dementia reside, not just specialized units.

• Promising practices include: rich curriculum, both initial and continuing education, competency testing.
• Huge unmet need for training standards for community-based providers from Adult Day Care to home health aides to police and EMTs.

• Good models for states and advocates to draw from.

• Time is ripe for states and advocates to update and expand standards to keep up with current learning and expanding need.
Training to Serve People with Dementia: Is Our Health Care System Ready

http://www.justiceinaging.org/our-work/healthcare/dementia-training-requirements/dementia-training-requirements-state-by-state/

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The Alzheimer’s Association
Who We Are

MISSION: to eliminate Alzheimer’s disease through the advancement of research, provide and enhance care and support for all affected, and reduce the risk of dementia through promotion of brain health.

• Largest private funder of Alzheimer’s research
• National association with 80+ Chapters in 49 states
• Headquarters in Chicago, IL with Public Policy Division in D.C.
• Raise awareness; care consultation; Education and Training.
• 24 hour HelpLine
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Why Advocate for Dementia-Specific Training

• Licensing for professional caregivers and staff requirements regulated by state and federal governments

• Policies need updating to reflect current practices
  • Expanded scope of workers covered
  • Improved enforcement mechanisms
  • Competency measurements
  • Growing usage of home care services

• States may set minimum requirements too low or fail to address outdated policies
Direct Care: Roles and Responsibilities

THEN

- Community supports for people with disabilities focused on basic care and protection
- Provided in large congregate institutional settings
- Elderly received long term care in nursing homes
- Direct care workers training focused on emergency care, basic care (CPR, first aid, some ADLs), and safety
- Training on-the-job; large group setting; staff worked together and supported each other
- Supervisory and professional level staff available for mentoring and assistance
- Competency training inherent
Direct Care: Roles and Responsibilities

NOW

• DCW bear greater responsibility
• Families seeking broader range of services
• Families want loved ones at home or community settings
• Necessitates greater training and support for care professionals
• Care model now: more active social, behavioral emotional support in addition to basic care and safety
• Increasingly demanding needs because of more serious conditions
Why We Need Dementia-specific Training

- Care delivery is challenging
- Significant staff time required
- Monitoring, recognition and responsiveness
- Appropriate handling of common behaviors associated with the disease
- Better identification of dementia symptoms in the undiagnosed
- Necessary knowledge base to provide care
Alzheimer’s Association launched an internal workgroup comprised of policy and program staff working in our chapters throughout the country as well as policy and program staff from our national office. The workgroup is tasked with re-examining and revising the Association’s dementia training policy to inform the development of model legislative language. The workgroup is ongoing and plans to wrap up within the coming weeks. Thus far, the elements of the Association’s dementia training policy are consistent with Justice in Aging’s recommendations.
Dementia Training: Advocacy in Action

Statutory

Regulatory
Dementia Training: Advocacy in Action

- Addressing a problem?
- Incomplete requirements?
- No requirements?
Dementia Training--Advocacy in Action: Thinking Things Through

Comprehensive Legislation
- Improve entire system
- Do not have to pursue multiple efforts

Separate elements
- Easier to advocate
- Examples for future campaigns

Link to Advertising or Licensing
- Memory care providers
- Consumer protection

Capitalize on news
- Alzheimer’s plans
- Addressing system challenges
Dementia Training--Advocacy in Action:
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Dementia Training--Advocacy in Action:
Takeaways

• Needs assessment
• Strategy
  • Comprehensive?
  • Link to advertising
• Timing is everything
• Identify potential supporters and opponents
  • Families
  • Providers
• Negotiable vs. Non-negotiable
  • Know what your supporters and opponents want
• Engage departments of aging, health
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