

Training to Serve People with Dementia: Is our Health Care System Ready?

Paper 1: Issue Overview

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Written By

Georgia Burke

Directing Attorney, Justice in Aging

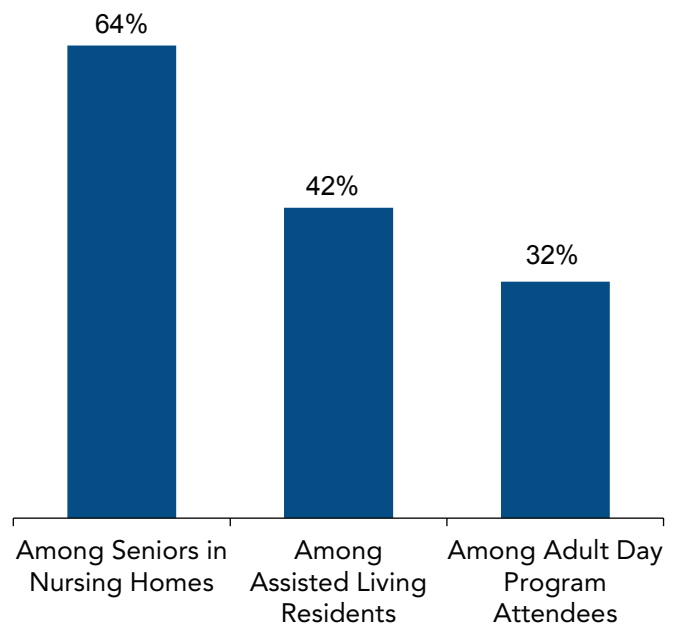
Gwen Orlowski

Staff Attorney, Central Jersey Legal Services
(formerly, Senior Staff Attorney, Justice in Aging)

More than five million people in the United States are currently living with Alzheimer's disease; and the numbers are expected to grow significantly as the baby boomer generation ages. People with dementia—our spouses, parents, family, and friends—are living their lives in a wide variety of settings—nursing homes, assisted living, adult day centers, and at home in the community. In those settings, both professionals and family and friends provide daily care. Living in the community, people with dementia may come into contact with police, firefighters, and emergency personnel when assistance is needed. They also may interact with social workers, adult day health care workers, medical professionals, and others as they move about the world and participate in a range of programs that help them to remain part of the fabric of their communities.

As a result, professionals, volunteers, and staff at every level and in every aspect of the health care and emergency services systems are encountering individuals with dementia with increasing frequency. Many receive little or no training in the special needs of individuals with dementia, leading to avoidable situations in which people with dementia do not receive the care and treatment that is best for them.

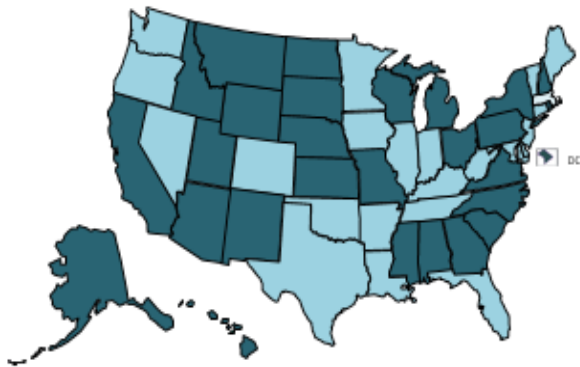
**Seniors with Alzheimer's Disease
and Other Dementias by Facility**



Source: Alzheimer's Association 2015, *Alzheimer's Disease Facts and Figures*, p.51, www.alz.org/facts/

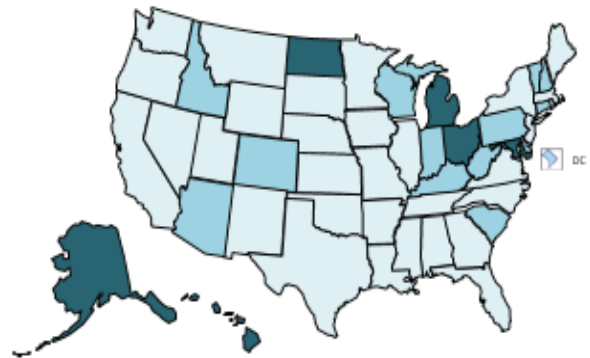
States are grappling with how to best ensure that professionals and institutions serving people with Alzheimer’s disease and other dementias receive the training necessary to serve this growing population. Our understanding of dementia has advanced greatly in recent years and there has been significant progress in developing effective person-centered approaches for interacting with and caring for individuals with dementia.¹ Studies have shown that where these approaches are adopted, people with dementia experience a better quality of life.² The challenge states face is making sure that those who need this information are trained and use it in their daily work.

Nursing Home Requirements: Training and Comp. Exams



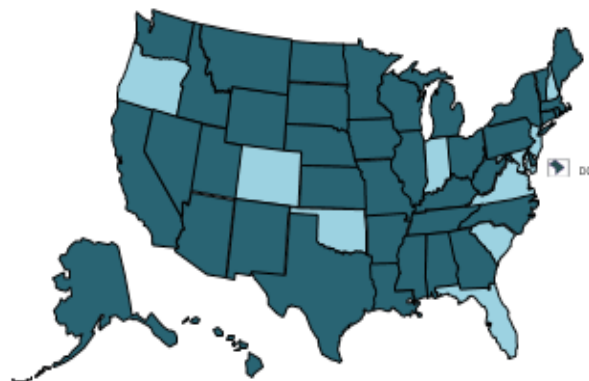
- State requiring dementia training and competency examinations for staff (1)
- State requiring dementia training for staff (23)
- State with no laws requiring dementia training or competency examinations for staff (28)

Assisted Living Facility Requirements: Training



- State requiring dementia care training for facility staff (44)
- State requiring dementia care training only for staff of Alzheimer’s special care units (14)
- State with no laws requiring dementia care training for staff (8)

Law Enforcement and EMT Requirements: Training



- State requiring dementia training for staff (10)
- State with no laws requiring dementia training for staff (42)

Improving existing requirements and filling in training gaps is important work. Justice in Aging undertook a project to contribute to that effort by reviewing statutes and regulations in the 50 states, the District of Columbia, and Puerto Rico that impose training requirements on professionals working with individuals with Alzheimer’s disease and other dementias.

1 See, e.g., the Alzheimer’s Disease Education and Referral Center of the National Institute on Aging, <http://www.nia.nih.gov/health/publication/professionals-and-researchers-11176> and the Dementia Care Training and Certification programs of the Alzheimer’s Association, http://www.alz.org/professionals_and_researchers_11176.asp

2 See, e.g., Schultz, ed., *Dementia Care and Quality of Life in Assisted Living and Nursing Homes*, *The Gerontologist* (2005), available at http://www.alz.org/documents/national/grnt_all.pdf.

This paper summarizes our findings, which are detailed extensively in four accompanying papers. Three papers provide overviews of state laws, looking at requirements for a) facilities, b) professional licensure and c) law enforcement and EMTs. Each paper includes tables with full statutory and regulatory citations and extensive descriptions of relevant laws, accompanied by a narrative summary of findings and recommendations. A final paper looks at promising practices in one state, Washington, with the goal of providing a roadmap for advocates and officials in other states looking to improve training requirements in their state. These papers are intended to be tools for advocates and policy makers to help them first identify where gaps exist, and then put into place the improvements that need to happen.

Summary of Findings

Our research found the ways states design their training requirements vary greatly. Some set very general requirements; others are much more prescriptive with respect to hours, frequency, and content of training. Several states include competency evaluations along with the training requirements. In some instances, requirements are related to professional licensure; in others, the requirements fall on institutions. Significant findings include:

- **Scope of covered entities is limited:** Most dementia training requirements focus on facilities serving people with dementia. The requirements skew heavily to institutional facilities. Alzheimer's training requirements for staff of **assisted living facilities**, including facilities with Alzheimer's special care units are nearly universal. Fewer than half the states require some Alzheimer's related training for **nursing home** staff; and the majority of those only require training for those working in Alzheimer's special care units. Fewer states have dementia training requirements for **adult day care** facilities.
- **Professional licensure:** State licensing and credentialing requirements for health care professionals include dementia training only to a limited extent. The most expansive requirements are for **certified nursing assistants**: 24 states require training for licensure. Fifteen states require some training for **administrators** of nursing homes and/or assisted facilities. Only two states require dementia training for **registered nurses, licensed practical nurses, or licensed vocational nurses**. Dementia training requirements for those **home health aides** and **personal care assistants** who are subject to licensure are found in a minority of states and limited in scope.
- **Training hours and content:** The extent and content of both facility requirements and licensure requirements vary vastly by state. At one end of the spectrum, some states require that dementia training be included in a total training package but set no specific hourly or content requirement for the dementia portion. Others set specific hourly requirements for both initial and continuing education, include detailed descriptions of topics that must be covered, and, in limited cases, require testing to demonstrate competency.
- **Law enforcement and EMT:** There is much room for development in Alzheimer's disease and dementia training requirements for law enforcement and investigative and emergency personnel. A mere ten states have laws requiring law enforcement training on dementia, and that training frequently has a limited focus on wandering behavior. Only one state requires training for EMT personnel. Requirements for dementia training for adult protective services and long-term care ombudsmen exist in only six states. In all cases, content requirements are general and very limited.

Justice in Aging thanks the Alzheimer's Association for its generous support in the development of this paper. The Alzheimer's Association is the leading voluntary health organization in Alzheimer's care, support, and research. Its mission is to eliminate Alzheimer's disease through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health.

Moving Forward

Our research shows significant gaps in dementia training requirements and opportunities to strengthen existing laws. Recommendations include:

- **Require training in all settings where individuals with dementia are likely to be encountered.** Requirements should not be limited to facilities or programs that expressly advertise or hold themselves out as serving individuals with dementia. More effort should be directed to ensure training of staff in community-based facilities, such as adult day programs.
- **Ensure that all staff who are likely to interact with people with dementia in health care settings, both institutional and community-based, have access to the training they need.** Staff from housekeeping to administrators can benefit from training that is appropriate to their roles.
- **Develop robust, content-rich curriculum requirements that reflect current learning on Alzheimer's disease and associated behaviors.** Require testing and demonstration of competence. Require continuing education to ensure that training remains current and competencies are refreshed.
- **Significantly expand and enhance training requirements for law enforcement, investigative and emergency personnel.** Training should be geared to address all situations where persons with dementia may be encountered, including elder abuse, missing persons, and aggressive or disruptive behaviors.

Methodology and Format

The research, current as of December 31, 2014, searched, identified, and organized all state statutes and regulations related to state-mandated training requirements for health care providers and other professionals related to Alzheimer's disease and dementia. We looked at both the amount and the content of training required, tabulated the results, and organized the information into five papers:

- Issues Overview
- Dementia Training Standards Across Health Care Settings
- Dementia Training Standards Across Professional Licensure
- Dementia Training Standards for First Responders, Protective Services, and Ombudsman Programs
- Promising Practices: Washington State

The project's scope was limited to statutes and regulations. This project does not include state subregulatory guidance or state training manuals.