

FACTSHEET

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Dementia Training

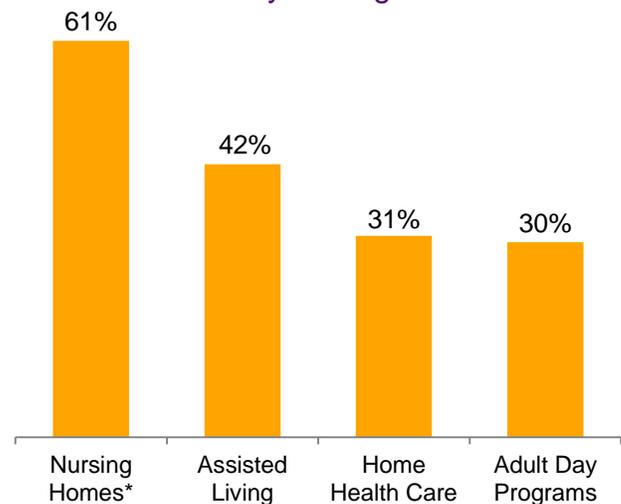
Those with Alzheimer's are high users of health care and long-term care services.

- Seniors with Alzheimer's and other dementias have, on average, twice as many hospitalizations each year and four times as many skilled nursing facility stays as seniors without Alzheimer's.
- By the age of 80, 75 percent of people with Alzheimer's will have been admitted to a nursing home, compared with just 4 percent of the general population.
- More than 60 percent of seniors living in a nursing home have moderate or severe cognitive impairment. Among residents of assisted living, 42 percent have Alzheimer's or another dementia.

Individuals with Alzheimer's have care needs that often make care delivery challenging and more demanding.

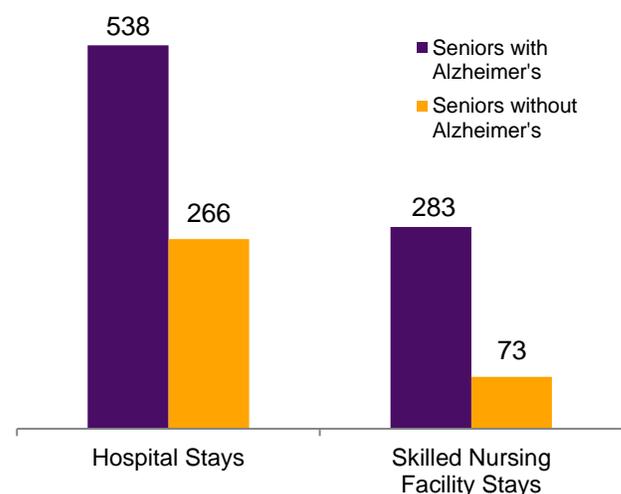
- More than 85 percent of individuals with dementia have at least one other chronic condition, and cognitive impairment often complicates the management and treatment of those conditions.
- As the disease progresses, an increasing level of assistance is required – from cooking and managing finances to bathing, dressing, and helping to go to the bathroom.
- Over time, people with Alzheimer's will lose the ability to use words and may communicate their needs through behavior, which presents added challenges for care workers.

Percent of Individuals with Alzheimer's By Setting



*Percentage with moderate or severe cognitive impairment

Annual Number of Stays Per 1,000 Seniors



Most health care workers are ill-equipped and ill-informed to deal with the unique needs of those with Alzheimer's.

- In general, there is a lack of knowledge among health care workers on how to detect and diagnose the disease, how to interact with individuals with Alzheimer's, and how to help people and their caregivers live with it.
- Direct-care workers receive, on average, 75 hours of training. But one review found it included very little focus on issues specific or pertinent to dementia care.
- While reviews have shown that staff training programs to improve the quality of dementia care in nursing homes have positive benefits, staff are unlikely to receive adequate dementia training.
- According to a survey by the Iowa Caregivers Association, one of the primary reasons Certified Nursing Assistants leave the field is inadequate education and training.

Health care workers lack knowledge about dementia care because state training laws are woefully inadequate.

- A series of papers published in 2015 by Justice in Aging found only 23 states require dementia training for staff of nursing homes, and the majority of states that do require training do so only for those working in Alzheimer's special care units.
- Only 19 states require dementia training for adult day staff, only 13 states require it for home health aides, and only two states require training for registered nurses, licensed practical nurses, and licensed vocational nurses.
- Although a majority of people with Alzheimer's will wander at some point, only 10 states require dementia training for law enforcement.

What Is Competency-Based Training?

Traditional training models have focused on the number of classroom hours an individual must spend in training, assuming that a person who completes a set number of training hours is ready to work successfully with people with dementia. A competency-based dementia training model, on the other hand, focuses on the mastery of specific competencies or tasks. This includes whether a person has the knowledge, skills, attitudes, and abilities required to work with individuals with dementia; understands how to support their dignity and individuality; and can apply his or her training to the unique needs of those living with Alzheimer's.

To best serve people with Alzheimer's, all states should ensure that individuals employed in the delivery of care across the care continuum are properly trained in dementia care.

- Dementia training must ensure that care workers have the ability to:
 - Provide person-centered dementia care.
 - Communicate with individuals with Alzheimer's.
 - Address behavioral symptoms, including alternatives to physical and chemical restraints.
 - Address the individual's social needs.
 - Address specific aspects of safety, such as wandering.
- Training must utilize a model that ensures individuals achieve and demonstrate competency.
- Once care workers are initially trained, periodic continuing education should be required that includes new information on best practices in the treatment and care of individuals with dementia.