

**ALZHEIMER'S DISEASE TASK FORCE
RECOMMENDATION FORM**

Please include only one recommendation on each form.

This form must be returned via e-mail to katie.mulford@iowa.gov no later than 5:00 p.m., Tuesday Nov. 27, 2007

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Each recommendation must fit into one of the following categories. Please check the appropriate box:

Education and training

Services and housing

Funding and reimbursement

Wellness and disease management

RECOMMENDATION:

ICA Recommendations to the Alzheimer's Task Force in the Area of Education and Training:

- 1- Review the Direct Care Worker (DCW) Task Force recommendations with respect to Alzheimer's/dementia care training.
- 2- Support the recommendations of the DCW Task Force or make recommendations to the DCW Task Force, when it reconvenes, to ensure compatibility of your recommendations and theirs, if possible.
- 3- Consider the education and training needs of DCWs serving Iowans with both mental retardation and Alzheimer's disease or dementia.

Find the Direct Care Worker Task Force Report:

http://www.idph.state.ia.us/hpcdp/workforce_planning_reports.asp

IN 250 WORDS OR LESS, PLEASE INCLUDE COMMENTS, JUSTIFICATION, RESOURCES OR OTHER INFORMATION TO HELP THE TASK FORCE UNDERSTAND THE IMPORTANCE OF YOUR RECOMMENDATION.

Family Caregivers and Direct Care Workers:

Most care and support is provided by family caregivers, but when they can no longer bear all of the responsibilities alone, they often need the assistance of a Direct Care Worker (DCW). DCWs are Certified Nurse Aides (CNAs) and Home Care Aides (HCAs) who provide about 80-90% of the direct hands on care in the residents' homes or in institutional care settings. Many view DCWs as extensions of the families.

Iowa's Care Gap:

A Care Gap is being created by the current and projected shortages of DCWs due to the baby boom generation coming of age at a time when the number of people available to do the work is diminishing. The shortages are also the result of high staff turnover that leads to less quality of

care for Iowans generally, and for Iowans with Alzheimer's specifically.

One of the primary reasons that 73% of Iowa's CNAs leave the field every year is the inadequate education and training and the lack of opportunities for advancement within the fields of direct care. In addition, the education and training standards for DCWs are fragmented at best.

Iowa Better Jobs Better Care (BJBC) Research Findings:

The following research findings reported by the Iowa BJBC Coalition and AARP Iowa support the need for more dementia specific and other education and training for DCWs as well as the policies and infrastructure that support the same:

- Only half of the CNAs who have worked in a Chronic Confusion and Dementing Illness (CCDI) unit report that they have taken the required 6-hour Alzheimer's/CCDI training course.
- Only about two-thirds of CCDI administrators/licensed nurses believe that the required 6-hour Alzheimer's training course prepares CNAs to provide high quality dementia care.
- Most administrators/licensed nurses support standardized educational content for Iowa's CNAs and nationwide standards for the number of hours and content of CNA training programs.
- At least 8 in 10 survey respondents (AARP members/consumers) believe it is important that the State of Iowa test and certify all people who provide hands-on care in nursing homes (88%) and in the home (79%) (Source: AARP Iowa "Bringing It Home" consumer survey 2006 as part of Iowa BJBC project).
- Over 25% of CNAs report they are not receiving the required 12 hours of in-service/continuing education each year that employers are required to provide.

Direct Care Worker Task Force:

In 2005, HF781 called for IDPH to convene a DCW Task Force to review DCW standards and make recommendations for ways to streamline what is currently a very fragmented system when it comes to DCW education/training. The Task Force, facilitated by State Public Policy Group (SPPG) addressed these issues from both a practice and policy standpoint and with the expectations that the recommendations will be in the best interest of all the key stakeholders (consumers of health and long term care services, workers, and providers). The highlights of the 4 key recommendations are below:

1- Standardize DCW Education and Training Across all Care Settings

- a. link educational requirements to the resident/client/patient need rather than a particular work setting (nursing home, in-home, assisted living, etc.)
- b. enhance ability to transition between levels of care
- c. provide a basis to define professional status
- d. offer specialty training in dementia and Alzheimer's Care (p. 65 DCW Task Force Report).

2- Implement Recommendations

- a. address governance
- b. qualify educators/trainers
- c. provide eventual title protection "certified direct caregivers"

3- Create a Governance or Certification Board/Council within the IDPH.

4- Maintain and Expand the Direct Care Worker "Registry" within the DIA.

The IDPH was awarded \$70,000 in 2006 to continue the work of the DCW Task Force by beginning to implement the recommendations of the Task Force.