

## **SEMINAR ON GAPS IN THE DEMENTIA CARE WORKFORCE: RESEARCH UPDATE AND DATA NEEDS**

A decade ago, a landmark Institute of Medicine report, *Retooling for an Aging America: Building the Health Care Workforce* (2008), underscored that the nation's health care workforce was unprepared to meet the health and long-term care needs of the growing number of older adults. The report called for new initiatives to boost recruitment and retention of the paid care workforce – from geriatric specialists to health care aides. Findings recognized that more training at all levels was needed and that in order to attract and retain providers of high quality care, new workforce and payment models may be needed.

Older adults with Alzheimer's disease and related dementias - numbering close to 4 million today and projected to exceed 6 million in the next 15 years (Brookmeyer et al., 2018) – constitute a disproportionate share of long-term care consumers. Although most dementia care is provided by family or unpaid caregivers, approximately 45 percent of older adults with dementia receive assistance with daily activities from a paid care worker either in the community, residential care, or nursing home setting (Kasper et al., 2015). People with dementia have unique care needs that change over the course of the disease, and the current long-term care workforce is underprepared for these care needs. In early phases, there may be changes in memory, judgment and emotional reactivity along with increased reliance on others to maintain functioning. As the disease progresses, the ability to drive, manage finances and keep track of medications may be lost. Eventually individuals lose the ability to bathe, dress, and eat without assistance and may not recognize care providers. Behaviors that make care more challenging, such as agitation, paranoia, wandering, and difficulty communicating or resisting care, are not uncommon, even early in the course of dementia. Given the growing numbers of older adults living with dementia, and recent changes in care setting and delivery models, preparing the long-term care workforce to address dementia care needs – referred to here as the “dementia care workforce” – is an important priority.

The goal of this half-day seminar is to review recent research on gaps in the dementia care workforce across various settings. Presenters have been asked to provide background in three broad areas: (1) current and future gaps in the paid dementia care workforce; (2) defining and understanding the implications of creating high quality jobs for direct care and other paid workers; and (3) dementia care workforce issues for at-risk populations (e.g., rural areas, those serving dually eligible for Medicaid or groups with low socioeconomic status, those transitioning from hospital to post-acute and home settings, and people with dementia for whom English is not their primary language). Discussion will focus on research and data needs.

This half-day seminar is part of the semi-annual meeting of the Committee of Population (CPOP), supported by the National Institute on Aging.

**Committee on Population Semi-Annual Meeting**

May 23-24, 2018

The Keck Center – Room 105

500 Fifth Street, NW

Washington, DC 20001

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**AGENDA**

Thursday, May 23, 2018

- 1:00 – 1:20 pm      Welcome and Introductions; Goals for the Seminar
- Vicki Freedman, University of Michigan
  - Marie Bernard, Deputy Director, National Institute on Aging

**1:20 – 2:10 pm      Session 1: Overview of Current and Future Dementia Care Workforce**

Questions to be addressed include:

- What are the most important dementia care workforce gaps – in terms of numbers, locations and competencies?
- How do these gaps vary across stage of disease and setting (e.g. residential care, home-based care, as well as primary care, hospital and post-acute settings)?
- How are shortages projected to change in the near future as the Baby Boom generation reaches ages at much higher risks of cognitive impairment?
- If more workers are needed, what options are there to increase the workforce (e.g. postpone retirement, recruit younger workers, train and pay family members, change care models to require fewer workers)?

Presenters:

- Elizabeth J. Bragg, Xavier University - [PRESENTATION](#)
- Jason Flatt, University of California, San Francisco - [PRESENTATION](#)

Background Readings:

- ✓ Warshaw, G.A., and Bragg, E.J. (2014). Preparing the health care workforce to care for adults with Alzheimer's disease and related dementias. *Health Affairs*, 33(4), 633-641. Available: <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2013.1232>.

- ✓ Spetz, J., Trupin, L., Bates, T., and Coffman, J.M. (2015). Future demands for long-term care workers will be influenced by demographic and utilization changes. *Health Affairs*, 34(6), 936-945. Available: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2015.0005>.

**2:10 – 3:00 pm**

## **Session 2: Creating High Quality Jobs for Dementia Care Workers**

Questions to be addressed include:

- How is the quality of direct care worker jobs assessed? What is the role, for example, of compensation, promotion ladders, benefits, flexible scheduling?
- How does quality of job relate to training and certification? To retention and turnover?
- Are there examples of high quality direct care worker jobs? What are the barriers to exporting these models to other settings or geographic locations?

Presenters:

- *Kezia Scales*, PHI International - [PRESENTATION](#)
- *Natasha Bryant*, LeadingAge - [PRESENTATION](#)

Background Readings:

- ✓ Weiss, J., Tumosa, N., Perweiler, E., Bailey, D., Blackwell, E., Forceia, M.A., Miles, T., Tebb, S., Trudeau, S., and Worstell, M. (2017). Workforce gaps in dementia education and training. Stakeholder group paper. Washington, DC: Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Available: <https://aspe.hhs.gov/system/files/pdf/257826/WorkforceGaps.pdf>.
- ✓ Campbell, S. (2017). *U.S. Home Care Workers: Key Facts*. Bronx, NY: PHI. Available: <https://phinational.org/resource/u-s-home-care-workers-key-facts/>.
- ✓ Flatt, J.D., Hollister, B.A., and Chapman, S.A. (2017). Dementia Care Specialist Workforce in California: Role, Practice, Training, Demand. San Francisco, CA: UCSF Health Workforce Research Center on Long-Term Care. Available: [https://healthworkforce.ucsf.edu/sites/healthworkforce.ucsf.edu/files/REPORT\\_DCS\\_Report\\_FINAL2.1.18.pdf](https://healthworkforce.ucsf.edu/sites/healthworkforce.ucsf.edu/files/REPORT_DCS_Report_FINAL2.1.18.pdf).
- ✓ Gilster, S.D., Boltz, M., and Dalessandro, J.L. (2018). Long-term Care workforce issues: Practice principles for quality dementia care. *The Gerontologist*, 58(S1), S103-S113. Available: [https://academic.oup.com/gerontologist/article/58/suppl\\_1/S103/4816757](https://academic.oup.com/gerontologist/article/58/suppl_1/S103/4816757).

**3:00 – 3:20 pm**

**BREAK**

**3:20 – 4:10 pm**

**Session 3: Dementia Workforce Issues for At-Risk Populations**

Questions to be addressed include:

- Are there other at-risk places or populations likely to be affected sooner or more acutely by paid dementia care workforce shortages? For instance in rural areas, in areas serving groups dually eligible (Medicaid/Medicare) or with low socioeconomic status, or in transitional settings (for individuals moving from inpatient to post-acute to home (residential care or community) setting)? Is the anticipated increase in the population of older adults with dementia who are immigrants and have limited English fluency likely to cause a shortage of the workforce who are adequately trained to care for them?
- How do the workforce gaps and related job quality issues differ for those caring for at-risk populations?

Presenters:

- *Manisha Sengupta*, Center for Disease Control and Prevention - [PRESENTATION](#)
- *Nancy Hodgson*, University of Pennsylvania - [PRESENTATION](#)

Background Readings:

- ✓ Harris-Kojetin, L., Sengupta, M., Lendon, J.P., Rome, V., Valverde, R., Caffrey, C. (2019). Long-term care providers and services users in the United States, 2015-2016. *Vital and Health Statistics*, 3(43). Available: [https://www.cdc.gov/nchs/data/series/sr\\_03/sr03\\_43-508.pdf](https://www.cdc.gov/nchs/data/series/sr_03/sr03_43-508.pdf).
- ✓ Hirschman, K.B., and Hodgson, N.A. (2018). Evidence-based interventions for transitions in care for individuals living with dementia. *The Gerontologist*, 58(1), S129-S140. Available: [https://academic.oup.com/gerontologist/article/58/suppl\\_1/S129/4816738](https://academic.oup.com/gerontologist/article/58/suppl_1/S129/4816738).

**4:10 – 5:00 pm**

**Session 4: General Discussion: Research Needs and Data Gaps**

Questions to be addressed include:

- With respect to paid dementia care workforce gaps, what overarching research questions need more attention?
- Are there particular populations that need special attention?
- What data would be helpful to address such issues?

**5:00 pm**

**Adjournment**