Workforce Development Recommendations

Dementia Care Virtual Summit Meeting

July 2020

Prepared by:

Workforce Development Stakeholder Group

Additional information can be found at the Summit website (https://www.nia.nih.gov/2020-dementia-care-summit) or the National Alzheimer's Project Act website (https://aspe.hhs.gov/national-alzheimers-project-act). The opinions and views expressed in this report are those of the authors. They do not necessarily reflect the views of HHS, the contractor or any other funding organization.
Recommendation 1: Evaluate the progress that has been made in addressing National Summit on Research, Care, and Services Workforce Workgroup Recommendations and report progress annually.

Recommendation 2: Determine the core competencies, domains, and milestones needed to ensure that care is appropriate and maximizes function and quality of life for persons living with dementia and those who care for them.

Recommendation 3: Engage the dementia care workforce in the development and evaluation of person-centered technologies to build workforce capacity to support persons living with dementia.

Recommendation 4: Evaluate the effectiveness of competency-based training in technology use (e.g., apps, mobile devices, robotics, wearable technologies, data mining, telephonic support) among the dementia care workforce.

Recommendation 5: Identify the competencies for the health care workforce, including the dementia care workforce, to coordinate and facilitate care transitions with a goal to improve the delivery of dementia care and services, increase satisfaction with care, and reduce costs.

Recommendation 6: Conduct implementation research that assesses barriers and effective strategies to translating and disseminating evidence-based practices for dementia care, services, technologies, and supports in education, policy, and practice.

Recommendation 7: Identify barriers and effective strategies for expanding and strengthening a diverse and culturally competent dementia care workforce.

Recommendation 8: Identify and evaluate strategies to improve recruitment, retention, and job quality (e.g., specialty dementia training, career lattices, transferable credentials, and stackable education) among the direct care workforce.
**Recommendation 9:** Examine the educational and training landscape of the health care workforce, including basic preparatory curricula and continuing education, to understand the effectiveness and gaps in culturally competent person- and family-centered dementia care.

**Recommendation 10:** Evaluate the short-term and long-term costs and benefits of interventions that prepare the health care workforce to provide culturally competent person- and family-centered dementia care.

**DEFINITIONS**

Informal and formal caregivers are an integral part of the dementia care workforce. Informal caregivers are defined as family members, neighbors, friends, and fictive kin who provide unpaid care, whereas formal caregivers, covering the spectrum from personal care assistants to health care professionals, have some training in the care of persons living with dementia and are paid for their services.

Formal caregivers are defined as paid caregivers, and the direct care workers would include home health aides, CNAs, community health workers, etc.

Health care workforce includes health professions students, faculty, practitioners, direct care workers, and informal caregivers of persons living with dementia.
Appendix A: List of Workforce Development Stakeholder Group Members

Co-Chairs

Joan Weiss, PhD, RN HRSA
Nina Tumosa, PhD HRSA
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Members

Libbie Bragg, PhD, RN Xavier University
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