



PHI NATIONAL POLICY AGENDA: Training

The rapid growth the number of Americans over age 65, as well as increasing number of Americans of all ages living with disabilities or chronic health conditions, is fueling an accelerating need for long-term care services and supports. At the same time, changes in consumer preferences and public policy are shifting the site of care from institutions to consumers' homes and other residential settings, making service delivery more labor intensive. These twin dynamics are driving an unprecedented demand for direct-care workers to assist individuals with activities fundamental to daily life.

As the Institute of Medicine's 2008 report, *Retooling for an Aging America: Building the Health Care Workforce*, made clear, providing direct-care workers with appropriate training is integral to ensuring the quality of these services. Yet current federal training requirements are inadequate and fragmented across direct-care occupations, and current funding levels are insufficient to build the workforce we will need to support our aging society.

The federal home health aide (HHA) and certified nursing assistant (CNA) training requirements were first established over 20 years ago. These requirements have not been updated to reflect the increasingly complex needs of today's long-term care consumers, nor the greater challenge many workers face providing services in home-and community-based settings without the benefit of on-site support from peers and other clinicians. In addition, there are no federal training requirements for personal and home care aides, one of the fastest growing occupations in the nation.

Existing training programs for CNAs and HHAs are not geared toward personal care workers, who primarily provide non-medical services. The clinical focus of the training is particularly problematic for workers serving clients through public consumer-directed programs. Current curricula reflect requirements that focus too much on clinical tasks and too little on teaching communication and relational skills that help workers deliver person-centered care. As a consequence, the experience of some persons with disabilities who have been served by CNAs or HHAs has been mixed. In some instances, they have found workers are not adequately oriented to the philosophy of consumer direction, not sufficiently responsive to tailoring services to individual consumer needs and preferences, and too bound to the medical model.

The quality of instruction itself is also quite variable. Many educators rely too heavily on passive formats like lectures and videos, rather than adult learner-centered methods that engage students with discussions, role plays, and small group work. In addition, there is often too great a divide between the classroom and the workplace, with inadequate on-the-job support for new workers to continue their learning and perfect their skills.



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Finally, current training requirements are often setting or program specific with insufficient attention to rationalizing job titles based on the competencies required to perform the job successfully. We have failed to articulate clear career pathways by mapping how one direct care job relates to another and outlining the additional competencies and training necessary to serve in new capacities. This limits the ability of workers to move between settings or to advance in their occupations and inhibits our ability to develop a flexible workforce necessary to support a better-coordinated, more efficient system for providing long term services and supports.

Insufficient training, inadequate training standards and fragmented training systems combine to cause high rates of turnover among workers who feel ill-prepared for the job, unsupported, and hindered in their advancement efforts. This, in turn, undermines access to care, erodes the quality of care, and squanders scarce public and private resources.

Recommendations

Good training ensures that direct-care workers can perform their jobs with competence and confidence. When workers feel well-prepared for their jobs, research shows that they are more likely to stay on the job. A significant investment in our training infrastructure is critical for preparing greater numbers of workers for direct-care jobs as well as for ensuring quality of care.

To improve direct-care worker training, PHI recommends that policymakers take action in three critical areas:

1. Curricula content and training supports:

Enhance the content of entry-level and advanced training for direct-care workers, by identifying the competencies required for workers to provide quality services to long-term care consumers in any setting.

- **Develop consensus competencies for personal and home care aides** (for whom there are currently no federal training requirements) by building on ongoing efforts to identify core competencies, skills and knowledge to provide quality, person-centered care. These efforts include the Personal and Home Care Aide State Training Demonstration Program grants; the US Department of Labor Apprenticeship models; the Center for Medicare and Medicaid Services' Direct Service Workforce Core Competency road map; and existing state and local training models.
- **Create career pathways** that allow workers to advance from entry-level through higher levels of mastery by identifying core competencies necessary for all direct-care workers, additional competencies needed by nursing assistants and home health aides, and advanced competencies to serve in enhanced roles as key members of care teams in integrated and coordinated care models.
- **Improve on-the-job supports** to foster continued learning beyond initial training, including peer mentoring programs and enhanced in-service training.

2. Training requirements:

Revise federal and state training requirements to align with competencies and to set consistent standards across occupations requiring similar skills.

- **Update federal training requirements** for certified nursing assistants and home health aides to align with the competencies identified as necessary for providing quality long-term care.
- **Establish federal requirements for competency and training standards for personal and home care aides** based on consensus competencies.
- **Require training programs to place a greater emphasis on communication and interpersonal problem-solving skills** in order to strengthen caregiving relationships, ensure delivery of person-centered services, and coordinate with family caregivers.

3. State training infrastructure:

Provide funding to expand and improve state systems for training direct-care workers.

- **Foster an array of training entities**—community colleges, employer-based programs, employer consortia, labor/management partnerships, and new regional private/public partnerships.
- **Fund train-the-trainer programs** to support nurse educators and others in using adult learner-centered methods in delivering direct-care worker training.
- **Encourage state and local workforce investment boards** to support the expansion of training for direct-care workers, particularly through the Workforce Investment Act (WIA) public workforce investment system.
- **Align government payment policies** in order to expand the availability of quality home and community-based services by establishing parity in the reimbursement of training costs for all direct care workers. (Currently, only CNA training costs are eligible for repayment by the federal government.)
- **Establish a national joint venture** of the Centers for Medicare and Medicaid Services and the Department of Labor to identify and promote best practices in direct-care worker training and training system design, to support state efforts and sponsor large-scale state demonstrations based on an apprenticeship training model.

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