



The
Caregiving Project
FOR OLDER AMERICANS

**Developing
National In-Home
Caregiver Training
Standards**

The Caregiving Project for Older Americans is an action-oriented collaboration that aims to improve the nation's caregiving workforce through training, the establishment of standards, and the creation of a career ladder. Bolstering support for family caregivers is another major goal of the project. A joint venture of the International Longevity Center-USA (ILC-USA) and the Schmieding Center for Senior Health & Education (SCSHE), the effort combines the talents of a policy research center with a clinical outpatient and health education program.

The Schmieding Center for Senior Health and Education of Northwest Arkansas, located in Springdale, Arkansas, provides older adults and their families with education, health care, information resources and other services for more positive aging. Education services include unique in-home caregiver training programs, public programs on positive aging, and professional programs to improve the geriatric expertise of health care professionals and students. Health care services include comprehensive clinical care and rehabilitation by an interdisciplinary team of geriatric professionals. The Schmieding Center is a partnership of the University of Arkansas for Medical Sciences Donald W. Reynolds Institute on Aging, the Area Health Education Center-Northwest, and Northwest Health System.

The International Longevity Center-USA is a not-for-profit, nonpartisan research, education, and policy organization whose mission is to help individuals and societies address longevity and population aging in positive and productive ways, and to highlight older peoples' productivity and contributions to their families and society as a whole. The organization is part of a multinational research and education consortium, which includes centers in the United States, Japan, Great Britain, France, the Dominican Republic, India, South Africa, Argentina, the Netherlands and Israel. These centers work both autonomously and collaboratively to study how greater life expectancy and increased proportions of older people impact nations around the world.



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PREFACE

This report is based on the contributions of a panel of experts and professional advisors who participated in a March 29, 2007, conference in New York City entitled “Developing National In-Home Caregiver Training Standards.” We have attempted to distill the consensus opinions that emerged and, through further analysis, to draw conclusions and recommendations for The Caregiving Project for Older Americans. This document will not always reflect the opinions of any individual contributor. Unless otherwise stated, the opinions herein are those of our Caregiving Project, which have been informed by the conference discussion.

This document should be read as a synthesis of the various perspectives of many of America’s top caregiving and long-term care experts, leavened with the experience of The Caregiving Project for Older Americans, which proposes innovative, workable, and bold strategies to help resolve the in-home caregiving crisis in America. Our hope is that this report can serve as a catalyst for a revolutionary rethinking of and an effective action plan for better in-home caregiving for America’s older people.

INTRODUCTION

As a foundational step in its development, The Caregiving Project for Older Americans convened a blue-ribbon panel of experts in aging and caregiving, who met in New York City for a conference entitled “Developing National In-Home Caregiver Training Standards” on March 29, 2007. (The Appendix at the end of this report provides a list of conference participants.) This report incorporates discussion by the assembled experts on the topic of paid in-home caregiver training standards, including related topics such as curricula, accreditation, certification, career ladder, and caregiver support.

The Caregiving Project for Older Americans was launched in April 2006 by the International Longevity Center-USA and the Schmieding Center for Senior Health and Education to build greater national awareness of the caregiving crisis and to develop innovative, affordable new approaches to in-home caregiving for older adults. We aim to do so by developing a national systemic approach to recruiting, training, and retaining paid professional caregivers and enhancing their key role in support of family caregivers.

The caregiving crisis is and will continue to be one of America’s most critical problems during the early decades of the twenty-first century. There are too few caregivers, both paid and unpaid, and too many people needing care. Demographic and social trends are reducing the available pool of family caregivers at the same time that the number of older adults needing care is rising. The caregiving industry, meanwhile, is experiencing a severe and worsening shortage of paid paraprofessionals. Affordable, quality in-home caregiving is increasingly difficult—if not altogether impossible—to find.

During the March 29 conference, consensus was achieved in key areas, along with differences of opinion as to the most effective ways to structure and develop national in-home caregiver training standards. Most differences had their genesis in our broken long-term care system, which will require a national conversation beyond the scope of this project. There was agreement, however, that in-home caregiving is a key factor impacting the larger issue of long-term care. A consensus emerged within the parameters of the conference topic that will help guide our development of innovative, affordable new approaches to in-home caregiving for older adults.

The conference transcript is available online at <http://ilcusa.org/caregivingconference/transcript>.

This report focuses on synthesizing the contributions of the expert panel concerning action-oriented responses to America’s caregiving crisis. Specifically, the focus is on developing in-home caregiver training standards for a new generation of paid professional caregivers. Related issues are also discussed,

including additional education and support for family caregivers. While our report primarily addresses caregiving for older people, we recognize the correlation with the caregiving needs of disabled younger adults and children, and the desirability of caregiver training that addresses both core caregiving competencies and the unique caregiving needs of older adults and of the disabled.

Section II describes the main themes that emerged from discussion during the conference. Included in this section are the results of a post-conference questionnaire that was circulated among the participants. A majority of the participants responded to the questionnaire, which helped us verify areas of consensus concerning next steps forward in developing national in-home caregiver training standards.

The remaining sections of this document, while drawing upon the input of the expert panel members, present the project's views on issues relating to caregiver training and curricula development. Section III discusses the need for caregiver training and offers a recap of the demographic realities of the caregiving crisis. It clarifies the differences between institutional and home-based long-term care, and spells out the reasons why professional training for in-home caregivers is key to enabling millions of older Americans to avoid being institutionalized.

Section IV compares the comprehensive and specialized models for caregiver training and explains that the very concepts that make the comprehensive model the choice of institutionally based long-term care (training of universal workers who work with a variety of populations in a variety of settings) are among the reasons that the specialized model is preferred by most professionals with specialized training in clinical geriatrics for the training of caregivers for older adults in a home setting.

Section IV also includes a review of a national curriculum search conducted by the project that clarified the methods currently being used to train paid and unpaid individuals caring for older adults in the home. Specific findings include the two models being used for curricula (comprehensive and specialized) and the reality that few caregiver training programs focus on care for the older adult in a home setting using a formal curriculum.

The search brought into focus difficulties caused by the lack of a universal nomenclature of names/titles that allows one to evaluate the capabilities of an in-home caregiver. It also underscored the lack of consistent, accepted national standards for training in-home caregivers for older adults and the absence of a proper title for paid caregivers. The search further clarified the unintended consequences of our present institutionally based long-term care system that focuses predominately on caregiving in organizations accepting Medicare/Medicaid reimbursement and almost entirely ignores caregiving for the great majority of older adults and their families who pay for their own care at home.

Section V brings important aspects of the home caregiving crisis into focus as they relate to the development of national in-home caregiver training standards. Issues reviewed include the relationship between family caregivers and paid caregivers; the importance of the proper interface between the two;

the desire for family caregivers to “have a life” beyond caregiving and how qualified paid in-home caregivers may better meet that need; the importance of accreditation of caregiver training curricula that follow new national standards and the related issue of certification of graduates of that training. There is an important discussion of the environmental and regulatory differences between caregiver training for the public sector and the private sector that must be understood before decisions can be made as to which sector should be given priority in establishing higher national standards for in-home caregiving. Finally, we address the importance of developing a career ladder to create a large and well-qualified workforce of in-home caregivers and the need for a national organization to provide support for professional in-home caregivers, as well as serving as an independent entity to oversee accreditation and certification.

The concluding section identifies the strategies, informed by the conference discussion, under consideration by the project, including the selection of privately paid in-home caregivers as our primary target audience for developing and implementing national training standards; the structure and content of the national training standards based on core competencies with added modules designed for caregiving for older adults in the home environment; and strategies for related areas, including nomenclature, accreditation, certification, career ladder, continuing education, and a national organization to support professional in-home caregivers.

THEMES OF CONFERENCE DISCUSSION

Discussion among the panel of experts during the March 2007 conference may be categorized into four main themes:

- Core competencies as a foundation for caregiver training
- Specialized vs. comprehensive models of caregiver training
- The need for home caregiver training that emphasizes a caregiver support system
- Whether or not national standards for training and curricula are a desirable goal

Core Competencies

The consensus was that core competencies should be the foundation of caregiver training, whether training follows a comprehensive model or a specialized model targeted toward a specific population (these two models are discussed in Section IV). Conference discussion focused on the need for better communication and interpersonal skills, but there was disagreement as to how to define “core competence” with regard to caregiving.

Steve Dawson, president of the Paraprofessional Healthcare Institute, noted that considerable progress has been made toward establishing essential core competencies: “The National Clearinghouse and the Direct Care Workforce collected a number of different efforts across the country that focused on core competencies of direct care workers and that’s been developed and published and is also being worked with at the U.S. Department of Labor.”

Dawson said that the Paraprofessional Healthcare Institute “is much more trying to create training that is based on competencies rather than curriculum. While I definitely agree that there are special needs of particular populations, there is, in fact, a great set of competencies across long-term care for workers.” He added that “what is helpful is to figure out what are core competencies across the board.”

John Crews, lead scientist, Disability and Health Team, National Center on Birth Defects and Developmental Disabilities at the Centers for Disease Control and Prevention, suggested that core competencies not overlook “things that seem fairly reasonable to the meanest intelligence.” Crews described his own experience in arranging for care for his daughter, when an attendant, either through carelessness or lack of training, used cold bathing water.

Carol Levine, director of the Families and Health Care Project at the United Hospital Fund of New York, said that the basic competencies that caregivers must learn may not be enough. “I think what is missing is managing the relationship between the family or the consumer, the patient and the paid caregivers—whether they’re independent or agency. And that’s where the system breaks down.” Levine said that better communication would help lay bare “the expectations of what each of these essential

partners can do or should be doing and how to work out the problems that arise. That seems to me much more important after you've learned the basic skills.”

The importance of establishing a set of core competencies, and the complexity of the issue, was underscored by Jeremy Boal, former director of the Mount Sinai Visiting Doctors Program and now medical director at Long Island Jewish Hospital: “Before we do anything else, we still need to develop a set of core competencies for everybody. We need a set of core competencies for the paid caregivers. We need a set of core competencies for the family members who work with paid caregivers in terms of how to work with paid caregivers. If we can develop that, we have a hub that we can then build on in terms of policy and in terms of everything else.”

Boal echoed Levine’s concern about the differing expectations of caregivers, care recipients, family members, and others. “When I was in the field seeing patients, after ten years of working with caregivers, I still didn’t have an idea of what the core competencies were for those paid caregivers. I had a pretty good idea, but what I viewed as core competencies could be very different from my colleague who had different experiences. There still was nothing to turn to for us to be able to say to the family, this is what you should expect, [and nothing] for the paid caregiver to be able to turn to—to say, this is what I’m supposed to do. Whether we imbue that through traditional training or through other mechanisms is, I think, the first issue.”

While acknowledging that there might be difficulties in basing a competency in communication and in interacting with patients and families, Mary Jo Gibson, senior policy advisor of AARP’s Public Policy Institute, reiterated the need for better communication, noting that it would enhance feelings of privacy and dignity among care recipients and foster self-esteem of their own competencies among professional caregivers. “That is, I think, a paradigm that’s really important. It’s not just the quality of care, it’s the quality of life. Certainly, from my personal experience and experiences of a lot of caregivers I’ve spoken with, breakdowns often occur around these issues of major communication barriers.”

Another issue that was raised regarding core competencies is that the different types and levels of caregiving professionals need to be considered. For example, Sandra Timmermann, director of MetLife Mature Market Institute, said: “I think about the softer side—people who are nonmedically trained who are caring for those with Alzheimer’s. It’s a whole different situation than someone who is doing physical care for someone. And I realize at some point, those two blur. But we really, in my view, need to look at those intangibles in training. Those who deal with people with Alzheimer’s have to rise above the situation in ways that we can’t even imagine.”

Specialized versus Comprehensive Models of Caregiver Training

As discussed in more depth in Section IV, two models of caregiver training may be categorized—a comprehensive approach and a specialized approach. The comprehensive approach to caregiving is a model that organizes materials so the core or basic skills are learned and applied to all age groups in all

types of care settings. This training model is used for the “universal care worker.” The specialized approach is tailored for different age groups and health conditions. Caregiver skills are taught specific to the needs of the population and environment with which the caregiver is working, such as children with disabilities or older adults.

As mentioned, conference participants agreed that core competencies must be the foundation for all models of caregiver training, whether specialized or comprehensive. A major point that arose was that lessons from the disability community may be learned that could enhance, for example, specialized models for older adults. Participants noted an overlap in the issues faced by persons with disabilities and older recipients of home care.

For example, John Crews urged that training for caregivers of older people not be provided in a vacuum, isolated from the experiences garnered in the disability community. “I think that the disability community has much to say to [the aging community]. Many people do have substantial complex health needs that need to be addressed. Others just need assistance with ADLs [activities of daily living]. It’s not really a health issue; it’s a disability issue. That can be addressed differently from a medical model. I think we just need to think about that.” Crews said that bathing, getting a meal on the table, and courtesy are common, “but there are differences, and we need to sort those things out and not say these are independent experiences. There’s a Venn diagram. There is commonness and there are differences. We need to recognize all of that.”

Mary Jo Gibson agreed: “I do think that clearly the aging community can learn from the disability community, and I’m quite sure vice versa as well. I don’t want to see us draw a sharp line between the two communities in the way we approach frail elders versus people with disabilities.”

While the project’s position is that a specialized model of caregiver training is needed in order to provide quality care to older people in home-based settings, it acknowledges that much may be learned from training programs not specifically designed for the care of older people. This position was summarized by Project co-director Beth Vaughan-Wrobel, associate director and director of education at the Schmieding Center for Senior Health and Education: “Some of the skills are core. There is no question about that. But how you apply them to different age groups is different. At least we believe that is the truth. And the specialized approach to caregiving is what we would advocate in the fact that, yes, older adults are different than any other age group.

“Caring for an older adult—people have not been used to doing that. And if you just think about the number of older adults that have been hitting our population in the United States, in the next 20 to 30 years we are going to have a very large group of older adults. And they are going to need care of some kind. So, we feel that specialization is an approach that would help caregivers learn how to handle the problems that older adults have. Not that the core content couldn’t be somewhat the same, but the approach to handling an older adult in a home setting would be where we would particularly like to see this go.”

Caregiver Training and Support System

Many conference participants agreed that improved education and training are necessary, and it is also important to have a support structure in place for formal caregivers. The general consensus was that more needs to be done about providing a support system behind professional and especially family caregivers.

Claudia Fine, executive vice president of Senior Bridge Family Companies, said: “At Senior Bridge I’ve been frequently quoted as saying, ‘You know, this is brain surgery.’ What we expect of a caregiver is brain surgery. It is really hard, hard work. And it is sophisticated work. And yet we’re paying people \$7 an hour who come from very difficult backgrounds, who have very little education and sophistication. And they’re going into these very difficult situations.”

Fine added: “What we’ve done at Senior Bridge is to work around the problem because that’s all we can do. Nobody’s going to pay \$40 an hour for the kind of person that needs to be there to take care of Mom in the way that they’ve fantasized that Mom should be cared for. So what we do is provide the support around that person. I don’t think that’s an answer long term. I think that it’s a very, very complicated problem.”

Mary Jo Gibson noted “the lack of back-up support. That happens very frequently when the usual paid caregiver does not show up. It’s a nightmare for family members in the workforce particularly, but it relates to the whole issue of what that environment can be that supports both the family member and the paid caregiver in the home.”

Beth Vaughan-Wrobel agreed: “I think that the training is important, but I think looking at the structure around the training that provides not just the information and the competencies but the ongoing support is critical. I don’t think you can look at training without that.”

Without supportive environments, observed Diane E. Meier, director of the Hertzberg Palliative Care Institute at Mount Sinai Medical Center, “training is something that we can say, ‘We did it,’ but it won’t have much, if any, influence on quality of care.”

Meier said: “The work environment—how the work environment is structured, how you show respect for the paid caregivers as well as the clients—is established up front. When you’re in a real workplace, you know what your rights and responsibilities are. You have a position description. You know where to go if you have a problem. There are methods in place for resolving disagreements or uncertainties. None of that exists in the paid [home care] environment.”

Sandra Timmerman added, “How can someone who’s at home with a person who fires them or treats them with disrespect really do their job unless they’re able to have some support from their employer or some network?”

Linda Emanuel, director of the Buehler Center on Aging at Northwestern University's Feinberg School of Medicine, said, that "we need to build a supportive infrastructure for an extremely diverse job, an extremely diverse population. So how do we do that? There's one element I wanted to also add to the mix, which is the notion that we've been exploring in another context for a decade now, a virtual college. If we start getting really creative about where we are and where we're trying to go, I think we could create a national program with a policy attached that we could advocate for. But toward that end, I just wanted to add the notion of a virtual college for caregiving training and follow-up."

National Standards for Training and Curricula

One issue that came up during the conference was whether national standards for caregiver training and curricula are desirable and/or practical, particularly in light of the important role of states as a source of funding. While the consensus was that there is a need for national standards, a variety of practical difficulties were noted. For example, although many people pay out of pocket for caregiving services, Medicaid is the most important source of public funds for home help and home health services, and this varies from state to state.

As Steve Dawson observed: "We all know that, in terms of long-term care, it's state by state. We have fifty long-term care systems in this country at least. Creating certification issues and licensing issues, particularly, is a state-by-state issue. So the work that the [Paraprofessional Healthcare Institute] has been doing is much more state by state."

It was generally agreed that national standards, if adopted, must allow for the wide variety of state and local conditions, environments, caregiver workforce, and populations served.

Results of Post-Conference Survey

Following the conference, the expert panel and advisory committee participants received a questionnaire to verify their post-conference opinions regarding several key topics relating to paid in-home caregivers, both in the private and public sectors.

Please note that survey questions/responses apply *only* to those paid in-home caregivers, either the private or public sectors, who were the focus of the conference. The survey does not apply to "informal" caregivers (family and friends) or to care in institutional settings.

The chart below shows the results of the post-conference questionnaire.

QUESTION	Strongly/Somewhat AGREE	NEUTRAL	Somewhat/Strongly DISAGREE
1. There is a need for <i>national standards</i> for the training of in-home caregivers for older adults and other populations.	84.6%	7.7%	7.7%
2. Standards for the training of in-home caregivers should be based on <i>core competencies</i> with specialized training modules that build on those core competencies.	100%		
3. <i>Certification</i> should be awarded to those who successfully complete caregiver training that meets the basic standards.	84.6%	15.4%	
4. <i>Accreditation</i> for all curricula for the training of in-home caregivers is necessary to assure they meet the basic standards of care.	61.5%	15.4%	23.1%
5. In-home caregivers urgently need a <i>national organization</i> that oversees certification, continuing education, and group benefits to improve career opportunities and workforce stability.	30.7%	15.4%	53.9%
6. <i>Community colleges</i> and other <i>two-year institutions</i> can serve a vital role in training in-home caregivers across America.	76.9%	15.4%	7.7%

1. National standards for training in-home paid caregivers

There was strong agreement on the need for national standards for the training of in-home caregivers for older adults and other populations. As one expert said, “Creating national standards not only contributes to the assurance of some basic quality of care in the home, which is often minimally supervised, it also educates the market about anticipating the need for home care.” Individuals who disagreed considered caregiver training to be a small component in improving caregiving and preferred an emphasis on other solutions, including information systems and other forms of ongoing support.

2. Training based on core competencies

There was unanimous agreement that the standards should be based on core competencies with specialized training modules that build on the core competencies.

3. Certification of caregivers

There was strong agreement that certification should be awarded to those who successfully complete caregiver training that meets the standards.

4. Accreditation for curricula

The majority of the experts agreed with the need for accreditation of all curricula for the training of in-home caregivers. A minority (23 percent) disagreed, noting that, from the perspective of those sensitive to the public sector of long-term care, the wide variations in state regulatory environments make accreditation at a national level impractical in public-paid caregiving at this time. Those more directly involved in private-pay caregiving supported accreditation of curricula for the training of private-pay caregivers. To resolve this dichotomy, it will first be necessary to create national training standards for privately paid in-home caregivers that meet or exceed all state/federal requirements. Later, as the public-pay long-term care environment responds to the anticipated flood of older adults needing caregivers, these caregiver training standards and accreditation of curricula may become viable solutions within the public sector.

5. National organization for in-home caregivers

A majority of the experts disagreed with the need for a national organization for in-home caregivers. Instead, rather than setting up a national organization specifically for paid in-home caregivers, some preferred the approach of working with existing caregiving organizations to build alliances and maximize results. Other experts expressed concern that such an organization would create the perception of competition with unions. Future study will be required to determine the most viable and productive approach.

6. Caregiver training in community colleges and other two-year institutions

There was strong agreement on providing in-home caregiver training in community colleges and vocational/technical schools as a way of developing a dynamic caregiver training infrastructure that promotes workforce development and a career path for professional in-home caregivers.

NEED FOR CAREGIVER TRAINING

The number of older adults who need caregiving will more than double over the next few decades as America's population ages. Aging baby boomers comprise both the largest and the longest-lived group of older persons in human history; they will live 20 to 30 years longer than the previous generations, with more chronic diseases than any preceding generation. Concurrently, due to changing social dynamics, there will be a shrinking number of family members or paid caregivers available to care for them.

Institutional versus Home-Based Long-term Care

Over the next 10 to 15 years, the 85+ population will increase from 4.5 million to 20.9 million. Contrary to public opinion, America's institution-centered long-term care system does not serve the majority of older adults. Currently, nursing homes serve less than 19 percent of older adults needing care, and they do not provide a viable solution for meeting future caregiving needs. While these long-term care institutions will continue to play a role in providing care for our frailest older adults who need skilled nursing and/or medical care, they will not provide an adequate number of beds to care for the vast majority of older adults who simply need help with activities of daily living (ADLs) and instrumental activities of daily living (IADLs).

The debate continues concerning the future form and function of America's institutional long-term care system, but consensus is growing for a more integrated, home-centered approach to long-term care. In the immediate future there will be an unprecedented number of older adults requiring assistance with ADLs and IADLs who prefer caregiving help in a home environment. At the same time, there will be declining numbers of family caregivers or paid caregivers available to help them.

Older Adults at Risk at Home

As baby boomers age, a rapidly growing number of frail adults will have complex health related issues that require an advanced level of care in the home. To avoid institutionalization, they will need professional in-home caregivers who have met acceptable standards. While one expert advocated for further research to determine the efficacy of caregiver training before taking action to develop national in-home caregiver training standards, most experts confirmed the urgent need for better training. Additional research regarding care recipient outcomes and satisfaction, along with the benefits of technologies to aid in the caregiving of older adults, is also needed to assure continual improvement in the quality of care for older adults.

MODELS FOR TRAINING IN-HOME CAREGIVERS OF OLDER ADULTS

Universal versus Specialized Training

Two curriculum models, known as the comprehensive model and the specialized model, are currently being used for the training of caregivers. By far the most pervasive has been the comprehensive model, designed to train “universal” caregivers, assuming they will work in a variety of care settings and with a variety of care recipients with a variety of needs. This model is greatly influenced by the current long-term care system, its needs, dependence on public financing, and the associated regulations intended to ensure acceptable performance by care providers and to assure the safety of older adults in institutional settings.

The specialized model emphasizes caregiving training that meets the special needs of care recipients as it relates to their age, health condition, and care setting.

The consensus among the experts assembled at the conference was that our national in-home caregiving standards—whether used in curricula for training universal or specialized caregivers—should be based on “core competencies.” Core competencies are defined as the most essential skills needed by any caregiver working with a person in any setting, regardless of age or condition. Specifically, core competencies cover the areas of skills, safety, health, rights, values and personal respect, communications, and care coordination.

Unique Needs of Older Adults

Although the comprehensive training model has merit—including its flexibility, economic viability in the public sector, and baseline similarities among all persons needing caregiving—the diverse needs of people of different ages and disabilities demand a specialized model.

Because of unique, age-specific physical, mental, and social changes and vulnerabilities, caregiving for *older adults* is different from caregiving for disabled younger adults or children. Some specific examples of such differences in older adults include skin fragility, balance problems, drug interactions, incontinence, and dementia, as well as a multiplicity of stressors that often result in functional decline.

Also, many experts believe that the skills needed to care for older adults in a *home setting* are very different from those needed in institutional caregiving because the home environment is less equipped, less organized, less structured, and unsupervised by health care professionals. In-home caregivers must make many independent judgments affecting the quality of life and the safety of older adults without supervision or support.

For these reasons, many geriatric experts believe that caregiving for an older adult at home actually requires *more training* and more *specialized* training than caregiving within a structured institutional setting. The training standards required for future paid in-home caregivers should be higher than what they are for caregivers in nursing homes.

The development of national standards for in-home caregiver training may best be implemented through curricula that are based on “core” caregiving competencies, with subsequent levels of specialized training for in-home caregiving to provide the quality of care and quality of life older adults deserve.

National Curricula Search

The Caregiving Project for Older Americans conducted a national search in early 2007 to discover what curricula are currently being used specifically to train paid and unpaid individuals caring for older adults in the home. The search revealed a wide variety of training materials, books, and videos that are in use and/or for sale, some of excellent quality.

The selection criteria included a focus on *in-home* care, a focus on care for the *older adult*, and, finally, programs that met the definition of a *curriculum*. A curriculum was defined as an education plan that includes goals and objectives to be achieved, topics to be covered, strategies to be used for teaching and learning, and specific evaluation methods to determine learner competency. However, few existing training programs met the training recommendations of geriatricians and geriatric educators.

The search was an ambitious undertaking, with every effort being made to locate as many curricula as possible that met the criteria; however, we recognize that additional curricula meeting the criteria may exist.

Findings of the search for curricula

Among a large number of general caregiver training programs in use in the United States today, only nine programs were found that met the criteria. Six of those programs were available for review: three of them were designed for training paid in-home caregivers, and three were designed for training volunteer or family caregivers.

The caregiver training programs that were found varied widely in length and content, with length ranging from one-hour educational seminars to 200-hour certification programs.

The two models for caregiver training identified were the comprehensive and the specialized:

- **Comprehensive model:** “Core” or basic caregiving skills are learned and applied to all age groups in all types of care settings. Skills are considered “universal.”
- **Specialized model:** Caregiving skills are learned and applied to specific age groups, health conditions, and care settings. Skills are taught specific to the needs of the population with

whom the caregiver works (e.g., young people with mental disabilities versus older adults with dementia).

There is no universal nomenclature in common use—no recognized set or system of names or titles—that clearly identifies various types or levels of *caregivers* or *home care workers*; this inconsistency makes any comparative evaluation of training programs, skills, or competencies problematic. Because of this confusion of titles, one cannot accurately determine the level or type of caregiving competency to expect from a successful graduate. It is often difficult to identify with confidence the care settings and specific populations for which the graduate is qualified to provide acceptable care.

For example, there is no standard nomenclature used to differentiate between the two basic types of caregivers: custodial (nonmedical) and skilled (medical). Further, there is no clear way to identify the levels of training—basic, intermediate, or advanced—that a caregiver might have received.

Even worse, consumers lack meaningful titles or standards upon which to evaluate the relative training and qualifications of potential caregivers.

Currently, no consistent, accepted national standards exist for training individuals to care for older adults in the home environment. Regulations that govern training of caregivers for the aging vary from state to state and apply almost exclusively to caregivers working in facilities accepting Medicare/Medicaid reimbursement. There are no regulations covering in-home caregivers hired privately by families.

Our curricula review provided a snapshot of current responses to the national need for caregiver training, as well as insights for potential solutions. It underscored the great variations in training, as well as the widespread absence of any training at all for caregivers of older adults in America.

Results suggest that the fragmented state of caregiver training is in large measure due to the realities of our present long-term care system, its concomitant regulations, and unintended consequences. Most existing caregiver training programs were created to meet the federal/state requirements for employment in long-term care institutions and home health agencies that depend on Medicare/Medicaid reimbursement. Those training regulations vary state by state but encourage the training of “universal” caregivers who meet the minimum standards to work with various populations in a variety of settings.

One of the unintended consequences of the present long-term care system regulations is that caregivers who work in a public-pay home setting receive training designed for institutional environments, and caregivers who work in a private-pay home setting have no training requirements at all. One result is the “gray market,” a revealing term used to describe the situation of families who have little option except to hire mostly untrained, unregulated “caregivers” for nonmedical caregiving.

We believe the first priority for national in-home caregiver training standards must be the gray market of privately hired, privately paid in-home caregivers. As the long-term care system is modernized to better meet the emerging needs of older adults and their families, our national experience with higher standards for privately paid in-home caregivers will be extremely valuable.

Even as the project acknowledges a growing consensus favoring a transformation of long-term care to a more integrated, home-centered system, a number of obstacles make such systemic change problematic. But, while many long-term care issues remain unresolved, few doubt that two critical areas that need to be addressed are caregiver workforce development and quality of care. In this report, consideration is limited to those areas.

In the critical areas of quality of caregiving and caregiver workforce development, there is an urgent need to press forward by taking the first and most time-sensitive steps toward improving in-home care for older adults by facilitating the creation of a sufficient workforce of well-trained in-home caregivers. This new generation of professional in-home caregivers is the foundation upon which an improved system of long-term care can and will be built. By developing national in-home caregiver training standards, the project will help meet the urgent needs of our burgeoning population of older adults and their families. We also will set the foundation for an improved system of home-based elder care.

RELATED ISSUES

The Interface Between Family and Paid Caregivers

Family caregivers remain the backbone of America's long-term care system, providing by far the largest amount of caregiving for older adults. The stresses on family caregivers are well documented and will increase in the decades ahead as more families are faced with in-home caregiving for an older loved one. Many family caregivers will be in the unique situation of caring for an older adult who will live 20 to 30 years longer with more chronic diseases than did previous generations, thus requiring higher levels of care for longer periods of time. Due to social changes, however, there will be declining numbers of family caregivers available for increasing numbers of older adults needing help.

Family caregivers want and deserve to "have a life" beyond caregiving. To do so they will require more support, more training, and more help than is currently being provided, and that can come only from qualified volunteer or paid in-home caregivers. Most family caregivers receive little or no financial support from government programs or long-term care insurance. Only older persons who are indigent qualify for long-term care assistance from Medicare/Medicaid, and, increasingly, even they will be receiving their long-term care at home under federal programs such as The Money Follows the Person Act.

Experts say both family caregivers and the people they hire (often called "direct care workers") need similar training. The training needs of both family caregivers and direct care workers (either independent contractors or agency provided) are being reviewed by government and organizational sources, including the Veterans Administration and the Rosalynn Carter Institute. Among the subjects being reviewed are tools for the assessment of family caregiver skills; communication and diversity issues, such as what tasks are reasonably done by the family and what the family should expect from workers coming into the home; communication problems because of cultural diversity; and care coordination issues such as who is responsible for implementing the plan of care, who is responsible for overseeing the care, and how parties work together to carry out the plan of care.

The above description should influence the development of national standards for paid in-home caregivers. Not only must training include conventional caregiving skills but also must provide tools and structures to help paid caregivers interface successfully with families: (1) How to interact with older adults and their families and reach agreement on a working relationship up front; (2) How to establish a working environment in the home that provides structure, support, and rules that apply to all parties; (3) How to determine rights and responsibilities, position description, lines of authority, and a process for resolving uncertainties and disagreements; (4) How to negotiate a clear written description of expectations on both sides; and (5) How to implement stress management and to learn empathic listening.

Nomenclature

A key consideration is what to call a paid employee working in the home to care for an older adult. Naming a position has power and affects relationships dramatically.

For example, a family member caring for a loved one in their home is rightly considered a *family caregiver*. What is the appropriate name for the employees they hire to assist them? *direct care workers*? *paraprofessionals*? Much depends on what is expected of such employees and their expectations of themselves. If people choose to have their loved one cared for, respected, valued as a person, and treated in ways that promote functional independence, they may want to treat the persons they hire in like manner and call them *caregivers*. However, if they want to promote a more impersonal approach to working with someone in the home, *direct care worker* might be appropriate.

We believe most families will prefer well-trained, caring people to help their loved ones. Most paid caregivers believe they are providing important and useful care—not low-level, demeaning services—despite poor pay, no health insurance or other benefits, and poor working conditions.

Family members who care for their loved ones are *family caregivers*. Likewise, we submit that paid employees who prepare themselves, train themselves, and provide care lovingly are also *caregivers* and deserve the power and the respect of the name.

Do family caregivers want paid caregivers?

Family caregivers want to have a life, but they can't do so without having someone competent to deliver care. To date, they have had few choices to find help—referrals or advertising—to locate someone willing to do caregiving in the home. Generally, they find good-hearted people who have learned caregiving by doing it. Unfortunately, most know very little about proper caregiving, and the family member senses it. Thus, the family caregiver remains reluctant to leave.

It is essential to promote among families an expectation of a higher quality of care for those needing caregiving assistance. Families need to be educated regarding the minimum level of care they should expect, how to find it, and how to evaluate whether or not a prospective caregiver is qualified. As family caregivers begin to receive similar caregiver training, their increased knowledge will further enhance their appreciation for well-trained paid or volunteer caregivers.

We believe family caregivers are eager for the new generation of well-trained paid in-home caregivers and would much prefer this positive alternative to the gray market.

Accreditation and Certification

Accreditation is the process whereby an organization recognizes a program of study as having met certain predetermined qualifications or standards. The creation and implementation of an accreditation process for the curricula used to train in-home caregivers is a necessary tool for establishing minimum standards

that raise the general excellence of caregiver training. Such accreditation will provide assurance of an acceptable level of caregiver performance and help establish a higher level of awareness, professionalism, and compensation for those who successfully complete the program of study and achieve certification.

Accreditation of caregiver training programs is a critical step toward assuring national standards of training that consumers will demand. As consumers become more aware of the value of trained caregivers and have access to certified caregivers who have demonstrated competence, they will seek out and demand better care for older adults.

As a corollary, those who successfully complete accredited caregiver training need to be recognized as certified in the in-home caregiving of older adults. To maintain certification, trained caregivers should be required to complete mandatory continuing education annually to demonstrate continued professional commitment and growth.

In determining our national priorities concerning training standards, curricula accreditation, and certification for in-home caregivers, it is important to recognize the need to differentiate between caregivers who work in the private sector—privately hired and privately paid—and those who work in the public sector, mostly in long-term care institutions and home health agencies.

In the private sector, the gray market of custodial (nonmedical) caregivers, there are no training standards or requirements; in the public sector, both custodial (nonmedical) and skilled (medical) caregivers work under the supervision of nursing professionals and are required to have some training (which varies by state) if the organization accepts Medicare/Medicaid reimbursement. There are no “national” standards of caregiver training beyond what Medicare/Medicaid mandates. To create national in-home caregiver standards for the public sector will require policy changes through national and/or state legislative bodies. These changes will come slowly as a part of the national conversation concerning the modernization of our long-term care system.

It is important to note that some states are making efforts toward minimum standards and certification in the public sector. Also, unions, such as Service Employees International Union (SEIU), are increasingly focused on the importance of training for in-home care.

Project participants believe that the priority effort to establish higher national standards for in-home caregiving must first target the gray market, comprising privately hired independent contractors. The creation of an organization that sets national training standards for private in-home caregiving of older adults, expressed through accredited curricula and caregiver certification, can proceed much more quickly than the process of going state by state through legislatures. Given the urgent need for well-trained in-home caregivers, this private sector strategic approach is desirable. It will also facilitate informing the public sector.

Major hurdles in initiating this private sector strategy will include the necessity for private funding to pay for caregiver training and the establishment of the accrediting/certifying organization. Since these private standards of caregiving will not carry the force of law, participation will be voluntary.

Similar strategies have been effective in two related areas: the development of standards for care managers through the National Association of Professional Geriatric Care Managers and the development of the specialty of palliative care, which created a field of health care and medical specialty by building a model curriculum that resulted in identity, legitimacy, and the recognition of its value among professionals.

Career Ladder

In-home paid caregivers face difficult working conditions, very low pay, no health insurance or other benefits, no support network or supervision, and very little opportunity for career advancement. The latest illustration of the plight of these caring people came in the recent Supreme Court decision ruling that caregivers are not entitled to minimum wage or overtime compensation. What are the incentives to continue to do this important work, much less seek professional training? How can the United States create a stable caregiver workforce over the next two decades that is better trained and two to three times larger than it is today for a job that has no future and that is too often devalued and considered common labor that “anyone” can do?

The Caregiving Project for Older Americans believes a career ladder for caregivers is essential to train and retain a larger, more qualified workforce. We also believe a national organization is needed to provide the support caregivers need (see national home caregivers association below).

We have identified two paths, based on professional education or training, that can act as a career ladder for caregivers and provide them with opportunities for higher wages, increased opportunities for advancement in a wide variety of workplaces, personal satisfaction and stability, and membership in a respected, valued profession: *Academic/Technical Training* or *Nonacademic Specialty Caregiver Training*.

Caregiver training as career entry point

With the availability of professional training to develop competency in increasingly complex levels of caregiving, an entry level will be created; trainees can complete three levels of an accredited curriculum of caregiving training that leads to becoming a *Certified Geriatric Home Caregiver: Level I-Elder Pal™*, caregiving for older adults needing minimal assistance; *Level II-Personal Care Assistant*, caregiving for older adults needing minimal to moderate assistance; *Level III-Home Care Assistant*, caregiving for older adults needing moderate to maximum assistance. Upon completion of all three levels, plus a dementia care module, the graduate can be certified as a Geriatric Home Caregiver.

Academic education / technical training

The aforementioned caregiver training can be provided in a variety of educational settings, including community colleges, vocational/technical training centers, and high schools.

Through its Community College Caregiver Training Program, sponsored by MetLife Foundation, The Caregiving Project for Older Americans developed a network of training locations. Grants of up to

\$25,000 each were awarded in June 2007 to twelve community colleges selected from more than 75 applicants. Awards went to newly implemented caregiver training programs and for enhancements to programs already in existence. While specialized training was not required, all programs had to offer training that prepared students for in-home care for older people. Training programs also were required to have a component that addresses the needs of family caregivers.

The Project's community college initiative to facilitate formal caregiver training is a natural part of the career ladder for caregivers. The programs have a community orientation and include job placement and job counseling. Allied health programs and nursing programs are fast-growing curricula among community colleges. Providing a way for entry-level caregivers to start their training in a community college offers a natural environment for career progression as an LPN, RN, or other health professional. Entry-level caregivers will receive further incentive if they are provided college credits for the successful completion of their basic caregiver training.

Nonacademic specialty training

A second career path for caregivers is to become a more specialized caregiver by completing additional training in a variety of areas including dementia care, restorative care, disabilities care, palliative care, chronic disease care, among others.

National Home Caregivers Association

To support a new generation of well-trained caregivers (both paid and volunteer), a mechanism is needed that helps meet their needs for improved working conditions, better pay, health insurance and other benefits, a support network, and a community to which they can belong.

We envision this mechanism as an independent entity—either a new organization or a collaboration with existing organizations—that provides accreditation of caregiver training curricula, oversees caregiver certification and continuing education, and utilizes the power of the group to provide low-cost benefits, all manner of educational, informational, motivational, and promotional benefits, and other support for caregivers who qualify. The organization would not be a union; it would work synergistically with independent caregivers and with appropriate unions to find ways to support better training and certification for its members.

We anticipate that in the future most caregivers will come from minority and immigrant populations. They will need additional help with language (ESL) and cross-cultural skills to interact effectively with older adults and their families. The National Home Caregivers Association should include these important essentials.

CONCLUSION: STRATEGIES OF THE CAREGIVING PROJECT FOR OLDER AMERICANS

Strategic Priority: Public or Private Sector?

The conference participants represented many different aspects of our long-term care system in both the public and private sectors. Participants generally agreed on the pressing need for a new and much larger workforce of well-trained in-home caregivers for older adults, and on the urgent need to develop national in-home caregiver training standards.

Depending on their individual roles vis-à-vis the long-term care system, however, the panel differed with regard to whether our first priority for developing national training standards should be to focus on caregivers working in the public or private sector. Both viewpoints are valid, since in-home caregivers in both areas need national standards to raise the level of training, but they represent different strategic challenges.

The most visible and developed part of our long-term care system is the public-pay sector. Due to government programs and funding, it is much more structured and regulated, including a mandated minimum of caregiver training whenever Medicare/Medicaid is involved. Significant changes will require public policy discussions and national and/or state-by-state legislative and regulatory action. Though highly visible, the public-pay sector serves less than 35 percent of all older Americans—those who qualify for financial assistance for long-term care in any setting.

Sixty-five percent of all older Americans pay for their own long-term care, usually at home, with their caregiving provided by family caregivers who may seek support from volunteer or paid caregivers. The vast majority of all caregivers who work in the home, caring for the vast majority of all older adults, are untrained and unprepared to deliver caregiving that enhances the functional independence and the quality of life of older adults.

The Caregiving Project for Older Americans considers caregivers working with the private-pay majority of older Americans and their families to be top priority for national standards for in-home caregivers. In addition, we believe that the new national training standards must exceed current training levels in the public long-term care sector; the new standards could be adopted immediately in the public sector where feasible. Over time, as our long-term care system is modernized, the same standards can be utilized as guidelines for all public-pay caregiving for older adults.

Training Standards

As discussed previously, the development of national standards for in-home caregiver training may best be implemented through curricula that are based on core caregiving competencies with additional levels of specialized training for the in-home caregiving of older adults to provide appropriate quality of care and quality of life.

The most obvious requirements for caregiver training standards cover best practices in physical and dementia caregiving skills, ranging from the most basic to the most advanced. Many of these may be considered core caregiving competencies, but in training caregivers for older adults it is important to inculcate an attitudinal component; older adults are not *patients*, they are people who wish to maintain independence while accepting assistance where needed, and with whom the caregiver must establish a relationship of mutual respect.

In addition to the core caregiving competencies and more specialized skills specific to caring for older adults, there is a growing recognition of the need for attitudinal, psychological, and social skills in home caregiving situations. National standards for training in-home caregivers must include components on the process of caregiving, ethical behavior, sensitivity training on issues relating to elder abuse, relationships with families and care recipients, the establishment of a positive working environment and mutual expectations, care coordination responsibilities, communications skills, and self-care for the caregiver that includes stress management.

Target Audiences

Strategically, the issue can be reduced to which sector—public or private—offers the most immediate potential for successful action and meaningful results to help solve our urgent caregiver needs—both quantitative and qualitative—and which sector becomes the secondary target. While some experts work in the public sector and favor standards focused first on the public sector, we believe there are compelling reasons that the primary target for national in-home caregiver training standards is the caregiver working in the privately paid sector. The secondary target is the caregiver working in the publicly paid sector, or working in both arenas.

Strategies

We have a unique opportunity to develop innovative, affordable new approaches to in-home caregiving for older adults. Our aim is to develop a national systemic approach to recruiting, training, and retaining paid professional caregivers and enhancing their key role in support of family caregivers.

To accomplish these goals, we will pursue the following strategies:

- Adopt the term *Geriatric Home Caregiver* (GHC) to denote a professionally trained caregiver of older adults in home settings

- Establish uniform national standards for the training of GHCs to be used by everyone who creates curricula
- Implement a process for accreditation of all training curricula for GHCs
- Develop a certification process for the GHC
- Set a standard for annual continuing education for GHCs
- Promote the creation of a career ladder that could further attract individuals to this workforce
- Facilitate the establishment of a national home caregivers organization—whether a new organization or a collaboration with existing organizations—that operates as an independent entity providing accreditation of caregiver training curricula, overseeing caregiver certification and continuing education, and offering low-cost benefits, along with educational, informational, motivational, and promotional benefits, for in-home paid and volunteer caregivers who qualify.

APPENDIX: PROFESSIONAL ADVISORS, EXPERT PANEL, AND PROJECT STAFF

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President and CEO
National Alliance for Caregiving

Advisory Committee (in attendance)

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Professor and Dean, School of Public Health
University of Minnesota

Humphrey Taylor
Chairman, The Harris Poll
Harris Interactive, Inc.

Special Guest

George Maddox, Ph.D.
Professor Emeritus
Duke University

Expert Panel

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Developing National In-Home Caregiver Training Standards

The conference transcript is available online at
<http://ilcusa.org/caregivingconference/transcript>.

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