

**Caregiving Brief**

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An Educational Pathway for Geriatric Home Caregivers

Introduction

John Peterson is 83 years old and lives with his 81-year-old wife. Mr. Peterson has macular degeneration and heart disease and is the primary caregiver for his wife who recently had a stroke. The Petersons wish to remain in their home but need regular help in order to do so. Given their financial status, they do not qualify for government (public) assistance so they pay privately for a home caregiver who assists them with activities of daily living, such as bill paying, light housework, shopping, cooking and bathing. Over the course of the last 6 months the Petersons have spent over \$3,500 for home care services. They have had 7 different home care workers, only one of whom had any formal caregiver training.

Mr. Peterson and his wife are a typical example of the growing number of older adults who, with or without support from family, will choose to remain in their home and pay privately for home care services. Regardless of whether the services are arranged directly or through a private home care agency, the reality is that home care services are expensive, training of caregivers is inconsistent and there is a shortage of available workers.

The growing demand and resulting shortage of home care workers is well documented and recognized by experts in both public and private sectors. Between 1989 and 2004 the number of workers providing home care assistance and home health services tripled and in the next two decades our country will need between 5.7 and 6.6 million in-home caregivers who are professionally trained to help society's frail aged.

With respect for the work already accomplished and acknowledging the various organizations working to improve the caregiver shortage, this brief advocates for the creation and implementation of a multi-tiered educational pathway to attract, train and retain *privately paid* geriatric home care workers, a growing segment of the workforce that is rarely discussed and desperately needed.

An Educational Pathway for Geriatric Home Caregivers

By Sherry White, BSN, RN, BC, and Beth C. Vaughan-Wrobel, EdD, RN, FAAN

An educational pathway

The establishment of a multi-tiered educational pathway for geriatric home caregivers would support efforts to meet the needs of an increasing number of community dwelling older adults who require assistance with activities of daily living, while generating a cadre of qualified employees for an expanding non-medical private home care market. An educational pathway for geriatric home caregivers would also standardize the training of home care assistants while providing these individuals access to routine, high quality continuing education opportunities and the potential for career advancement.

There are many training programs for nurse aides but *few* designed to train individuals to care for older adults in the home.¹ For example, certified home health aide training programs focus on care in the home but are universal in scope; they include information and skills that are needed to care for people who require assistance over the life span, including children and adults receiving rehabilitation. On the other hand, certified nurse aide (CNA) training programs, which do focus on the care of older adults, include advanced skills needed to care for individuals with complex medical conditions residing in institutional settings. Finally, and most important, basic nurse aide training programs lack important content that private duty geriatric home caregivers need in order to work safely with older adults in the home. For example, few if any CNA training programs include instruction on cooking or “assisting” with medications in the home, skills performed daily by home caregivers working with older adults.

Although slower paced than a typical 2-4 week training program for CNAs, a multi-tiered educational pathway approach to training geriatric home caregivers has

multiple advantages. For the learner, information is presented in smaller segments or “chunks” than traditional nurse aide training programs. Students have the opportunity to learn at a slower pace, and if they so choose can work at the level to which they have been trained while continuing their education. For instructors, the multi-tiered approach to training would enable them to focus on specific content and skills utilized at the various levels of home care instead of trying to condense all the material into one course. In addition, a slower segmented approach to training allows the instructor more time for interactive teaching strategies and skills practice. Overall, an educational pathway designed to train geriatric home caregivers would have multiple benefits.

Who benefits from an educational pathway

A multi-tiered educational pathway for geriatric home caregivers would have multiple benefits to numerous people across all care settings, including persons receiving care, home care workers, families, the home care industry and private employers.

Persons Receiving Care

A specific educational pathway designed to train geriatric home caregivers would support current government and public health initiatives by the Department of Health and Human Services (DHHS), the Agency for Healthcare Research and Quality, (AHRQ), the Centers for Medicaid and Medicare Services (CMS), the Administration on Aging (AOA) and the (AARP) to increase the quality of care that older Americans receive, while supporting their desire to remain both safe and independent as they age. In addition, an educational pathway for geriatric home caregivers may also be viewed as an assertive step towards minimizing the potential for abuse and exploitation that

exists when community-dwelling older adults must rely on the assistance of untrained paid caregivers for basic needs.

It is well recognized that older adults have unique needs and vulnerabilities that are basic to the biology of aging. By providing all geriatric home care workers with standardized basic information relating to normal biological and psychological changes that occur with age, infection control, asymptomatic/early presentation of illness, risks of dehydration, infection and falls would have an immeasurable impact on the quality of care they provide even at the companion level. Most importantly, the standardization of geriatric home caregiver training would certainly minimize the incidence of unintentional harm to both the care recipient and the worker that can result from a lack of knowledge and inadequate training.

Home Care Workers

Within the field of home care, workers are employed in various settings and have a variety of titles. A multi-tiered educational pathway specifically designed for geriatric home caregivers would not only standardize their titles and legitimize their training but would also increase the number of people qualified to work in these critically important roles, recognize their importance within our long term care system and provide them with the opportunity for continuing education and career advancement.

Non-skilled home care workers Commonly referred to as home care companions or homemakers, non-skilled home care workers are individuals with minimal or informal training who provide supportive care in the home. Usually employed directly or through private home care companies, non-skilled home care workers are usually the lowest paid in the hierarchy of direct care workers and generally are not certified. Because of the supportive nature of their jobs and limitations of their training, some states prohibit non-skilled care providers from “touching” their clients. In reality it is often the home care companion who provides “affordable”, basic supportive care services such as bill paying, shopping and housework—services that enable many older adults to remain in their homes! Yet the value of these workers goes largely unrecognized and in the present system of home care, non-skilled home care workers are not offered any opportunity for formal training, continuing education or career advancement.

Non-skilled home care workers deserve to be recognized and included along with other professional long term caregivers in a system that recognizes and values what they do, one that provides them with quality training, opportunities for career progression in the field of geriatric home care and access to quality continuing education.

Personal Care Assistants Semi-skilled home care workers commonly referred to as Personal Care Assistants (PCA) or Home Care Aides (HCA) work mainly for Medicaid waiver programs, private individuals or home care agencies and provide limited hands-on assistance with certain activities of daily living such as bathing. PCAs working for Medicaid programs are required to have training. However, the training requirements for PCAs vary from state to state and are often less than those required for Certified Nursing Assistants (CNAs). Again, there are no opportunities for advancement. As the system is currently designed in order for PCAs to progress to a CNA or home health aide (HHA), the individual must go back through training and repeat content, with no credit for what they have previously learned.

Personal Care Assistants deserve to be recognized for the training they have accomplished and given opportunities for career advancement. A multi-tiered educational pathway would provide PCAs and all levels of geriatric home care workers the opportunity for seamless advanced training and access to quality continuing education. As the needs of their care recipients’ increase, and/or at their own desire, PCAs could return to class to learn more advanced skills or access on-line continuing education modules regarding specialized health conditions or care scenarios.

Finally, a multi-tiered educational pathway would support scope of practice guidelines for all levels of home care workers and deter workers from providing care beyond their level of training. This unified seamless approach to training would not only provide home care workers with a better understanding of their skill set, it would also establish clear parameters regarding what family members and employers can reasonably ask/expect home care workers to do.

Families

A specific educational pathway, including national training standards for geriatric home caregivers, would help families gauge who is and who is not qualified to be hired

as a home caregiver. Unknowingly, families often assume and/or are led to believe that in order to work as a home caregiver, individuals must have received formal training. More often than not, personal experience caring for a family member or some housekeeping experience is all one needs to be hired as a private home care worker.

Because there are no regulations governing the training of privately paid home caregivers, the level and quality of instruction home care agencies provide their employees vary greatly. In fact, it is not unusual for home care companies to send kind-hearted, informally trained people into the home of an older person to work after only a few hours of in-service training. Overall, the training provided by home care agencies includes little, if any, detailed information about caring for individuals with specific geriatric conditions. In fact, some operators/owners of home care companies perform their own employee training yet they have no background or training in nursing or any other healthcare field. Unfortunately, the word “training” has multiple meanings and can be interpreted in different ways. In the case of home caregivers, “training” can be as inconsequential as having the employee watch a video or read a book.

The Private Home Care Industry

In the last several years the growth of the private home care industry has resulted in an exploding need for qualified home care workers with varying levels of expertise and

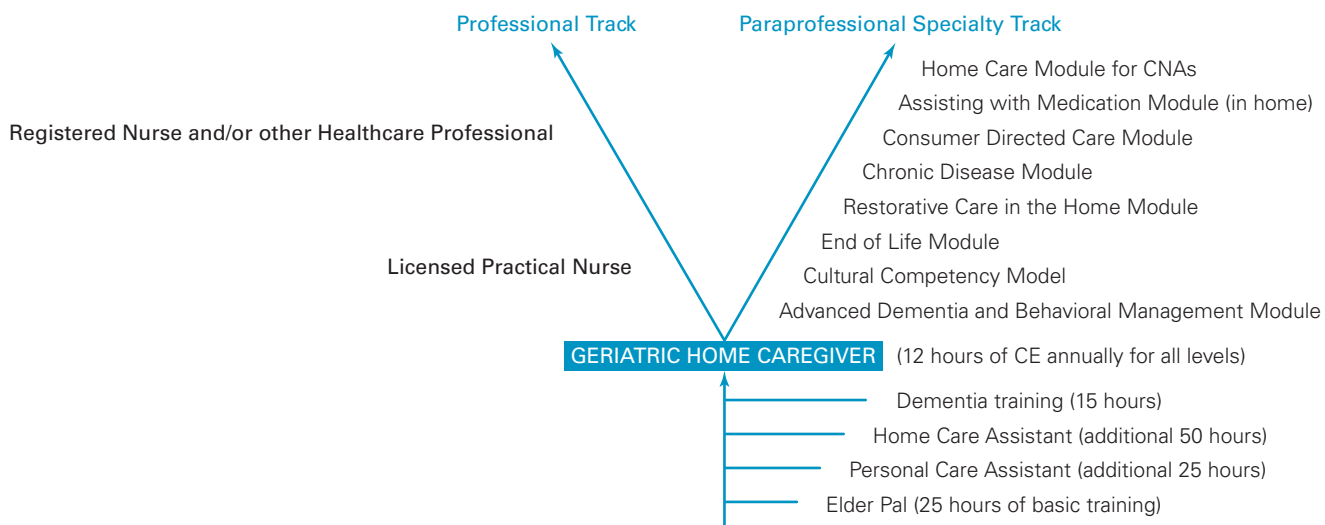
skills. This industry does not always need workers trained at the level of CNA or HHA, yet they need workers who have training relevant to caring for older adults in the home at the companion and Personal Care Assistant level. An educational pathway for geriatric home caregivers would help provide qualified workers for this growing industry. In addition it would also create an additional conduit for the recruitment and training of individuals who have the desire to work with older adults in the home but who have difficulty tolerating the pace/schedule of traditional nurse aide training programs. For example, in the educational pathway model, the first level of training would be well suited for an adult with a desire to work in the field of caregiving but who believes traditional nurse aide training programs would be too lengthy or physically demanding.

Private Employers

In years past, it was common for older people to live in close proximity to, or even in the same household as their immediate family, and caregiving was provided by a daughter or other close female relation. Today many more women are employed outside of the home, and it is far less common than in the past for women to assume the sole responsibility for the care of an older family member. Moreover, some women are single mothers who cannot afford to quit work to care for an elderly family member.

Working family caregivers is an issue of growing concern for employers. Many employees who are unable to find

Schmieding Caregiver Training Educational Pathway for Geriatric Home Caregivers



Note: Advanced courses in paraprofessional tract can be completed in any order; modules are not all-inclusive.

reliable high quality in-home caregivers for their aged family members have increased absenteeism and workday interruptions, utilize the Family Medical Leave Act, take unpaid leave or leave the workplace entirely. Implementation of an educational pathway to train home caregivers is an intervention that is likely to increase the availability of geriatric home caregivers, and lessen the burden on employers and their employees.

A Model for an Educational Pathway

The educational pathway presented here is based on work undertaken by the Schmieding Center for Senior Health and Education, as well as the work of the Paraprofessional Health Institute (PHI), the National Association of Home Care and Hospice (NAHC), the Institute for the Future of Aging Services (IFAS), the National Private Duty Association (NPDA) and others in the field of caregiving. This educational pathway establishes minimal training requirements and nomenclature for each level of geriatric home caregivers. It moves incrementally from the basic level to the advanced or geriatric home caregiver level and advanced specialty certifications that can be completed through on-line or face-to-face training.

The first level, Elderpal, provides 25 hours of basic instruction related to the care of the older adult and is appropriate for training home care companions. The second level contains an additional 25 hours of instruction and is appropriate for training Personal Care Assistants. The third level contains 50 additional hours of instruction and qualifies the individual to be a Home Care Assistant. Each level of training builds upon the previous level, progressing from simple to complex. For example, at the Elder Pal level the caregiver learns basic infection control principles including hand washing, how to apply and remove gloves and principles of universal precautions. At the Personal Care Assistant level the student builds upon previous knowledge and is introduced to other personal protective equipment used in the home. Finally, at the Home Care Assistant level the student practices advanced isolation techniques. To obtain the level of “Geriatric Home Caregiver” the student must also complete 15 additional hours of training in the care of persons with dementia. Graduates who successfully complete training at any of the four levels are required to complete 12 hours of continuing education per year.

After becoming a Geriatric Home Caregiver, the student can choose to follow either the professional education track or the paraprofessional education track. The professional track leads the student on the path to obtaining a degree in nursing or other health care discipline with continued work in the field of home care or geriatrics. The paraprofessional education track is designed to enable the student to become a certified nursing assistant (CNA) or certified home health aide (CHHA) with advanced specialty certification. Advanced certification would require the CNA or CHHA to complete specialty modules on advanced care topics, including dementia, restorative care in the home, end of life issues, chronic disease, medication assistance, consumer directed care, etc., all of which can be done in any order as the need arises.

This educational pathway could be implemented in either a freestanding caregiver education center, such as the Schmieding Center or within an existing educational facility, such as a technical or community college. Either way, the pathway would require both public and private support. Area hospitals, private home care companies, local aging networks, educational institutions, community foundations and local philanthropists are just some of the entities that would need to support such an endeavor.

Collaborative partnerships with community colleges would support consistency of training while establishing a mechanism for exposing students to additional educational experiences and the opportunity to earn college credits for the more advanced courses. Finally, to make this work, specific funding for the tuition of geriatric home care training should be included in local workforce development projects. Home care companies should be reimbursed for the expense of training staff equal to what is provided for nursing homes.

Challenges to implementation

Challenges to the implementation of an educational pathway for geriatric home caregivers include differences in state Medicaid programs and inconsistencies in private vs. public regulation from state to state. In addition, within the field of caregiving there are differing beliefs regarding the best methodology of training caregivers. Some advocate for the “one size fits all” (universal) method of training all direct care workers. Others support the need for specialized training and certification of caregivers for

different populations, such as children with developmental disabilities, persons with psychiatric illness, the physically disabled and the elderly. Other challenges include: gaining a consensus among educators on what core competencies should be included at each level, limited federal and state funding for training programs, competition for unskilled workers in other career fields, low pay and lack of insurance and benefits for the practicing caregiver.

Conclusion

Although nursing homes play an important role in the lives of frail older Americans who need skilled nursing and/or medical care, millions of older adults do not require institutional care and prefer or are obligated by financial constraints to continue living at home. Older adults who remain at home and their families deserve easy access to competent, professionally trained in-home caregivers, whether they hire them as independent contractors or through home care agencies.

This brief encourages communities to initiate geriatric home caregiver training programs using the model discussed herein. The creation of an educational pathway for geriatric home caregivers, beginning at the level of home care companion, would ensure that all workers in contact with older adults in the home setting receive standardized training on basic core skills and geriatric care principles while providing a seamless method for upward progression into other areas of home/health care that is currently not available. Finally, the establishment of an educational pathway for geriatric home caregivers would be an assertive and positive step towards increasing the supply and quality of home caregivers, who are so desperately needed if we are serious about helping older adults remain in their homes.

References

1. Alsbrook, White, Vaughan-Wrobel & Wright (2007). *Training Caregivers for Older Adults in the Home: A search for Curriculum*. Schmieding Center for Senior Health and Education Web site. Retrieved June 15, 2008 from <http://www.schmiedingcenter.org/pdf/CaregivingProjectOlderAmericans.pdf>.

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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 non-profit, non-partisan 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 a part of a multinational research and education consortium, which includes centers in the United States, Japan, Great Britain, France, the Dominican Republic, India, South America, 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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