

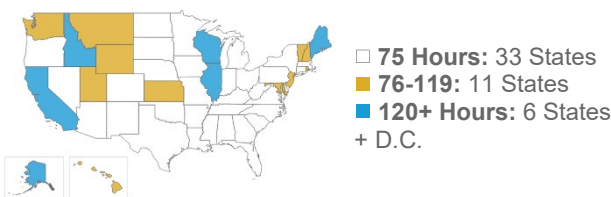
INCONSISTENT AND OUTDATED TRAINING STANDARDS LIMIT DIRECT CARE WORKERS

The demands on direct care workers have evolved significantly in recent decades and intensified during the 2020 coronavirus pandemic. Training standards and regulations for these roles are generally low and vary widely across states, occupational categories, and job titles. Most training systems have failed to keep up with the complex needs of today’s long-term care consumers, leaving direct care workers to fill their knowledge gaps on their own—in jobs that offer limited support, compensation, and professional recognition. This fact sheet looks at the patchwork nature of training requirements for direct care workers.

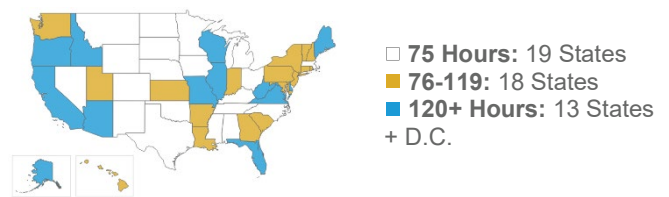
Training Standards for Direct Care Workers Are Fragmented

Federal regulations govern training for only two segments of the direct care workforce: home health aides and nursing assistants employed by providers registered with the Centers for Medicare and Medicaid Services. Many states have chosen to expand training requirements for these direct care workers beyond the 75-hour federal minimum.

HOME HEALTH AIDES

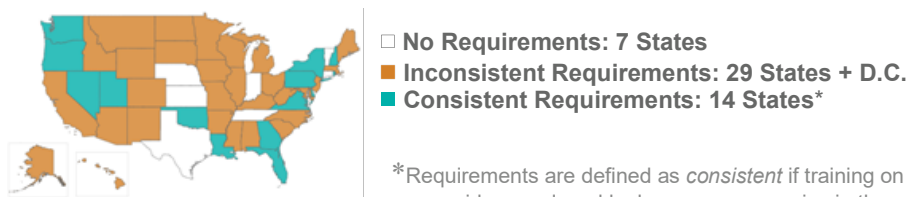


NURSING ASSISTANTS



There are no federal training standards for personal care aides. Training requirements for personal care aides are determined at the state, program, or payer level. Personal care aides employed directly by consumers are generally not subject to training requirements.

PERSONAL CARE AIDES



*Requirements are defined as *consistent* if training on a uniform list of topics is required for all personal care aides employed by home care agencies in those states.

The Complexity of Direct Care Work Often Goes Unrecognized

Training requirements for direct care workers—and public discussions about their role—tend to focus on the important tasks these workers perform assisting consumers with activities of daily living (ADLs) and instrumental activities of daily living (IADLs). Less consideration is given to the fact that direct care work is physically demanding, requires social and emotional labor, and supports consumers’ medical needs and social determinants of health. Direct care jobs are regularly and incorrectly termed “unskilled” or “low-skilled” when in fact their work is both skilled and complex. Direct care work requires competencies beyond what the field’s training standards provide and is worth far more than direct care workers are paid.

DIRECT CARE WORK IS REAL WORK. IT DESERVES QUALITY TRAINING AND CAREER OPPORTUNITIES.

The uneven and underfunded training infrastructure for direct care occupations undermines both the potential and perceptions of this workforce. But by improving training and career opportunities in long-term care, it will be possible to demonstrate the value of direct care work and drive greater investment in direct care jobs.

It is in all our interests to build a stronger training system for direct care workers to better serve consumers, families, workers, employers, and health systems.

Here are two immediate opportunities to elevate the role of the direct care worker.

1. Invest in and Enforce Competency-Based Training

The most widely proposed recommendation for improving direct care training is to establish a set of core competencies for the delivery of long-term care, drawing on existing models and with input from diverse stakeholders. Requiring the universal adoption of core competency standards across states, care settings, and payment programs—with opportunities for customization and expansion—will help ensure direct care workers are better prepared and empowered to provide high-quality services to older adults and people with disabilities everywhere.

2. Evaluate the Impact of Upskilling, Advanced Roles, and Care Team Integration Interventions

Greater research attention on what direct care workers can do will help to show policymakers, payers, providers, and other long-term care leaders that investing in these jobs yields meaningful economic and social returns. This investment includes funding and evaluating demonstration programs that upskill workers to meet the needs of today's long-term care consumers, create advanced roles in direct care, and prepare this workforce to do more within health care and social service delivery as members of interdisciplinary care teams.

CALL FOR RESEARCH

Maximizing the role of direct care workers will require measuring their contributions to care coordination and to preventing avoidable, costly health outcomes among long-term care consumers, such as rehospitalizations and emergency department visits. Improving these outcomes has become a priority in the era of value-based payment—and is central to efforts to flatten the curve of COVID-19 infections by allowing high-risk consumers to stay safe and supported in their homes, in residential care settings, and in nursing homes.

This fact sheet highlights key findings from *Direct Care Work Is Real Work: Elevating the Role of the Direct Care Worker*. Released in July 2020, the report considers how existing training standards fail to capture the full range of skills required for direct care work and raises opportunities to elevate this workforce in care coordination. The report is the third installment in a year-long series of reports that examines the importance and impact of the direct care workforce. The final, comprehensive report—*Caring for the Future: The Power and Potential of America's Direct Care Workforce*—will be released in January 2021. This report series was made possible through generous support from the W. K. Kellogg Foundation and the Woodcock Foundation. Read *Direct Care Work Is Real Work* at PHInational.org/CaringForTheFuture.