

The State of the State of Dementia Care Training Programs and Credentialing

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AMERICANS LIVING WITH DEMENTIA
~7.4M
12.7M+ projected by 2050

Background & Significance

Direct care workers (nursing assistants, personal care aides, home health aides, activity support staff) deliver most of the daily care to the **7.4 million Americans living with Alzheimer’s dementia** across skilled nursing, assisted living, adult day, and private home settings.

Their responsibilities span ADL and IADL support, behavioral symptom management, person-centered non-pharmacological interventions, care transition support, and early identification of health status changes that reduce avoidable hospitalizations.

Despite this complexity, the direct care workforce faces three interlocking crises:

- Chronic undertraining — federal minimum of only 75 entry-level training hours with 12 hours annual continuing education
- Inconsistent credentialing — state dementia-specific requirements vary widely or are nonexistent
- Persistent under compensation — median annual earnings of \$26,000 in 2023; 49% receive public assistance

DIRECT CARE WORKERS
~5.3M
Largest U.S. health occupation

Training Gaps & Credentialing

Federal minimums have been scrutinized as insufficient even for residents without dementia. Cognitive impairment care is required training for nursing assistants but not home health aides.

State dementia-specific training requirements

- **13 states** have dementia training requirements for in-home direct care workers
- **44 states + DC** have assisted living dementia standards, but only 14 apply beyond dedicated dementia units

Recognized programs — essentiALZ® certification and the ECHO Dementia Care Program — align with Alzheimer’s Association Dementia Care Practice Recommendations but neither reaches sufficient scale for current or projected demand.

- **Inadequate training** fuels mischaracterization of workers as “low-skill,” undermines retention, and directly compromises care quality
- Home-based direct care quality **measurement remains nascent**, limiting accountability

NEW WORKERS NEEDED
~772K
2024-2034 (BLS projection)

Challenges & Care Quality

Turnover & attrition drivers

- **Discrimination** marginalizes a workforce that is predominantly women and people of color
- 50% of Black and Latina female CNAs earn **<\$15/hr**; only 10% have employer health insurance
- Nursing assistants are **3-5x more likely to experience workplace injury** than average U.S. workers
- **28% of direct care workers are immigrants** — recent immigration policy changes portend further attrition

Care quality consequences

- Understaffing drives **avoidable hospitalizations and ER visits**
- Facilities with high staff empowerment show a **64% retention advantage** over low-empowerment facilities
- **Shortages most acute** in facilities serving Black residents and in disadvantaged neighborhoods
- Direct care workers enabling aging-in-place prevent or delay nursing home placement; **~1/3 of families rely on informal “gray market” care**

Policy Recommendations

1. Establish training standards

Minimum competencies for dementia-specific care across all direct care roles, settings, and states

2. Scale evidence-based programs

Fund training through Medicaid, GWEP, and federal and state workforce development grants

3. Tie compensation to credentials

Wage pass-throughs, direct stipends for dementia care roles, pay increases linked to training completion

4. Expand HCBS financial support

Increase Medicaid reimbursement for HCBS to reduce reliance on unstable gray-market arrangements

6. Empower the workforce

Integrate workers into care teams and care planning; offer benefits, childcare support, dementia-specific career ladders

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