

A Dementia-Competent Workforce: A Narrative Review and Analysis of Dementia Certification Training Programs

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Executive Summary

Background

The rapidly increasing number of individuals living with dementia presents a significant, multifaceted challenge for the American healthcare system. A gap persists between the rising need for dementia care and the limited number of certified providers.

Aims

The specific aims of this Rapid Response Request report were to:

1. Examine current literature on dementia certification for providers
2. Review existing certification options for dementia care
3. Discuss the potential benefits and drawbacks of certifying dementia care providers

Data and Methods

A narrative literature review was conducted in June 2024 and October 2024 to examine the existing literature on dementia certification for providers. Concurrently, a Google search was also performed to identify dementia certification programs currently available to healthcare providers in the United States. For each of these 12 programs, information was organized detailing the organization, program title, target audience, outcome of completion (e.g., certification, credentialing, continuing education requirements), program location, cost, inclusion of Alzheimer's Association Dementia Care Practice Recommendations, and other unique program characteristics.

Results

A total of 12 certification programs were analyzed. These programs varied widely in cost, topics covered, delivery format, and hours of training provided. Few of the identified programs addressed the eight Alzheimer's Association care recommendations. Only two of the 10 programs with available course descriptions included modules on cultural competency and diversity considerations.

Discussion

Having a dementia-competent workforce is critical for upcoming years as the incidence of dementia cases continues to rise. The existing dementia certification training programs reviewed in this document prepare staff on various areas of dementia care, such as disease knowledge, diagnosis, treatment, assessment and challenging behaviors. The current population of adults living with dementia is diverse, encompassing various races and ethnicities, sexual and gender identities, traditions, beliefs, and language preferences. This is only expected to increase in the coming years. Quality care and a supportive environment for this population will require a deep understanding of the patient and respect for everyone's identity, culture, and preferences. Training certification programs must be made available and accessible in modalities that are not exclusively virtual. The certification programs that our team identified were solely online. Remote training options also prevent in-person interaction and hands-on practice.

Introduction

The rapidly increasing number of individuals living with dementia presents a significant, multifaceted challenge for the American healthcare system. Over 6 million Americans are currently living with Alzheimer's disease, a number projected to rise to nearly 13 million by 2050.¹ This population is dispersed across various care settings, including primary care, community care, long-term care in skilled nursing facilities (SNFs) and assisted living communities, adult day health, home health services, and acute care. Each of these care settings has its own regulatory requirements, resources, and levels of trained staff, leading to significant variability in the dementia care provided.^{2,3} The diversity of care settings, combined with the lack of mandatory dementia-specific certifications, the voluntary nature of existing certifications, varying state-specific requirements, as well as varied continuing education amongst different healthcare professionals, raises concerns about the consistency and quality of dementia care.

The rising prevalence of dementia will create new workforce demands, yet the US is already experiencing shortages of providers who can deliver dementia care. While some healthcare providers in various care settings may have specialized training in dementia care, many do not, potentially leading to disparities in the level of care received by individuals with dementia. In 2022, the United States had 355,000 licensed nurse practitioners, yet less than 1% were certified in gerontology.¹ The specific number of nurse practitioners providing dementia care or working in gerontology was not mentioned by the Alzheimer's Association. Likewise, the representation of geriatric psychiatrists remains notably insufficient, as fewer than 700 have been certified by the American Board of Psychiatry and Neurology over the past decade, and their distribution is highly concentrated in only a few states.¹ Additionally, as of 2018, less than 1% of physician assistants (PAs) were certified in geriatrics, despite a nearly 400% increase in PAs specializing in geriatric care since 2013 due to greater demands for care.¹ The contrast between the rising prevalence of dementia and the low numbers of certified professionals in geriatrics and dementia care across various healthcare roles underscores the urgent need for strategies to increase specialized training, certification, and retention of providers in this critical field.

Several national initiatives have been implemented to improve the quality of dementia care through certifications and care standardization. In the 2022 National Imperative to Improve Nursing Home Quality report, the National Academies of Sciences, Engineering, and Medicine (NASEM) emphasized the need for more rigorous educational and competency standards in dementia care. NASEM recommended that the Centers for Medicare & Medicaid Services (CMS) establish minimum education and national competency requirements for nursing home staff.⁴ Specifically, medical directors and directors of nursing should complete education or certification programs specific to the care of older adults, including high-level knowledge about dementia care.⁴ The report also emphasized the importance of providing current nursing staff members with low-cost, accessible, and high-quality pathways to achieve the recommendations mentioned above.⁴

In 2024, CMS launched the Guiding an Improved Dementia Experience (GUIDE) Model, which aims to improve care for people living with dementia by establishing and mandating standardized care in services offered, the interprofessional team delivering care, and the training requirements for care navigators.⁵ CMS specifies that care navigators must complete specific training in dementia, assessment, and care planning, though CMS does not mandate particular professional backgrounds or certifications for this role.⁶ Clinicians can demonstrate "dementia proficiency" by meeting one of

three criteria: having at least 25% of their patient panel comprised of adults with cognitive impairment or adults aged 65 or older in the past 5 years, or having a specialty designation in neurology, psychiatry, geriatrics, geriatric psychiatry, behavioral neurology, or geriatric neurology.⁶ These requirements, which specify qualifications and experience levels for team members, could serve as a foundation for a national certification program for dementia care providers. By implementing these standards across participating healthcare organizations nationwide, the GUIDE model effectively establishes a baseline for specialized dementia care expertise that could evolve into a more formal certification process for clinicians in this field.

Furthermore, the Geriatric Workforce Enhancement Program (GWEP), established by the Health Resources and Services Administration (HRSA) in 2015, continues to play a pivotal role in advancing the education and training of providers in geriatrics at various institutions. Institutions and centers with the GWEP have had a significant impact on increasing geriatric certifications among healthcare professionals. According to a survey conducted as part of the evaluation of GWEPs, 73% of GWEP sites reported collecting at least one standardized measure related to geriatrics. One of the most frequently reported measures was the increase in the proportion of the healthcare workforce with geriatric certification, aligning with the objectives of HealthyPeople 2020.⁸ Additionally, GWEPs include the significant emphasis on dementia care. In 2019 and continuing in 2024, HRSA required that GWEP recipients incorporate at least \$100,000 of awarded funds to training for Alzheimer's Disease and Related Dementias in their programs to ensure that healthcare providers, students, patients, and caregivers receive education on cognitive and behavioral impairments associated with dementia.^{9,10}

Despite increased awareness from NASEM recommendations and initiatives like the GWEP centers across the United States, a gap persists between the rising need for dementia care and the limited number of certified providers. The CMS GUIDE Model, with its specific qualifications and "dementia proficiency" requirements, offers a structured foundation that could support a standardized national certification for dementia providers, ultimately raising care standards across the healthcare sector.

Aims and Methods

Aims

The specific aims of this Rapid Response Request report were to:

1. Examine current literature on dementia certification for providers
2. Review existing certification options for dementia care
3. Discuss the potential benefits and drawbacks of certifying dementia care providers

Methods for Narrative Review

A narrative literature review was conducted in June 2024 and October 2024 to examine the existing literature on dementia certification for providers, using PubMed, Google Scholar, and Web of Science. Articles considered were in English, were conducted/based in the United States, and were published in the last 14 years, from 2010-2024 (as we learned there is currently limited research about dementia certifications for providers). In our search, we defined "providers" as physicians, nurse practitioners, registered nurses, physician assistants, and certified nursing assistants (CNAs) to align with the target audience of the dementia certification programs we investigated (discussed

further below) and to align with the prompt for this report from HRSA. Articles were screened and selected for this review based on the title, keywords, abstract, and content.

PubMed was used for a general search and later utilized for refining the search using Medical Subject Headings (MeSH) to organize and access relevant articles. The general search was initially conducted using broad keywords to search for relevant articles. The keywords searched in PubMed and Google Scholar included: "dementia care", "providers", "certification", "professional certification", "impact", "training", "clinical", "clinician", "doctor", "staff competency", "quality of care", "pros and cons", "staff", "professional", "benefits", and "challenges". The search was narrowed using Boolean Operators amongst the keywords previously mentioned. From the general search, we compiled a list of MeSH terms to further refine the search of articles in PubMed. The MeSH keywords included: "Dementia", "Needs Assessment", "Clinical Competence", "Alzheimer", and "Curriculum". The first search was conducted on PubMed using the MeSH terms "Needs Assessment", "Dementia", and "clinical competence," which returned 27 articles. Following an abstract review, the list of articles was narrowed down to one article for this report. A second search on PubMed using the MeSH terms "Alzheimer" and "curriculum" yielded 29 articles, of which one article was used for this report.

Google Scholar was selected for its ability to aggregate scholarly articles across various disciplines, including gray literature and conference posters, for a more comprehensive review of the literature. To refine the results in Google Scholar, the "Advanced Search" feature was used to exclude results related to common dementia research topics (such as caregiver, death, neurology, and medication), as the first search in Google Scholar returned in 11,300 results. The second search on Google Scholar, using the search ""dementia", "certification", staff, professional, -caregiver, -death, -neurology, -medication", resulted in 3,210 results. To further refine our search and focus on United States-based studies, we excluded specific countries that frequently appeared in the results. Using the following keywords: "dementia," "certification," "staff," "professional," "-caregiver," "-death," "-neurology," "-medication," "-kingdom," "-Czech," "-Germany," "-Korea," "-Canada," "-Australia," "-China," we conducted a third search on Google Scholar, yielding 1,220 results. Given time and resource constraints, we limited our review to the first 10 pages of results. Subsequent pages contained articles that, based on their titles and abstracts, did not align with our specific research criteria. From this subset, we selected three articles that met our inclusion criteria. Lastly, we utilized Web of Science for its "Citation Network" feature, which provided valuable insights into the influence of the articles we selected and reviewed during our search.

Five articles were selected for review and were referred to in the creation of the "Pros and Cons of Dementia Care Training for Dementia Care Workforce" table in this report. We acknowledge that our search, review, and selection processes were limited by time and resource constraints. Therefore, this report does not include or reference an exhaustive list of articles related to or about dementia provider certification.

We used national surveys to analyze current use of long-term care and the current long-term care workforce; we projected demand for long-term care services and workers through 2030 and assessed how projections varied if we changed assumptions about utilization patterns.

Methods for Certification Program Assessment

While conducting the narrative review, a Google search was also performed to identify dementia certification programs currently available to healthcare providers in the United States. Following

methods consistent with the narrative review and in alignment with HRSA's report prompt, we defined "providers" as physicians, nurse practitioners, registered nurses, and certified nursing assistants (CNAs) to target certification programs relevant to this group. The search was conducted in June 2024 using the specific terms, "dementia care certification," "dementia provider certification," "provider certification for dementia," and "certifications for dementia/geriatric care." We observed that many programs listed a broad target audience of "healthcare professionals," which aligned with our defined provider group.

To manage time constraints and minimize redundancy, we reviewed results up to "page 5" of each search query, noting duplicate entries after "page 3" and a high prevalence of irrelevant results (e.g., caregiver training programs) starting around "page 3". Dementia certification programs were screened for inclusion in this report based on program title, program details, a target audience focused on healthcare professionals, and U.S.-based programs. From 50 search results, we identified 12 programs providing dementia training through certification or credentialing for healthcare providers, which were selected for further analysis.

For each of these 12 programs, information was organized in an Excel sheet detailing the organization, program title, target audience, outcome of completion (e.g., certification, credentialing, continuing education requirements), program location, cost, inclusion of Alzheimer's Association Dementia Care Practice Recommendations, and other unique program characteristics.

The Alzheimer's Association is one of the leading health organizations in Alzheimer's research, care, and support. They have led countless trainings and have been a leader in outlining the principles and practices of quality care for individuals that are living with dementia.¹ In 2018, Fazio and team, published the Alzheimer's Association Dementia Care Practice Recommendations, with the aim to better define quality care across care settings.¹¹ The Alzheimer's Association's recommendations included the following: Person Centered Care, Assessment Care Planning, Medical Management, Dementia Related Behaviors, Activities of Daily Living, Supportive Therapeutic Environment, Transition and Coordination of Services and Detection/Diagnosis. The ten recommendations were intended to be used as guidelines for educating and ensuring quality care from dementia care workers and their families. These recommendations were then used as a base to compare the course information of the twelve training programs, which were listed on their corresponding websites. A table summarizing program costs, length and targeted audience was created (see Table 1).

Results

Each certification program claimed to be developed by instructional designers and clinical experts and delivered by skilled trainers and experienced consultants.¹² These training programs varied in topics, intensity, and cost; all ensured to improve the worker's dementia knowledge and quality of care for those experiencing the disease on their websites. Upon completion, some programs, such as the PRESI Certified Geriatric Care Professional, offered 2-Year Certifications or Certificates of Completion such as the John Hopkins University Dementia Care Specialist course. More intense and expensive programs, such as HealthCare Interactive's Dementia Specialist Credentialing Program, offered the credentials C.D.S. (CARES Dementia Specialist) upon completion. For some, completion of the program also provided continuing education credits and units. Ten out of the twelve programs had publicly available course descriptions, but one of those only mentioned a Patient-Centered Care-based curriculum and no further information. Programs varied in length and number of courses required for certification.

Topics Covered in Training Programs

Given the complexity of dementia, comprehensive certification training programs are crucial for providing a deep understanding of the disease and its progression and addressing the broader aspects of caregiving for individuals living with dementia. After reviewing the program descriptions and course content, most of the information covered in the courses fell under the following categories: diagnosis, understanding behaviors, treatment, management, communication strategies, safety and quality care, including person-centered approaches. These categories were compared to the Alzheimer's Association Alzheimer's Dementia Care Training Recommendations, which include Person Centered Care, Assessment Care Planning, Medical Management, Dementia Related Behaviors, Activities of Daily Living, Supportive Therapeutic Environment, Transition and Coordination of Services and Detection/Diagnosis.

Few of the identified programs addressed the eight Alzheimer's Association care recommendations; only two of the ten programs fully aligned with the recommended guidelines, one being The Alzheimer's Association's program itself. The other programs covered most of the recommendations but did not encompass all. Ten out of the 12 included a person-centered care approach, which recent studies have shown to be highly beneficial by focusing on individual needs and ensuring respectful treatment.¹³ The remaining two programs did not contain publicly available course descriptions unless contacted or had website issues preventing access to program details.

Along with a person-centered approach, cultural sensitivity and competency should also be included in the curriculum. The person-centered approach "recognizes the individuality of the patient in relation to the attitudes and care practices that surround them".¹⁴ This includes practices such as conducting meaningful activities and incorporating personal knowledge of the person with dementia into their care.¹⁴ The population of adults 65 and older affected by dementia is made up of various ethnic backgrounds, spoken languages, traditions, and beliefs. Cultural competency can be defined as the "ability to use multiple cultural frames of reference in evaluating phenomena . . . and the acceptance of an identity that is not primarily based in any one culture".¹⁵ Providing quality care and fostering a supportive environment includes understanding the patient and respecting all aspects of each person's identity. Only two of the 10 programs with available course descriptions included modules on cultural competency and diversity considerations, (Mariposa Training & Gerontological Advanced Practice Nurses Association- GAPNA). The GAPNA program also included a module on emotional and spiritual support for the patient, which was mentioned in no other program descriptions.

Under the topic of quality care, discussing both patient and caregiver safety was critical. Among the programs with publicly available program descriptions, all had a module on safety, including fall prevention, fewer covered elimination of restraints, preventing wandering, and COVID vaccination recommendations. Only two programs focused on caregiver safety (John Hopkins University Dementia Care Specialist Certification and CARES Dementia Specialist Credentialing Program), which included course topics such as de-escalation, personal safety, and community support for caregivers experiencing burnout, stress, or grief. It is important to include content about caregivers' own physical and mental well-being since having proper caregiver support can have positive impacts on care delivery, and worker retention.¹⁶

Delivery Format

All 12 programs were delivered virtually through online learning modules with pre-recorded videos or synchronous, online seminars. These education opportunities were limited to individuals with internet access. To complete the course, participants required access to a laptop, high-speed internet, a working speaker/microphone, and, in some cases, a webcam. Virtual learning is convenient but can also present challenges for some individuals. Technical issues are common and can discourage participation. While internet access has increased over the years, digital and computer literacy still falls short.¹⁷ Although remote learning may seem like a more convenient option, it often overlooks factors such as vision and auditory impairments, levels of comfort with technology, and hands-on learning opportunities.

Cost

Program costs varied between \$60-\$799; however, the more expensive programs provided certifications and even credentials. Course cost was also directly related to course length and intensity. The least expensive available programs were the Alzheimer's Association Training and Certification and the Gerontological Advanced Practice Nurses Association's Dementia Care Specialist Certificate, which were under \$60 and did not have additional costs. Certifications and licensures, however, had initial costs of the training programs, additional costs for certification and, lastly, costs for certification/license renewals. These programs, such as the Certified Dementia Practitioner or the Certified Geriatric Care Professional certification through Evergreen, cost between \$160 and \$499 for certification, and between \$37 and \$150 for certification renewals, some of which were bi-yearly. The CARES Dementia Specialist (C.D.S.) Credentialing Program was priced at \$799 and offered a certification and a C.D.S credential. Some programs offered discounted rates for facilities interested in purchasing programs for multiple staff; however not all facilities and organizations were willing to cover training costs for their staff. With over 11 million family members and friends providing informal care for persons living with dementia, it is important that training programs are accessible and affordable to informal caregivers as well.¹⁸

Hour Requirements

Certification hour requirements ranged between 3-40 hours. Programs that required more training hours had more time to go more in-depth on certain topics, but their length and intensity were relative to program cost. Shorter programs, such as the EssentiALZ — Alzheimer's Association Training and Certification and the Gerontological Advanced Practice Nurses Association's Dementia Care Specialist Certificate, were estimated to take about 3-7 hours to complete. Certifications and licensures varied between 5-15 hours to complete and included time limits for completion. The CARES® Dementia Specialist™ Credentialing Program was the longest course, with 40 hours of online training. Some of the programs had completion time frames, some were guided, while others were self-paced with no time frames.

Discussion

Research and Policy Implications

Recent efforts that enhance the knowledge of the dementia, such as trainings for the primary care workforce, and other strategies to promote dementia specialist training, benefit both staff and patients.¹⁹ Staff who receive training on dementia care have increasingly positive attitudes towards dementia and knowledge of the disease that can significantly prove their delivery of care.²⁰ Having a

dementia-competent workforce is critical for upcoming years as the incidence of dementia cases continues to rise. The existing dementia certification training programs reviewed in this document prepare staff on various areas of dementia care, such as disease knowledge, diagnosis, treatment, assessment and challenging behaviors. Given the complexity of dementia, standard certification training programs are essential and must provide a deep understanding of the disease and its progression, while also addressing the broader aspects of caregiving for individuals living with dementia. Person-Centered Care Approach, which recent studies have shown to be highly beneficial by focusing on individual needs and ensuring respectful treatment and is recommended by the Alzheimer's Association, was covered in almost all certification programs.⁶ A Person- Centered Approach for individuals with dementia not only enhances the patient's quality of life by tailoring care to their individual needs but has also been shown to reduce agitation and risk of depression, and increase engagement.¹⁴

With a Person-Centered approach, cultural sensitivity and cultural competency should also be required in training curriculums. By 2045, the US population will no longer be predominantly white. According to the U.S. Census, 49.7 percent of the population will comprise individuals who are non-Hispanic white: Hispanics will comprise 24.6 percent, Blacks 13.1 percent, Asians 7.9 percent, and multiracial populations will be 3.8 percent.^{21, 22} Current data from Medicare beneficiaries aged 65 and older, indicate that diagnosis of Alzheimer's or other have been 10.3% of White older adults, 12.2% of Hispanic older adults and 13.8% of Black older adults.²³ A report on revealed that a majority of non-White Americans believe it is important for Alzheimer's and dementia care providers to understand their ethnic or racial background and experiences, fewer than half feel confident there is access to providers who are culturally competent.²⁴ The current population of adults living with dementia is diverse, encompassing various races and ethnicities, sexual and gender identities, traditions, beliefs, and language preferences. This is only expected to increase in the coming years. Quality care and a supportive environment for this population will require a deep understanding of the patient and respect for everyone's identity, culture, and preferences.

Cultural competency training is also beneficial for staff, specifically direct care workers who immigrate from other countries to the U.S. A study found that culturally sensitive orientation programs that emphasize the relevance of cultural competency by both employers and providers had positive effects on immigrant worker retention.²⁵ Nurses who immigrate from other countries to the U.S. make up a large portion of direct care workers and, considering current and projected health care and direct care staff shortages, efforts to increase job satisfaction and worker retention are critical.^{26, 27} Having proper caregiver support also impacts job satisfaction, worker retention, and the quality of care provided.²⁸ A certification training program offered by Johns Hopkins included a module on supporting caregivers and community resources. The Mariposa Training offered a module on caregiver grief support, and another program offered by the Gerontological Advanced Practice Nurses Association, included modules on caregiver stress and burnout. Having a healthy workforce is the foundation for quality care.²⁹ Modules about caregiver health should be included in all training programs. Caring for the physical and mental well-being of workers is equally important as caring for the population they serve.

Additionally, training certification programs must be made available and accessible in modalities that are not exclusively virtual. The certification programs that our team identified were solely online. While virtual learning is convenient for some, it can present challenges for others. Some staff may find screens and text too small, high-speed internet may not be available, audio quality and overall

virtual navigation issues may occur. These types of technical issues are not uncommon and may lead to frustration and discourage participation. Furthermore, though internet access has increased over time, digital and computer literacy still fall short.¹⁷ Remote training options also prevent in-person interaction and hands-on practice. A study on dementia skills training with 42 dementia care staff including RNs and NPs found that “the hands-on, interactive approach provided participants with numerous opportunities to increase their competency in managing challenging behaviors. The role-playing and standardized patients really made the difference between our training and standard dementia training”.³⁰ Another study found that didactic methods for dementia training that include lectures, hands-on training, group discussions, and role-play increased positive interactions and significantly improved communication skills in the care setting.³¹ Nurses report that any kind of training is valuable, and while virtual learning opportunities can make trainings available even from the comfort of the caregiver’s home, in-person interaction such as group discussions, role-playing and opportunities for hands-on application of knowledge with immediate feedback are also highly beneficial. These types of in-person training certification programs should be equally available as virtual learning opportunities.

Practice Recommendations

- 1) Training Affordability: Employers should cover a portion of the costs of receiving dementia care training. Dementia care workers (DCW) should be encouraged to take training that expands their knowledge, and skill sets for dementia care. Few training certification programs remain below the \$100 mark. Limited selection and high costs of certification programs can be discouraging for workers.
- 2) Increased Synchronous, Didactic Content: Future programs should enhance the quality of dementia training certifications through the increase of synchronous training programs that enhance opportunities for clarification of topics, feedback and group discussion.
- 3) Increased Experiential Learning: There should be increased opportunities for hands-on-training for existing programs through clinical practice hours requirements, incorporation of real-world scenarios in the curriculum, and opportunities to practice deescalating behaviors with access to mentorship and direct feedback.
- 4) Standardized Certification: Variation in certification programs and their content can create inconsistent knowledge among the DCW. Current programs can become part of a cohesive set of training options under a unified certification network. This approach of standardization would ensure that all staff who pursue a dementia training certification can receive consistent information that aligns with the Alzheimer’s Association care recommendations and is fit for a diverse demographic.

Research and Policy Recommendations

1. Requirements for All Providers: A comprehensive, nationwide policy should mandate that all providers working with persons living with dementia complete a specialized dementia care certification program. Following NASEM and Alzheimer’s Association recommendations, along with the findings of this literature review, it is evident that dementia care requires a nuanced understanding of disease progression, patient behavior, and person-centered care approaches. Requiring all providers to be trained and certified in these areas would help improve the quality of care.^{1,4} Currently, many certification programs focus on person-centered

care with positive patient outcomes, but critical areas such as cultural competency are only partially addressed.⁶ Ehlman found that dementia certification programs improve staff knowledge and perspectives and suggested they may reduce turnover by enhancing workforce confidence and competency in high-demand dementia care settings.³³ Mandatory certification can standardize training and ensure that all providers possess the knowledge necessary to provide safe and effective care.

2. The Role of CMS and HRSA in Funding Dementia Training: To ensure that dementia care certification is accessible to all, CMS and/or HRSA should subsidize or offer reimbursements for certification programs. Program costs currently range from \$60 to \$799, making these essential training programs financially inaccessible to some, particularly providers in underserved areas. Funding would remove financial barriers, enabling more healthcare providers to complete dementia training and obtain certifications. Funding could be integrated into HRSA GWEP grant requirements, which mandate that GWEP recipients allocate at least \$100,000 toward Alzheimer's and dementia-related training, ensuring education on cognitive and behavioral impairments.^{9,10} By financially supporting certification programs, HRSA and CMS can help build a more dementia-competent workforce by improving care outcomes and reducing long-term costs associated with poor care or hospital readmissions.
3. Requirements for CNA Training: CNA training programs should incorporate dementia care modules as a core requirement for CNA certification. While some CNA programs offer limited training on dementia care, this literature review revealed significant gaps in key areas such as cultural competence and caregiver support. Given the prevalence of dementia in aging populations and the direct involvement of CNAs in patient care, integrating comprehensive dementia care training into CNA certification would enhance care quality. Furthermore, requiring this training from the start of a CNA's education would ensure that frontline providers are equipped with the skills to provide tailored, person-centered care and manage challenging behaviors effectively.
4. Ensure Diversity in Training: By 2045, the U.S. will no longer have a white majority, with Hispanics being the largest minority group, followed by Black, Asian, and multiracial populations.^{21,22} The results of this review show that current certification programs only include cultural competency in a minority of training programs. Future policies should require all dementia care training programs to incorporate robust cultural competency training to prepare caregivers to meet the needs of a diverse patient population. This includes understanding the cultural, linguistic, and spiritual backgrounds of individuals with dementia, which can significantly affect their care needs. Policies ensuring that all certified providers receive this training will enhance care quality and reduce disparities in healthcare delivery for minority populations.

Conclusion

As the aging population affected by dementia continues to grow, so does the need for proper training within the dementia care workforce. The rising demand has spurred the creation of various training programs that cover a wide range of topics and are offered at various costs with benefits such as certification and licensure. However, financial constraints and significant time commitments can hinder both formal and informal care workers' access to these programs. Although the availability of online programs offers convenience, it also presents challenges for those less familiar with

technology or who have limited access. Additionally, dementia training programs must include resources and support strategies for care workers themselves, such as managing patient aggression, coping with grief, and preventing burnout at the very least.

Acknowledgments

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Table 1. Certification Program Descriptions (Title, Length, & Cost)

Organization	Program Title	Targeted Provider	Program Length	Program Cost
Evergreen Certifications ¹	<i>Certified Geriatric Care Professional</i>	Open to any healthcare professional interested in advancing Dementia Knowledge	18 hours of videos and modules	\$499.99-\$704.97
Alzheimer's Association ²	<i>EssentiALZ®—Alzheimer's Association Training and Certification</i>	For individual professional care workers and providers purchasing on behalf of staff	3 hours of videos and modules	\$59.99
National Council of Certified Dementia Practitioners ³	<i>Certified Dementia Practitioner® CDP® Certification</i>	Open to all healthcare professionals with at least one year of experience working in elderly care	1 full day of live, online seminar attendance	\$160.00
John Hopkins University ⁴	<i>Dementia Care Specialist Certification</i>	Open to anyone who is interested	5 hours of learning modules	\$250
National Certification Board for Alzheimer Care (NCBAC®) ⁵	<i>Certified Alzheimer Educator®, or CAEd®</i>	Aimed for healthcare professionals and staff such as administrators, social workers and educators	10 hours of video guided-modules	\$365 + \$65 for yearly renewal
International Council Of Certified Dementia Practitioners ⁶	<i>Certified Dementia Practitioner ® CDP®, Certified Montessori Dementia Care Professional</i>	Open to all health care professionals with a bachelor's degree or existing license and at least 1 year of experience in elderly care	7 hours online video content	\$300.00 + \$160.00 for bi-yearly renewal
Dementia Care Specialists (DCS) at Crisis Prevention Institute (CPI) ⁷	<i>Dementia Capable Care (DCC) Certificate</i>	Open to all healthcare staff	5 hour of virtual seminar attendance	\$389 for event registration
HealthCare Interactive, Inc. ⁸	<i>CARES® Dementia Specialist™ (C.D.S.)</i>	Open to all healthcare staff	40 hours of course videos and modules	\$799.00

	<i>Credentialing Program</i>			
Mariposa Training ⁹	<i>Level I Certificate of Training as a Dementia Care Provider + Level II Advanced Certificate</i>	Open to all healthcare staff	10 hours of pre-recorded video lectures	\$195
Thinkifik Dementia Training ¹⁰	<i>Dementia Care Certified® Training</i>	Open to all healthcare staff	8 hours of video content and additional online lessons	\$199 + \$37.97 for yearly renewal
Gerontological Advanced Practice Nurses Association (GAPNA) ¹¹	<i>Dementia Care Specialist (DCS) Curriculum + Certificate</i>	Open to Advanced Care Providers	15 Hours of video and modules	\$59
Dementia Care Education ¹²	<i>Dementia Care Certified®</i>	Open to all dementia care staff	8 Hours of video and modules	\$199

Table 2. Pros and Cons of Dementia Certification for Providers and Health Professionals

Pros	
<i>Enhanced Quality of Care and Workforce Knowledge Development</i>	Certification ensures that providers have received specialized training in dementia care, which can improve the quality of care provided to patients through education and support for individuals with dementia as well as their caregivers and providers knowledge of dementia. ^{32,33} Providers with training are better equipped to handle the unique challenges associated with dementia and provide more appropriate referrals. ^{32,34}
<i>A Potential for Workforce Retention</i>	Ehlman found that dementia certification programs improved staff knowledge and perspectives. They further suggested, as a regional initiative, certification programs have a potential to reduce turnover by building workforce confidence and competency, which can support retention in high-demand dementia care settings. ³³
<i>Compliance with Regulations</i>	Half of the states in the US require dementia training for Certified Nursing Assistants and only two states require training for registered nurses, licensed practical nurses, or licensed vocational nurses. ² Dementia certification allows for compliance with these requirements. To expand upon the current required trainings, recommends expanding Florida's state dementia training requirements to all direct-care workers, a recommendation that could be applied by more states and/across the nation for standardization. ³⁴
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<i>Variable Quality of Training Programs</i>	The quality of dementia care certification programs can vary widely and may need to be adapted to different settings (ex. online learning). ³⁴ Without standardized accreditation and rigorous oversight, some programs may

	not provide the comprehensive training needed to improve the quality of dementia care. ³⁴
<i>Administrative Burden and Burden to Providers</i>	Implementing and maintaining certification requirements could add an administrative burden to provider, especially if it is mandated and not done voluntarily. ³⁴ This burden could also be assumed to affect the administrative involved in tracking certification statuses, ensuring compliance with continuing education requirements, and managing the logistics of training programs.

Endnotes

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