



Testimony of Melissa Batchelor, PhD, RN-BC, FNP-BC, FGSA, FAAN
Associate Professor, George Washington University School of Nursing
Director, Center for Aging, Health and Humanities

“B23-0325, Dementia Training for Direct Care Workers Act of 2019”
DC Council Health Committee

December 18, 2019
Wilson Building, Room 500
Washington, District of Columbia

Good morning. I am Dr. Melissa Batchelor and I am a nurse, nurse practitioner, and a nurse researcher. I am an Associate Professor at George Washington University School of Nursing and Director of the Center for Aging, Health and Humanities. Thank you for the opportunity to join you this morning to discuss this critical dementia skills training legislation.

My program of research is focused on providing dementia skills training for managing mealtimes in skilled nursing homes, where over half of residents are living with some form of cognitive impairment including Alzheimer's Disease and other types of dementia. I teach staff how and when to use three different handfeeding techniques to increase meal intake. As we learn more about how to best provide care in dementia, the current workforce needs these skills too – which is why this bill for continuing education is so important for all long-term care staff - from administrators to direct care workers and others working on these interprofessional teams. Delivering quality person-centered care does not come naturally to most people. The behaviors of a person with dementia are often misunderstood and are interpreted as resistance to care; but when staff are taught to see resident behavior as a form of communication, these interactions improve significantly and the resident eats more food as a result.

In the United States, skilled nursing homes are regulated by the Centers for Medicare and Medicaid Services, or CMS. CMS sets the federal minimum for staff training in these settings but other settings such as Assisted Living, Adult Day Care, Home Care or Hospice are regulated differently and have varying training requirements for staff.

Each state sets their own training standards for certified nursing assistants, or CNAs, but they must meet the federal minimum for training requirements. Specific content on dementia care is not a federal requirement but most states do include at least a few hours of basic content. In states that have a higher ratio of clinical-to-classroom training hours, there are better resident outcomes such as less weight loss and less use of antipsychotic medications to control behaviors.¹

Regulations in the District of Columbia require CNAs to have basic classroom instruction and nursing home practical experiences to learn how to care for cognitively impaired residents. However, in my experience of developing and implementing more extensive dementia training programs for all levels of staff, the training has been a game changer. It's often the first-time staff have ever learned about how dementia impacts a person's ability to communicate, particularly in the later stages of dementia when this disease takes away a person's ability to use and understand language. This means the resident only has non-verbal communication and behaviors to communicate their needs to staff. These educational opportunities ultimately improve the quality of care staff can provide to these residents, which ultimately improves the quality of life for these residents and their caregivers.

Thank you for your time, and I am happy to answer any questions you may have.

¹ Trinkoff, A. M., Storr, C. L., Lerner, N. B., Yang, B. K., & Han, K. (2017). CNA Training Requirements and Resident Care Outcomes in Nursing Homes. *Gerontologist*, 57(3), 501-508. doi:10.1093/geront/gnw049



**Testimony of Ana M. Nelson
Vice President of Programs and Services
Alzheimer's Association® National Capital Area Chapter**

Before the

City Council of the District of Columbia

On

B23-0325 - "Dementia Training for Direct Care Workers Act of 2019"

December 18, 2019
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Good morning, Chairman Gray and Health committee members. I am Ana Nelson, Vice President for Programs and Services at the Alzheimer's Association National Capital Area chapter. Thank you for the opportunity to testify on this critical legislation regarding dementia training for direct care workers.

As this is my first testimony before the Council, I want to take a moment to explain the Association's programs. We are a vital resource for people in the Washington metro area. Our services include support groups, education programs, and a 24/7 helpline for those in need. We work closely with health systems to increase access to timely diagnosis and quality care.

The Alzheimer's Association strongly supports the legislation under consideration today. This bill sets essential, consistent standards for the training of professionals who provide care to some of the most vulnerable residents of the District.

Dementia itself is a collection of symptoms related to cognitive decline, due to biological changes in the brain. Alzheimer's is the most common cause of dementia; in the District, 9,000 people over age 65 live with Alzheimer's, and many more are living with the disease undiagnosed. Care is challenging and costly; 95 percent of individuals with dementia have other chronic conditions, and the cost to Medicaid for their care is \$122 million annually and growing.

Many individuals with dementia receive care from direct care workers, like certified nursing assistants and home health aides. As the disease progresses, this care becomes even more important as individuals cannot complete the activities of daily living without assistance (like eating, dressing, and bathing). Over time, people with Alzheimer's lose the ability to speak, increasing the challenge for caregivers. Despite this, care workers can lack sufficient dementia-specific knowledge to provide effective support to persons living with dementia. A training provided by their employer may not fully cover the skills necessary to handle cognitive decline.

This legislation sets standards for the training of these workers. It sets evidence-based guidelines for consistent curriculum areas including person-centered care, assessment and care planning, as well as activities of daily living. The legislation respects the demands on direct care workers, and provides a portability provision to address turnover and retention concerns within this workforce. All told, this bill sets the course for a better standard for quality dementia care.

Thank you for the opportunity to testify. I am happy to answer any questions.

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My name is Maria Burrington. I am a native Washingtonian, a resident of Capitol Hill, Ward 6, and I am a volunteer with the Alzheimer's Association National Capital Area Chapter.

My late husband David suffered from Alzheimer's and died on December 26, 2013. As his primary caregiver for 8 years, I found I had to explain the vagaries of neurological decline to most health care providers. It is a baffling, frustrating and difficult disease. To help these caretakers understand what David was experiencing, I would often cite the example of how frustrating it is to misplace your keys or your phone, and then imagine every minute of every day is like that.

My sister in law, Joyce, also had the Apoe4 gene for Alzheimer's. Although they were siblings the nature and course of their illnesses were different. My husband's illness was like a slow burn that inched along. My sister in law's decline was like a wildfire that moved quickly to destroying her brain cells. Her family always scrambled to find access to safe care throughout her illness.

I do believe that the lack of training and education regarding neurological diseases among providers was why she was asked to leave several facilities. And with each move she further declined.

Her behavioral problems worsened as well. Her inability to speak was profoundly frustrating. And in her frustration, this tiny woman would flip over tables from her wheelchair. People speaking loudly would cause her to tense up and become defensive. I found that speaking

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to in a soft and low voice calmed her down. While my husband and sister-in-law responded to human touch as a way of calming down, others with this disease may feel threatened.

Better education and training regarding Alzheimer's and other dementia—so providers can recognize the experiences I went through—would not have stopped the progression of my sister in law's illness. But, it might have prevented moving her from facility to facility to facility, and maintained the quality of her life. It most certainly would have lessened the considerable stress on her family.

Educating our health care workers will give them greater understanding of this disease.

Training will lessen the risk that patients and staff sometimes find themselves facing because of a lack of understanding in the first place. Additionally, such training might lessen the incidence of elder abuse.

At some point in our lives, everyone's family is faced with a neurological malady. In my own case, I found that although I could not alter the course of my husband's illness, my efforts to educate myself did result in better care and my ability to cope.

Knowledge is power. It is also compassion.

I strongly support the Dementia Training for Direct Care Workers Act of 2019. I thank you for your time and opportunity to support this legislation.

Before the
District of Columbia Council
Committee on Health

Testimony of
Dean R. Brenner
5044 Macomb Street, NW
Washington DC 20016

On B23-0325

“The Dementia Training for Direct Care Workers Act of 2019”

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Chairman Gray and Committee Members, my name is Dean Brenner, and I live in Ward 3. I'm testifying today in strong support of "The Dementia Training for Direct Care Workers Act of 2019." Let me begin by thanking you, Chairman Gray, for your tremendous leadership in the Council's last session to create and fund the position of Dementia Services Coordinator. That legislation will give DC a full-time staffer in charge of coordinating the efforts to help support the approximately 9,000 DC residents living with Alzheimer's and the approximately 29,000 DC family caregivers. Along with my fellow Alzheimer's advocates, I look forward to working with the new coordinator once he or she is on board in the Health Department to help address the needs of so many DC residents and families.

Let me turn to the legislation that is before you today. In 2014, the District published its Alzheimer's Plan for 2014-2019. That document set short, medium, and long-term goals for the DC government and private sector groups. One short term goal was to "(p)rovide face to face and online training for hospital and nursing home staff" so that professionals will be able to "more accurately identify individuals with Alzheimer's disease and other related disorders, ensuring that their rights are preserved and incidents of abuse, neglect, and exploitation are prevented." Another short-term goal was to enhance training requirements for direct care workers to increase their competency on "how to provide quality care to persons with Alzheimer's disease and other related diseases." Passage of the legislation before you today will ensure that, five years after publication of the DC Plan, these crucial goals are finally achieved.

The need for this legislation is indisputable and clear. Nationwide, according to data from the Alzheimer's Association, approximately 75% of people with Alzheimer's over age 80 have to spend time in a nursing home; approximately 50% of nursing home residents have Alzheimer's or other dementias; and, 61% of nursing home residents have moderate or severe

cognitive impairment. This data covers many people in DC with Alzheimer's, but it does not include thousands more who live in other DC residential facilities or who participate in home or community-based programs.

The direct care workers who serve these DC residents play such an important role in the lives of so many people and families. Without a doubt, they should receive training, ongoing staff support, and continuing education. This training is essential for quality care, as the DC Plan stated back in 2014.

As I have explained before, my mother Marilyn Brenner passed away after a four-year fight with Alzheimer. She was a remarkable person. In 1965, she was the first woman in the history of Aberdeen Township, New Jersey elected to that town's governing body, and she went on to serve on the board of education there for 21 years. I was able to keep my mom in her home, but she needed the care of a highly skilled, live-in home health aide. The costs of this care were enormous—another problem. My mom was the exception. Most people with Alzheimer's need to receive care either at a facility or in some other program. Ensuring that the direct care workers who serve them are properly trained is absolutely essential.

Thank you.