

Chairman Gray,

Thank you for all that you do for seniors with Alzheimer's and other forms of dementia. The Alzheimer's Association's recent facts and figures report recently came out, and the data on dementia remains sobering:

- Roughly 8,900 seniors have Alzheimer's
- Their care costs Medicaid 126 million in 2020
- And we have 15,000 caregivers—aiding them and others in need in the District—providing 322 million in unpaid care.

As we look at the performance of DC Health, I am pleased to report that despite COVID-19, work continues in the District on Alzheimer's and dementia.

As you know, the Council has created a landmark Dementia Services Coordinator position. The DSC—who I hope you get a chance to meet sometime, Mr. Chair—is named Tihitina Chamiso, and she is doing work! I hope that you get a chance to meet with her at some point, and our organization would love to join you for that conversation.

The Council also funded an evaluation of dementia services in the District, and an assessment of dementia in the District. Both of these analyses were contracted out to George Washington University, and the work has been completed.

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As we look forward, we do want to gently nudge the Department of Health—especially as we now have the promise of three vaccines—so that work continues for seniors with Alzheimer's or other forms of dementia.

Specifically:

- \$200,000 was spent on the GW research, and good documents were created from it. DC Health, and the Dementia Services Coordinator, is putting together a brain health website and that work will definitely be up there. But it's \$200K worth of work which elicited a resource guide of 200+ pages. We hope that, in this year's budget, we can nudge DC Health forward with language and a small amount of funding to ensure that this important report gets translated into a searchable guide & that the agency promotes it.
- In 2019, you introduced a landmark---and I want to emphasize landmark—piece of legislation which requires dementia training for direct care workers who aide individuals with Alzheimer's and dementia in a variety of settings. We are thrilled that this bill has made its way into law, having been signed by the Mayor in December, and passing Congressional review this past Friday. I know the agency is aware of it; we have raised it with Ms. Chamiso, as part of her responsibilities—in law—are identifying dementia-specific trainings. And agency officials have spoken of it publicly. We are now asking for the necessary

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funds, a one-time allotment \$170K, so that the agency will push forward with implementation.

Lastly, Chairman Gray, there is a fantastic advocate in the District named Judith Levy – who has testified before this committee before, and as you know, oversees the DC Coalition on Long Term Care. And Judy, in partnership with other organizations including the Maryland Regional Direct Services Collaborative, has and continues to raise the issue of our workforce shortage. As you know, we have an aging population, and a shortage of direct care staff.

Judy put forward two solutions, and I want to echo them in my testimony today:

- 1) We need to implement the Certified Medication Aide program, and DC Health—through its Board of Nursing—needs to approve training programs and implement it;
- 2) The Department of Healthcare Finance needs to consider an increase in reimbursement and therefore the hourly wage of aides performing this role.

In closing, I am sure your fantastic staff left you with many great questions for Director Nesbitt and Director Turnage, but I will leave you with two others:

- 1) The Administration has signed your landmark legislation into place, which requires dementia training for direct care workers. Even before that -- at the November meeting of

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Age-Friendly DC, DC Health's Jacquie Watson called attention to this legislation, and said that the agency has been working to "set a priority to identify developmentally appropriate and culturally competent training for healthcare workers and aides working in home based care units...including memory loss." So—since this work is underway—can you update this committee on next steps?

- 2) As the COVID-19 crisis emphasized, and as advocates have been mentioning for years, we need more direct care workers. How is DHCF addressing this through improving training requirements and potentially reviewing reimbursement rates?

- 3) And one for you—Mr. Chairman—DC's Department of Aging and Community Living runs an annual "Brain Games", each June, for seniors to promote their brain health. This year, because of COVID, it is all online. Will you consider participating and promoting through your social media?

Thank you for all that you do, Mr. Chair, and for being a champion for seniors with Alzheimer's and other forms of dementia.