

Before the
District of Columbia Council
Committee on Health

Testimony of
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Performance Oversight Hearing
DC Health

Thursday, January 18, 2024

Chairwoman Henderson and Committee Members, my name is Dean Brenner, and I live in Ward 3. I chair the board of the Alzheimer's Association's National Capital Area Chapter, and I'm the National Treasurer of the Alzheimer's Association. As a former caregiver for my mom, I care deeply about the approximately 10,000 DC residents living with Alzheimer's and the over 14,000 family members taking care of them. In fact, researchers at Rush University recently found that if DC were a state, we'd have the largest percentage of all states of people over 65 with Alzheimer's. The same holds true among US counties. A key reason for this is that women, African Americans, and Hispanics are all disproportionately affected by Alzheimer's. We need more home health aides, more geriatricians, and more support for people with Alzheimer's and their families. In DC, we have begun to make significant progress in addressing the Alzheimer's public health crisis, but there are three pieces of important unfinished business which I urge this Committee and DC Health to address quickly.

First, all 50 states have an Alzheimer's Plan, but as I testified last year, DC's Alzheimer's Plan expired in 2019. Updating our plan is one of our Dementia Services Coordinator's most significant duties under a 2019 law. There's been extensive community outreach to many stakeholders, including myself, to give input for a new plan, and there's a draft plan. But to date, DC Health has not released a new plan. So, this is our fifth year without a DC Alzheimer's Plan.

Over the past few years, we've established a very good working relationship with DC Health's Dementia Services Coordinator. I know that DC Health has been stretched by Covid, and that Dr. Bennett, the new director, is now on board. I look forward to working with DC Health on the issuance of an updated Alzheimer's Plan. Once finalized, I hope DC Health distributes the plan widely to focus attention and resources on Alzheimer's, and that we can work together to implement the plan.

Second, in 2020, the Council passed the Dementia Training for Direct Care Workers Act, a national model to require dementia training for direct care workers. But the law has still not been implemented. The law required DC Health to adopt regulations within 120 days of the law's enactment. The last two budgets have included \$170,000 of funding for this purpose. Last year, we were told that DC Health is working on the regulations. However, no regulations have been issued.

Again, I understand the challenges that DC Health has been working through, and I'm hoping that these regulations can be issued very soon. Thousands of people living with Alzheimer's depend every day on direct care workers for so many aspects of daily living—in nursing homes, assisted living facilities, day programs, and at home. The Council was right in passing the 2020 law to require that these workers receive mandatory initial and annual training. A recent Washington Post article focused on one consequence of the lack of training nationally—thousands of people living with dementia have died because they've wandered off from assisted living facilities. It's essential that DC Health finally implements the 2020 dementia training law.

Finally, two years ago, the Council approved \$250,000 in funding for an initiative to raise public awareness in DC about Alzheimer's and to promote DC Health's brain health website. To their credit, last year, DC Health rolled out an extensive campaign, including ads on cable TV, buses, and metro stations, but the campaign only lasted for a few months. With such a short campaign, many DC residents are still unaware of the resources and services available to people with Alzheimer's, and the same is true of many DC health care providers.

Moreover, the Alzheimer's landscape has changed because of the recent approvals by the FDA of two drugs addressing the underlying biology of Alzheimer's and meaningfully altering

the course of the disease. These drugs can only be taken by people in a very early stage of Alzheimer's or even pre-Alzheimer's. Early diagnosis of Alzheimer's is essential—a person with an early diagnosis could qualify for one of these drugs; a person without an early diagnosis cannot. Reaching as many DC residents as possible to alert them to the signs of Alzheimer's and to urge them to seek a diagnosis is now the difference between qualifying for treatment and not. Moreover, implementing an updated DC Alzheimer's Plan by vastly improving the DC health care infrastructure for Alzheimer's is now vital because of these new treatments. So, we need funding for DC Health for these twin purposes—increasing public awareness of Alzheimer's and implementing the updated DC Alzheimer's Plan.

I look forward to working with DC Health and the Council to obtain and use this funding so that DC can enter this new era of Alzheimer's—the Era of Treatment. Thank you.