

Before the  
District of Columbia Council  
Committee on Health

Testimony of  
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5044 Macomb Street, NW  
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Performance Oversight Hearing  
DC Health

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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, for whom I'm testifying today, and I'm the National Treasurer of the Alzheimer's Association. I was also recently named Chairman of the DC Brain Health Advisory Coalition. As a former caregiver for my mom, I care deeply about the over 10,000 DC residents living with Alzheimer's and the over 14,000 family caregivers. 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. Women, African Americans, and Hispanics are all disproportionately affected by Alzheimer's. We need more home health aides, geriatricians, and support for DC residents with Alzheimer's and their families. Thanks to the leadership and support from you and your team, and from Dr. Bennett and the DC Health team, we've made significant progress in addressing the DC Alzheimer's public health crisis in the past year. Yet, we have much more to do together. I'm going to focus on three areas.

First, DC Health released a new Alzheimer's Plan for 2024-2028. This document lays out strategies and goals to increase the number of DC residents with cognitive decline who've discussed their symptoms with a provider and who are receiving support. The Alzheimer's Association supports these goals, and we will continue to work with DC Health and the newly strengthened Brain Health Advisory Coalition to achieve these goals.

Second, DC Health has implemented the Dementia Training for Direct Care Workers Act to require dementia training for all DC direct care workers- home health aides and those in assisted living and nursing homes, and administrative staff. The training videos and other materials are all online, and DC Health has published proposed rules. A well-trained workforce will improve the quality of care for so many DC residents with Alzheimer's.

Third, DC Health has continued its public awareness campaign, which is particularly important to promote early detection of Alzheimer's. We now have two FDA-approved drugs for Alzheimer's, but they can only be given to people in an early stage of Alzheimer's or mild cognitive impairment. The drugs are not a cure, but they slow cognitive decline. 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. And, the way that doctors make a diagnosis is changing too. Diagnosis via a simple blood test looking for blood-based biomarkers is on the horizon.

Raising awareness within the DC medical community about risk reduction, early detection and diagnosis, and treatment advances in Alzheimer's will ensure that residents can benefit from these new developments. As our understanding of the disease and opportunities for intervention grow, removing barriers to diagnosis and treatment is becoming increasingly important.

I look forward to continuing to work with this Committee and DC Health to increase support for DC residents with Alzheimer's and other forms of dementia and their families.

Thank you.