

Raised Bill No. 179
An Act Concerning the Alzheimer's Disease and Dementia Task Force's
Recommendations on Training
Committee on Aging

Senator Ayala, Rep. Serra and members of the Committee on Aging, My name is Kripa Sreepada, and I feel very fortunate to admit that my interest in Alzheimer's disease and other forms of dementia did not come from an experience with a family member or other close person in my life. Rather, I had many co-curricular experiences during high school that pointed me toward its prevalence and devastation in the elderly population.

At a young age, I knew that I wanted to pursue a career in which I would serve older adults, in whom I find the greatest perspective on life, but also the greatest vulnerability and risk of being taken for granted. I provided respite care as a hospice volunteer, assisted in developing and implementing socialization activities for residents in Assisted Living and Skilled Nursing Facilities, and worked as an ombudsman advocating for the rights of residents living in nursing homes.

The earliest experience with these organizations is an orientation to Alzheimer's disease and other dementias, not only through initial training, but also through your experiences in getting to know the residents. It was so clear to me that residents with dementia were far more neglected and overlooked than others, especially when it came to socialization activities. Furthermore, I felt that family members and employees simply didn't know how to treat people living with Alzheimer's disease, pushing them into further isolation. I was so moved by the extra layer of vulnerability placed on residents with dementia that I made it a personal goal to always be their advocate in any situation. I believe I carry that with me in my job as an associate administrator at a Continuing Care Retirement Community (CCRC) today.

Speaking from the administrator's perspective, it is imminent that we provide appropriate and meaningful dementia training in long-term care facilities and hospitals. Public policy is already pointing us in that direction. In particular, the Patient Protection and Affordable Care Act created the Community-Based Care Transitions Program to reduce hospitalizations amongst high-risk Medicare beneficiaries. For long-term care facilities to contribute to the goal of reduced hospitalizations, staff development and training on how to care for behaviors of residents with dementia is key. With appropriate training, nursing home and assisted living staff would not have to send a resident with dementia to the hospital for behavioral outbursts and could rather use behavioral interventions to calm them down and ease their aggression. Other existing regulations also point long-term care toward development in dementia care. Facilities are being more scrutinized for the numbers of residents receiving psychoactive drugs for the purpose of chemical restraint or convenience.

From a management perspective, the regulatory requirements are already pointing long-term care toward reducing hospitalizations and reducing the use of chemical restraints for residents who exhibit particular "behaviors", such as those hosted by people living with Alzheimer's disease. What long-term care needs is assistance and aid in ensuring we provide the highest quality of dementia training to all staff members who may come into contact with people living with dementia. This is necessary not only to remain in line with regulations, but also to ensure that the loved ones of residents living

with Alzheimer's disease never have to see them like zombies in chemical straitjackets, even further removed from the person they used to know and still love. Ultimately, this is an ethical issue about prioritizing person-centered care for individuals with Alzheimer's disease and other dementias rather than strict adherence to protocols. Following the regulations accomplishes one thing, but hosting an effective dementia training program provides for another; that is, keeping people living with dementia as close to their person as possible.

For these reasons, I submit this testimony in support of Raised Bill No. 179.