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## TESTIMONY REGARDING RAISED BILL NO. 179

### *An Act Concerning the Alzheimer's Disease and Dementia Task Force's Recommendations on Training*

Good morning Representative Serra, Senator Ayala and members of the Aging Committee.

My name is Pamela Atwood and I am the Director of Dementia Care Services at Hebrew Health Care in West Hartford. Since 1986, I have been dedicated to learning about, and working with people who have Alzheimer's. That's the year my grandmother was diagnosed with Alzheimer's. In my 25-year career in aging services, I've learned two important lessons. I learned from my grandmother, "You can only do what you can do," one of her favorite stereotypic phrases which she repeated – but which seemed profound as we struggled with the stresses of caregiving. I also learned from Maya Angelou, "When we know better, we do better."

I'm here today to support Raised Bill 179 to require education about Alzheimer's disease and related dementias. I was honored to serve the State of Connecticut as a member of the task force which has made the recommendations upon which this bill is raised. It's an important bill because when we know better, we do better.

In the late 1980s health care recognized that healthcare-acquired infections were serious, and preventable; we started educating everyone about preventing the spread of MRSA, AIDS and other viruses and bacteria through Universal Precautions. Today we all use hand sanitizer and are unfazed when we see someone in protective clothing in health environments. When we know better, we do better.

In 1987 the federal Omnibus Reconciliation Act outlined residents' rights in long-term care settings, ensuring residents' rights to vote, to have privacy, and to refuse treatments they do not want. Although these rights are unchanged, we continue to require annual education about them, because when we know better, we do better.



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In the 1990s when we learned more about ergonomics and OSHA required us to address workplace injuries in health care, we started to mandate education about proper body mechanics and safe patient handling. Although health care occupations still maintain some of the highest statistics in workplace injury, we do what we can do – because when we know better, we do better.

In 2009 our State learned that unique approaches matter in the care and treatment of people with dementia, but that some facilities and community providers were billing themselves as specialty programs without doing anything “special.” When we knew better, we did better and began to require specialized training, admissions/discharge criteria and disclosure for programs which advertised as Alzheimer’s specialty programs.

And in this decade, we recognized residents’ fear of retaliation for reporting abuse or mistreatment. Updating the education requirement was the answer again, because when we know better, we do better.

You can **only** do what you can do. We cannot yet stop Alzheimer’s disease. We cannot yet prevent it, and let me tell you, as someone in whose family it runs, I cannot wait until we can – that’s right – I cannot wait to be out of a job. But **in** the meantime, we continue to learn, we continue to update and now it’s time again to recognize that we know **better** about caring for people with dementia, and it’s time to **DO** better.

More than **60%** of all people in long term care have some form of dementia. Yet most nursing programs only cover the 3-D’s, depression, delirium and dementia, in one evening of a “normal health and aging” course. Nurses **need** to know better. Licensed nursing home administrators get even less education. Administrators need to know **better**.

More than **50%** of all people over age 85 have some form of dementia. That means a statistical probability that the **majority** of very old citizens have dementia. Law enforcement can receive specialty training through the



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Alzheimer's Association, but it isn't required. Law enforcement, probate appointees, and emergency medical technicians need to know better.

This bill is easily enacted through established training programs which range in cost from \$75 to \$1000. Dementia-specific education is available through higher education institutions, non-profit non-governmental organizations such as the National Council of Certified Dementia Practitioners, the Alzheimer's Foundation of America and the Alzheimer's Association. In long-term care facilities, training will be supported through the establishment of a dementia care council, similar to the way we handle infection control. The council will keep abreast of changes in population-specific needs, trends in care approaches and quality improvement.

When we know better, we do better. When she uttered that quote, Maya Angelou may have been teaching Oprah Winfrey how to live with mistakes of the past, but today, I hope it will resonate with everyone here that it is time to require dementia education in aging services. As my grandmother said, you can only do what you can do – and together we can do this!

- We can teach people about behavior management techniques which help avoid antipsychotic medications.
- We can teach staffs how to identify pain in someone who denies they have any.
- We can teach clinicians how to limit excess disability which increases confusion – from overhead paging to urinary tract infections.
- We can teach emergency responders how to identify people who have wandered, and how to help them.
- We can teach conservators how to effectively advocate for people who cannot speak up for themselves.
- We can teach health care workers how to help people with dementia through retained abilities instead of demeaning quizzing.

I support Raised bill 179 because I know we can do what we can do – because we know better. It's time to do better. Thank you.