

Our mission is "to provide optimal care and services to individuals confronting dementia, and to their caregivers and families—through member organizations dedicated to improving quality of life."

Statement by Eric J. Hall President and Chief Executive Officer Alzheimer's Foundation of America

Before the United States Senate Special Committee on Aging Forum "Until There's a Cure: How to Help Alzheimer's Patients and Families Now" December 8, 2010

Chairman Kohl, Ranking Member Corker, members of the Committee and staff, thank you for convening this forum and for asking the Alzheimer's Foundation of America (AFA) to provide comments. I am Eric J. Hall, AFA's founding President and Chief Executive Officer, and I am honored to be here today.

AFA was formed in February 2002 "to provide optimal care and services to individuals confronting dementia, and to their caregivers and families—through member organizations dedicated to improving quality of life." Today, our membership consists of more than 1,400 organizations including grassroots nonprofit organizations, government agencies, public safety departments, and long-term care communities. Our services include a toll-free hotline staffed by licensed social workers; educational materials; *care ADvantage*, a free quarterly family caregiver magazine that reaches 1 million readers; professional training programs; AFA Teens support and scholarship program; National Memory Screening Day; and grants to service organizations as well as respite grants to families in need.

Advocacy is an important part of AFA's mission. AFA was the only national Alzheimer's organization to support the Patient Protection and Affordable Care Act. We have also been active in efforts such as: advising on the "Caregiver Initiative" for the White House's Middle Class Task Force; doubling, and making competitive, federal appropriations for the Missing Alzheimer's Disease Patient Alert Program; and leading the effort to include "detection of any cognitive impairment" in the new annual Medicare wellness exam. AFA also organized a letter signed by more than 100 national and local organizations in support of the National Alzheimer's Project Act and we are anxiously awaiting final passage.

It is a pleasure to hear about the important work being done by the Administration on Aging regarding its Alzheimer's Disease Supportive Services Program (ADSSP). As Assistant Secretary Greenlee noted, however, Alzheimer's is a long disease and such programs cannot be just a blip on the radar screen of care—they must sustain through the continuum of services that families cycle through at each stage of the illness. The Committee is uniquely positioned to encourage policymakers to keep the momentum going next year when the Older Americans Act and the Lifespan Respite Care Act are up for reauthorization.

It is useful to spread the word about the success of caregiver interventions such as REACH, as described by Dr. Grady and Dr. Gitlin. Yet, it must be noted that federal research funding for the National Institute on Aging (NIA)—the lead NIH Institute on Alzheimer's and co-funder of the REACH program—is in dire straits. Out of each dollar appropriated to NIH, only 3.6 cents goes toward supporting the work of the NIA. **AFA respectfully asks the Committee to further explore the federal investment in aging research and to support increased resources at the NIA.**

However, family caregivers do not need to be a part of a big research study to get help right now. AFA has several resources to help family caregivers, including our "Your Time to Care" educational DVD series that addresses specific care issues in the home setting. We would be glad to share copies of these materials with members of the Committee or other interested parties.

On the topic of community-based models, Mr. Shook's overview of Silverado Senior Living was inspiring. I know through AFA's member organizations that there are many effective models of care across the country, however the costs of these types of care are not covered by Medicare and many families simply cannot afford them. AFA supported the CLASS Act, which will eventually help relieve some of the burden of long-term care. The Senate also included a "Sense of the Senate" on long-term care in its health reform bill that pledged to "address long-term services and supports in a comprehensive way that guarantees elderly and disabled individuals the care they need." We urge the Committee to highlight the need for continued resources to address long-term services and supports.

Dr. Kovach focused on staffing issues and dementia training in the nursing home setting, which AFA believes is particularly important since CMS estimates that as many as 70 percent of all nursing homes residents have some degree of cognitive impairment. Nearly half have a diagnosis of Alzheimer's disease or other dementia.

AFA was proud to work in coalition to support enactment of provisions of the Nursing Home

Transparency and Improvement Act as part of health reform. Among its many positive reforms, the bill requires facilities to include dementia management and abuse prevention training as part of pre-

employment training. **AFA believes that CMS should require that dementia training be integrated** throughout nurse aide training and abuse prevention training.

AFA offers two national training programs that are specifically designed to raise the bar on dementia care in the United States: Dementia Care Professionals of America (DCPA) and Excellence in Care (EIC). DCPA is a division of AFA that offers practical training to healthcare professionals. EIC partners with care settings in the establishment of a nationwide standard of excellence in care for individuals with Alzheimer's disease or related dementias.

The last issue at today's forum addressed the overuse of chemical restraints in nursing home settings.

AFA agrees with California Advocates for Nursing Home Reform that there is a lot of work to be done on staffing levels and education of nursing home professionals. We do want to note that there is an appropriate time and place for antipsychotics in the nursing home setting, but only under proper training conditions as well as strict supervision of dosage, monitoring of symptoms, and length of treatment.

At the Alzheimer's Foundation of America, our strength and success come from collaboration. AFA looks forward to working with all of you to address the issues raised in today's forum and in the longer-term to end the devastation caused by Alzheimer's disease.