



Alzheimer's Association and Alzheimer's Impact Movement Statement for the Record

United States Senate Committee on Veterans' Affairs Hearing on "Strengthening Methods of Recruitment and Retention for VA's Workforce"

March 22, 2023

The Alzheimer's Association and Alzheimer's Impact Movement (AIM) appreciate the opportunity to submit this statement for the record for the Senate Committee on Veterans' Affairs hearing on "**Strengthening Methods of Recruitment and Retention for VA's Workforce.**" The Association and AIM thank the Committee for its continued leadership on issues important to the millions of veterans living with Alzheimer's and other dementia and their caregivers. This statement highlights the importance of policies that will help ensure a quality workforce at the Department of Veterans' Affairs (VA) that is able to meet the needs of our nation's veterans living with Alzheimer's and other dementia.

Founded in 1980, the Alzheimer's Association is the world's leading voluntary health organization in Alzheimer's care, support, and research. Our mission is to eliminate Alzheimer's and other dementia through the advancement of research; to provide and enhance care and support for all affected, and to reduce the risk of dementia through the promotion of brain health. AIM is the Association's advocacy affiliate, working in a strategic partnership to make Alzheimer's a national priority. Together, the Alzheimer's Association and AIM advocate for policies to fight Alzheimer's disease, including increased investment in research, improved care and support, and the development of approaches to reduce the risk of developing dementia.

The Alzheimer's Association and AIM are deeply grateful for the VA's comprehensive approach to dementia and the people it affects. We applaud the recent decision by the Veterans Health Administration (VHA) to provide coverage of the Food and Drug Administration (FDA)-approved lecanemab (Leqembi) used to treat individuals living with mild cognitive impairment and Alzheimer's disease. In addition, the Department's extensive research, its care and support services within the Geriatrics and Extended Care program, and its participation in the Advisory Council on Alzheimer's Research, Care, and Services are greatly appreciated.

Nearly half a million American veterans have Alzheimer's — and as the population ages, that number is expected to grow. In 2015, an estimated 486,000 veterans were living with Alzheimer's. The annual number of veterans newly diagnosed with dementia has increased by more than 22% since 2008. For veterans, the prevalence may grow even faster in future years because they have a higher risk of developing dementia. The significant increase in the number of veterans with Alzheimer's and other dementias will place a heavy burden on the VA health care system, and in particular, nursing home care.

As the rate of Alzheimer's and dementia among veterans increases, so does the need for members of the paid dementia care workforce. The United States will have to nearly triple the number of geriatricians to effectively care for the number of people projected to have Alzheimer's in 2050, while efforts to increase recruitment and retention remain slow. From 2016 to 2026, the demand for direct care workers is projected to grow by more than 40 percent, while their availability is expected to decline.

We encourage the Committee to consider the following recommendations to improve care for the growing number of veterans affected by Alzheimer's, especially given the unique challenges the dementia care workforce faces, like recruitment, retention, career advancement, regulation, and training.

Direct Care Workforce

People living with Alzheimer's and other dementia make up a significant portion of all long-term care residents, comprising 48 percent of residents in nursing homes and 34 percent of all residents in assisted living communities and other residential care facilities. More than 60% of VA's costs of caring for those with Alzheimer's are attributed to nursing home care. Given our constituents' intensive use of these services, the quality of this care is of the utmost importance.

The [Alzheimer's Association's Dementia Care Practice Recommendations](#) include the following recommendations specific to workforce, which the Department should consider implementing at VHA Medical Centers: (1) staffing levels should be adequate to allow for proper care at all times — day and night; (2) staff should be sufficiently trained in all aspects of care, including dementia care; (3) staff should be adequately compensated for their valuable work; (4) staff should work in a supportive atmosphere that appreciates their contributions to overall quality care because improved working environments will result in reduced turnover in all care settings; (5) staff should have the opportunity for career growth; and (6) staff should work with families in both residential care settings and home health agencies. Additionally, we know that consistent assignment is an important component of quality care for staff working with residents with dementia.

While much of the training for long-term care staff is regulated at the state level, we encourage the Committee to consider proposals that support states in implementing and improving dementia training for direct care workers, as well as their oversight of these activities. Training policies should be competency-based, should target providers in a broad range of settings and not limited to dementia-specific programs or settings, and should enable staff to (1) provide person-centered dementia care based on a thorough knowledge of the care recipient and their needs; (2) advance optimal functioning and high quality of life; and (3) incorporate problem-solving approaches into care practices.

We also urge the Committee to support states in the following efforts: (1) any training curriculum should be delivered by knowledgeable staff that has hands-on experience and demonstrated competency in providing dementia care; (2) continuing education should be offered and encouraged; and (3) training should be portable, meaning that these workers should have the opportunity to transfer their skills or education from one setting to another.

Again, the Alzheimer's Association and AIM look forward to working with the Committee to shape specific proposals to better train and support the direct care workforce at the VA. In the meantime, we encourage you to keep veterans living with dementia top-of-mind as you continue this important work.

Home- and Community-Based Services Workforce

Expanded access to home- and community-based services (HCBS) is also crucial, and a strong HCBS workforce is needed to ensure quality care for veterans living with dementia. People living with dementia make up a large proportion of all elderly people who use these important services. In fact, 31 percent of individuals using adult day services have dementia. Access to these services can help people with dementia live in their homes longer and improve the quality of life for both themselves and their caregivers. For example, in-home care services, such as personal care services, companion services, or skilled care can allow those living with dementia to stay in familiar environments and be of considerable assistance to caregivers. Adult day services can provide social engagement and assistance with daily activities. Given the demands on and responsibilities of caregivers, respite services are also critical to their health and well-being, and may allow people with dementia to remain in their homes longer. We are grateful the Committee unanimously passed S. 141, the Elizabeth Dole Home and Community Based Services for Veterans and Caregivers Act of 2023, which aims to improve and expand home and community-based services (HCBS) for disabled and elderly veterans, ensuring they are able to remain in their homes and receive the care they need. As you know, these resources are critical in serving the needs of our constituents, including those who have served in uniform.

Expanding Capacity for Health Outcomes (Project ECHO)

We ask that you support an expansion of the use of technology-enabled collaborative learning and capacity-building models at the Veterans' Health Administration, often referred to as Project ECHO. Targeted dementia training and specialization are also needed among primary care providers (PCPs) and across the health care workforce, as well as training in cultural and linguistic competency to help overcome the misunderstandings, biases, misdiagnoses, and related disparities experienced by people of color living with dementia and their families. One successful training model is the Alzheimer's and Dementia Care ECHO® Program, which pairs PCPs with multidisciplinary specialist teams through telementoring to develop their knowledge and confidence in dementia care. According to an evaluation of the program, which was launched in 2018 by the Alzheimer's Association, 94% of surveyed participants reported making changes in their delivery of dementia care due to the program and 87% reported higher job

satisfaction. This data suggests that implementing these models may result in increased retention rates at the VHA. Project ECHO dementia models are helping primary care physicians in real-time understand how to use validated assessment tools appropriate for early and accurate diagnoses, educate families about the diagnosis and home management strategies, and help caregivers understand the behavioral changes associated with Alzheimer's.

Conclusion

The Alzheimer's Association and AIM appreciate the Committee's steadfast support for veterans and their caregivers and the continued commitment to advancing issues important to the millions of military families affected by Alzheimer's and other dementia. We look forward to working with the Committee and other members of Congress in a bipartisan way to advance policies that will ensure a well-trained, adequate healthcare workforce at the Department of Veterans' Affairs, especially as the population of veterans living with dementia continues to grow.