

**Testimony of Semanthie B. Brooks
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**House Aging and Long-Term Care Committee
HB 265 Timothy E. Ginter, Chair**

January 30, 2020

Chairman Ginter, Vice Chair Swearingen, Ranking Member Howse and members of the Aging and Long-Term Care Committee, thank you very much for the opportunity to testify as you consider legislation and requirements for completion of a “Dementia Care Certificate”.

My name is Semanthie Brooks. I am a retired social worker, community volunteer, an executive council member for the Ohio State AARP and, more importantly, a long-term caregiver for my mother, father and mother-in-law.

For the past 14 years, my husband and I have provided care for our parents. For eight of those 14 years, three parents resided in our home at the same time. My father, deceased for 4 years, was a double amputee as a result of diabetes. He lived with us for 10 years and died at the age 95 with multiple chronic diseases. Thankfully, throughout his stay, he continued to provide his own personal care needs and was cognitively intact until the day of his death. My mother deceased for 2 years was 96 when she died. She lived with us for 12 years and had Alzheimer's. She was otherwise healthy but required assistance with hands on care including bathing, clothing, and in the end feedings. My mother-in-law, following the death of my father-in-law, has lived with us for the past 9 years. She is 93 years old, severely cognitively impaired, incontinent, unable to perform any ADLS, and would be bed bound if we had not purchased a sit and stand adaptive device to get her in and out of bed and move her around the house. We provided all IADL's for everyone. My husband and I continued to work until the needs of our parents required that we stop. Throughout our years of caregiving, we have had the support of a homecare assistant who works very well with dementia related diseases but has had no formal training in this area.

Although our parents lived with us, both my mother and mother-in-law needed short-term rehabilitation care in a skilled nursing facility. For each of three occasions, because of their dementia, my husband, my sister, one of our children, and myself stayed in the facility with our mothers around the clock. We felt that this was necessary solely because of their cognitive status. We were able to quickly determine that nursing home staff, while qualified to provide physical and medical care, many lacked an understanding of dementia and were unequipped to provide the level of supervision required to keep our mother's safe.

On other occasions, we utilized an intermediate nursing facility for respite care for my mother-in-law. Even then, we acquired the help of a sitter, 10 hours a day, to be with her in order make sure that someone was available to bath and get her dressed in the morning, feed her, alert staff when she needed to be changed and to make sure that she was undressed and put to bed before the sitter left.

In each instance, after considerable research, we only chose facilities that were rated 4.5 or 5 and without critical deficiencies from the State of Ohio and Medicare reviews. What we witnessed was that in the absence of a specialized dementia unit, or trained and qualified dementia care workers, patients and residents with dementia on the same units with our mothers, were the last to be served and often ignored for long periods of time during episodes of agitation.

Based on my experience, I believe that certifying individuals, including registered nurses, licensed practical nurses and certified nursing assistants including homecare assistants is important in raising the bar of the quality of care that individuals receive in both long-term care facilities and in the community. I am glad to note that my belief is consistent with AARP's policy that not only should all health care professionals have appropriate training in identifying and providing adequate support for individuals with cognitive impairment but that dementia-specific training of direct-care workers should be a quality measure for nursing homes and home health services.

We think HB 265 has a tremendous upside: a dementia care certification can provide caregivers peace of mind knowing that professionals caring for their loved ones with dementia in the community have taken an extra step to make sure that patients receive the appropriate care. A dementia care certification could provide a career ladder and opportunities for LPNs, CNAs, and HCAs that also helps build confidence in a person's professional ability to care for those with dementia as well as income security. And a dementia care certification could ensure that individuals like my mother and mother-in-law are safe, well-cared for, and happy.

In conclusion, please note that the opinions, updates and information made during my testimony, today, are mine solely and not that of AARP.

Thank you for your time and commitment. I am happy to answer questions.

If you have additional questions, please feel free to contact me using information attached my written testimony.