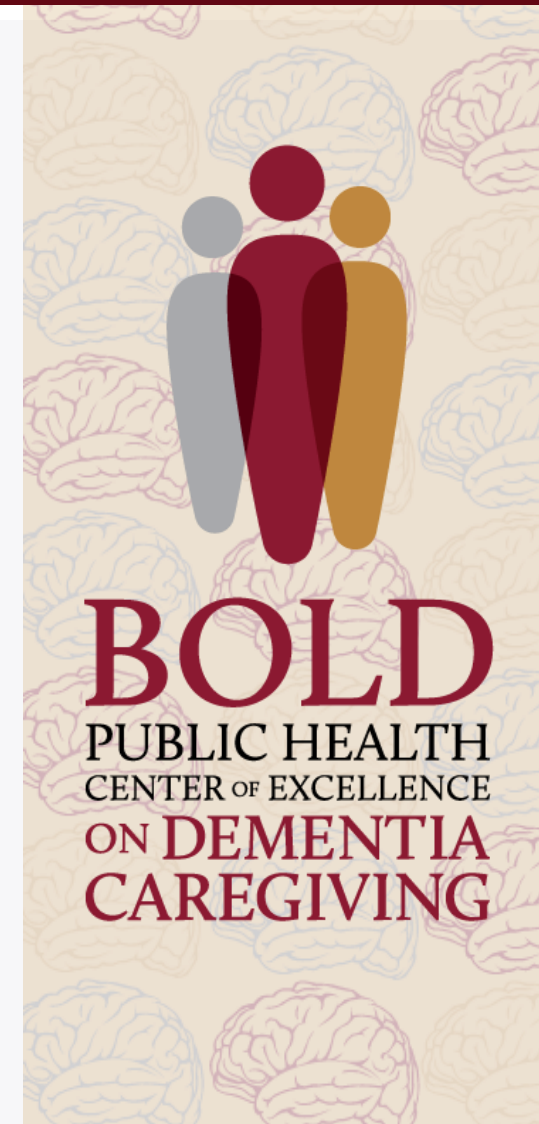
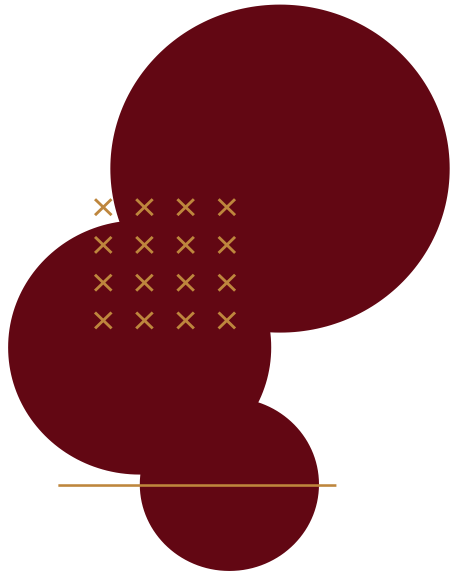


Integrating Public Health Approaches to Dementia Caregiving into Your State Plan

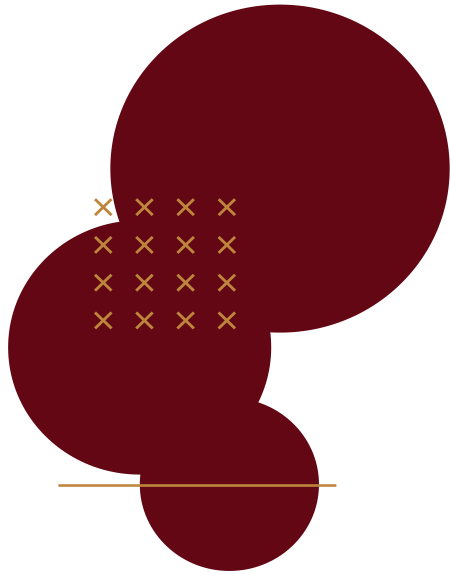
Facilitated by Heidi Holt
Healthy Aging Branch, DPH/NCCDPHP/CDC
www.cdc.gov/aging





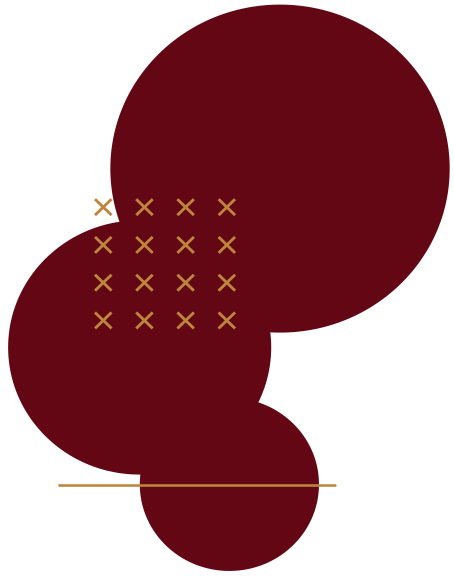
What Is a Public Health Approach To Dementia Caregiving?

- ✓ Not duplication
- ✓ Population-based
- ✓ Enhancing Sustainability
- ✓ Systems, Environments and Policies



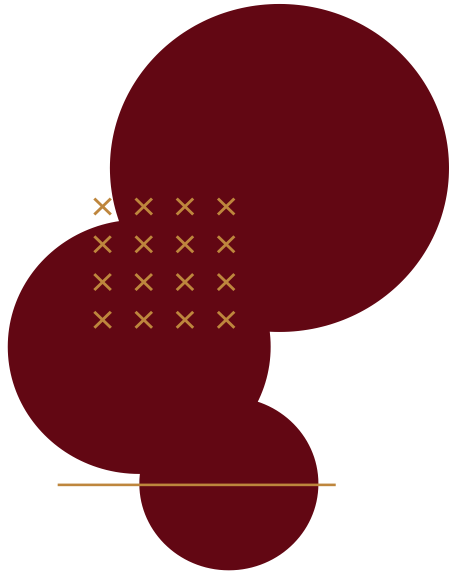
What is sustainability?

Continuation of program and its activities and resources after the conclusion of the project period



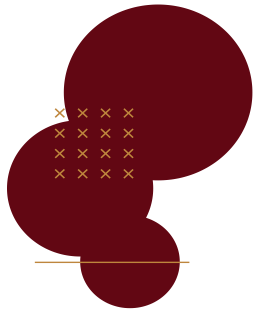
When should sustainability be considered?

Sustainability starts at the beginning of project/program and should **not** be the final phase of the project.



How is sustainability achieved in Public Health?

1. Partners
2. Policies (P and p)
3. Systems
4. Environments

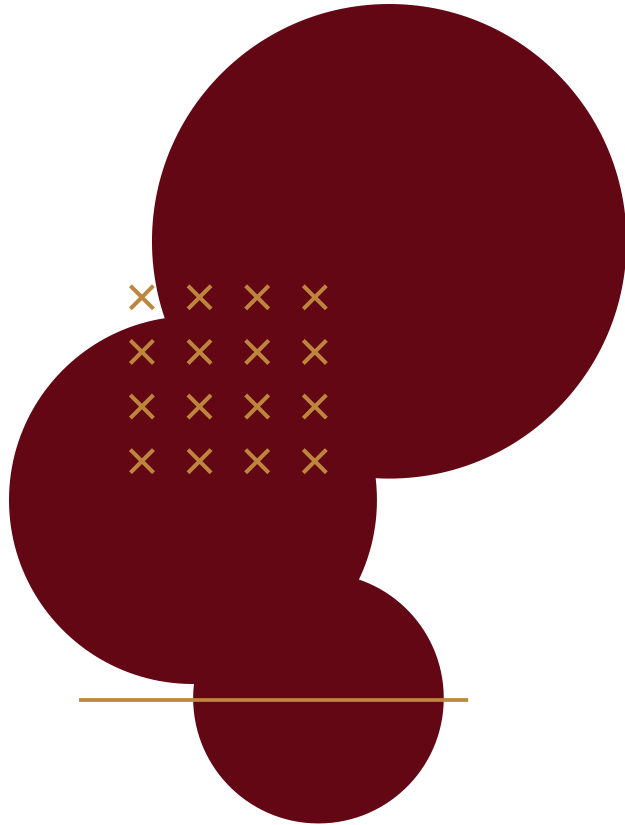


How does it work?

Event/Program vs. PSE Change

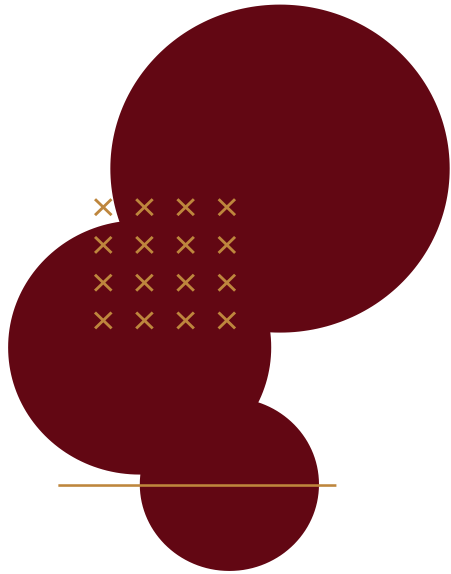
<i>Characteristics of Event or Program</i>	<i>Characteristics of PSE Change</i>
One time	Ongoing
Additive: often results in only short-term behavior change	Foundational: often produces behavior change over time
Individual level	Community/Population level
Not part of ongoing plan	Part of an ongoing plan
Short term	Long term
Non-sustaining	Sustaining

Source: [Food Trust](#)



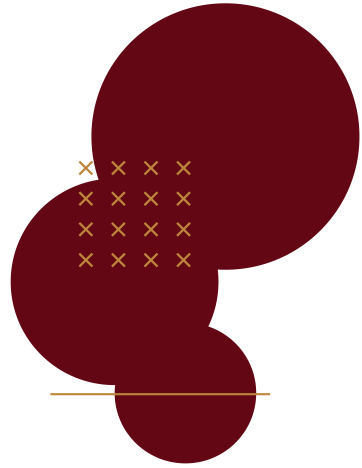
Partners

- ❖ Diversity
- ❖ Different paradigms
- ❖ Additional organizational connections
- ❖ Enhanced opportunity for systems changes



What is Policy Change?

- ✓ Policies at the legislative or organizational level.
- ✓ Institutionalizing new rules or procedures.
- ✓ Passing laws, ordinances, resolutions, mandates, regulations.
- ✓ Organizational policies.

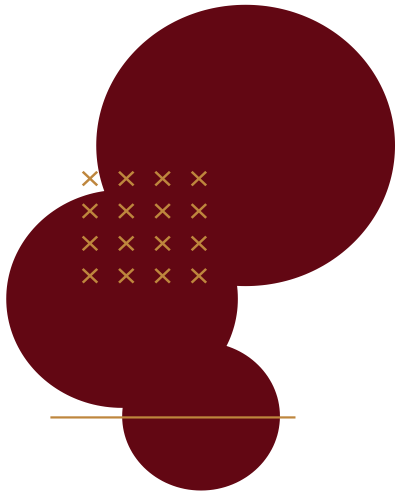


What is Systems Change?

- ✓ Change made to the rules within an organization.
- ✓ Systems change and policy change often work hand-in-hand.
- ✓ Changing infrastructure within a school, park, worksite, or health setting or instituting processes or procedures at the system level that ensure a healthier workplace.

Other Examples:

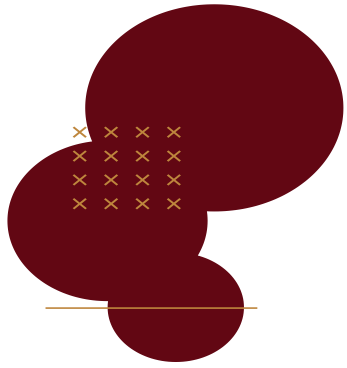
- Increase geriatric education within accredited medical schools
- Developing a connected system of clinical community linkages



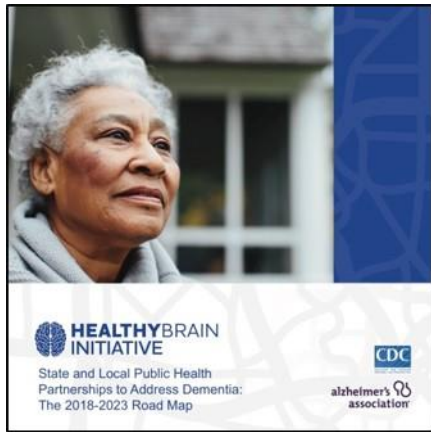
What is Environmental Change?

- ✓ Change made to the physical environment.
- ✓ Social and economic determinants of health.
- ✓ Stigma and acceptance.
- ✓ Reflect a **population- focused** effort.

System, Environment and Policy changes can be very similar and overlap. Sometimes together referred to as “**structural change.**”



Examples



bit.ly/hbistateplan

Example Goals (Corresponding HBI Road Map Series Actions)		Level of Prevention & Example activity		
		Primary Prevention (i.e., <u>risk reduction</u>)	Secondary Prevention (i.e., <u>early detection</u>)	Tertiary Prevention (i.e., <u>supports for people with dementia & their caregivers</u>)
Policies	Engage policy makers, organizers, aging units, and payers to integrate dementia policies in respective work. (P-1, E-7, W-4, M-3, IC-2)	Increase adoption and create incentives for system-wide risk reduction interventions.	Increase adoption and create incentives for early detection of dementia.	Promote the system-wide coordination of high-quality care for those with dementia.
Systems	Integrate brain health and stigma reduction curriculum in education settings. (W-1, W-3, W-5, IC-7)	Promote the value of brain healthy behaviors at young ages in elementary, middle and high schools.	Modify <u>medical school curriculum</u> to include the value of early detection and diagnosis of dementia.	Encourage improved training to coordinate referrals and services for improved clinical and community linkages.
Environments	Partner to promote healthy behaviors, including physical activity, smoking cessation, access to nutrient-dense food. (E-2, E-7, IC-1, IC-2, IC3)	Promote shared protective factors that support brain and physical health.	Support improved healthy behaviors of those with dementia and other chronic diseases and their families.	Increase healthy behaviors for those living with dementia and other chronic diseases.



Bridging the

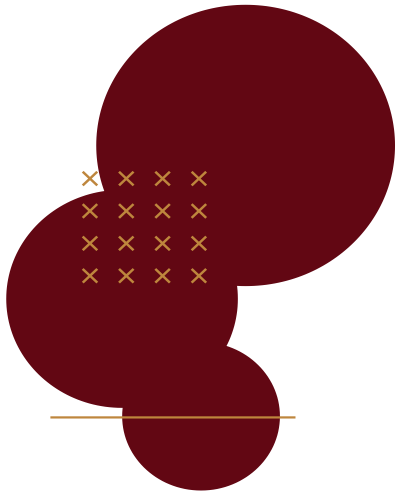
Biomedical Research



Community Services



GAP



How can we incorporate PSE into our state plans?



Utah Department of
Health & Human Services
Aging & Adult Services



ALZHEIMER'S  **ASSOCIATION**[®]

Please welcome our next speakers.



Utah Department of
Health & Human Services
Aging & Adult Services

ALZHEIMER'S  **ASSOCIATION®**

Kristy Russell

ADRD State Plan Specialist
Utah Department of Health &
Human Services

Raven Albertson

Program Manager
Alzheimer's Association, Utah
Chapter

Utah

Kristy Russell



Alzheimer's Disease and Related Dementias State Plan
Specialist for the Utah Department of Health and Human
Services

Certified Health Education Specialist

Coordinates the ADRD State Plan

Coordinating Council

Leads the state's collaborative efforts on addressing
dementia

Provides statewide education

Assists individuals in accessing resources available to those
with dementia, their caregivers and loved ones

Has experience as a professional and family caregiver

Raven Albertson



Program Director for the Utah Chapter of the Alzheimer's
Association

Certified Health Education Specialist

Partner and stakeholder for the Utah ADRD State Plan and
Coordinating Council

Oversees efforts to educate and support

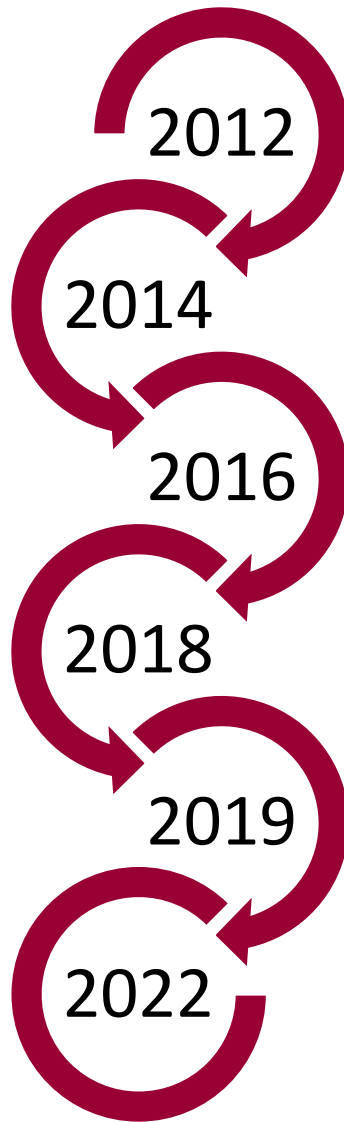
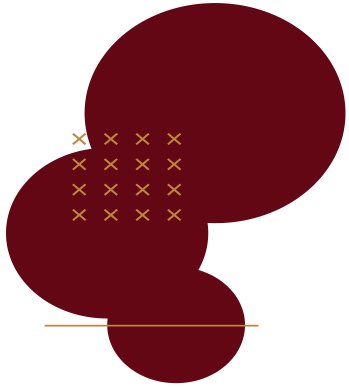
Dementia caregivers

Persons living with dementia

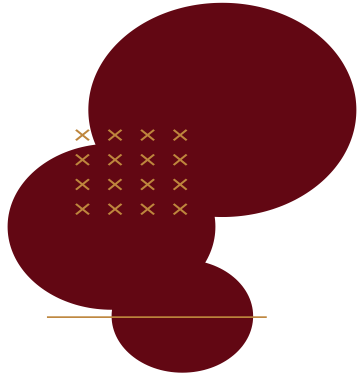
Health care providers

The general public

Has experience as a family caregiver



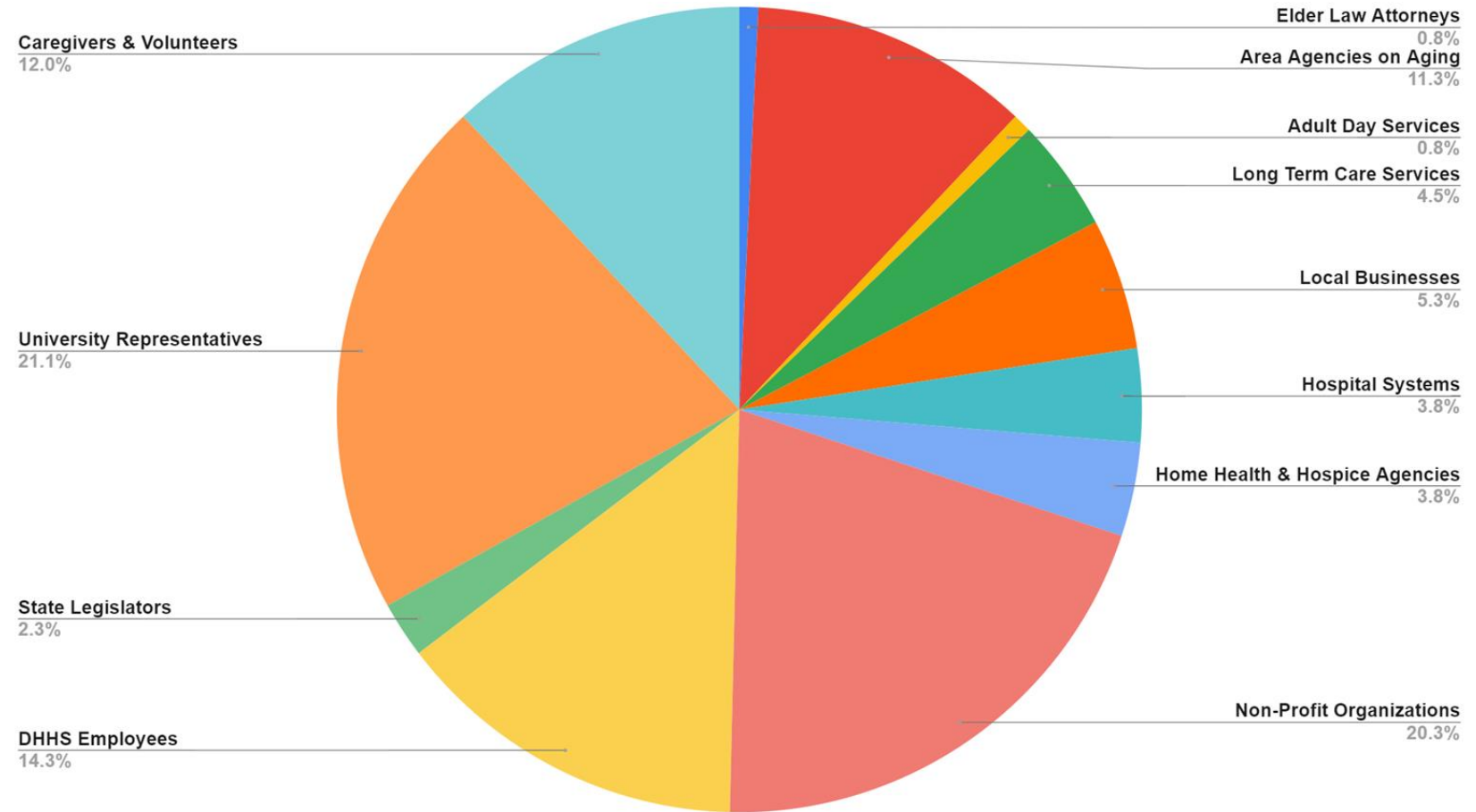
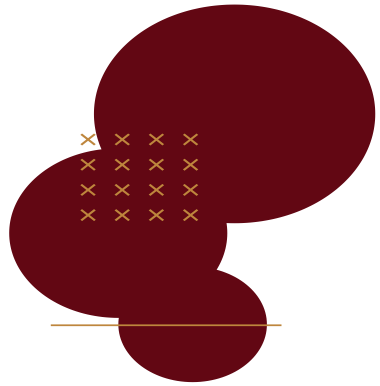
- **ADRD State Plan unanimously adopted by state legislature**
- **Bill passed assigning the state plan to the Department of Health.**
- **Appropriation for a State Plan Specialist.**
- **A statewide ADRD Coordinating Council was formed to oversee the state plan activities**
- **ADRD State Plan funding increased by the legislature.**
- **Funding appropriation changed from one time to ongoing for the ADRD state plan, council and implementation of goals.**
- **Utah Department of Health and Utah Department of Human Services merged.**
- **ADRD moved to Aging and Adult Services offering increased collaboration with the Area Agencies on Aging.**

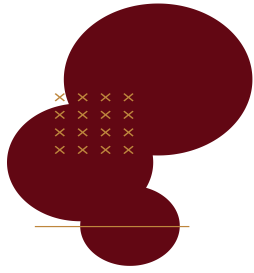


ADRD Coordinating Council

- ❖ Currently 145 members statewide
- ❖ Quarterly meetings
- ❖ Provides a monthly newsletter
- ❖ Focus on reducing duplication of efforts and expanding impact through collaboration

ADRD Coordinating Council





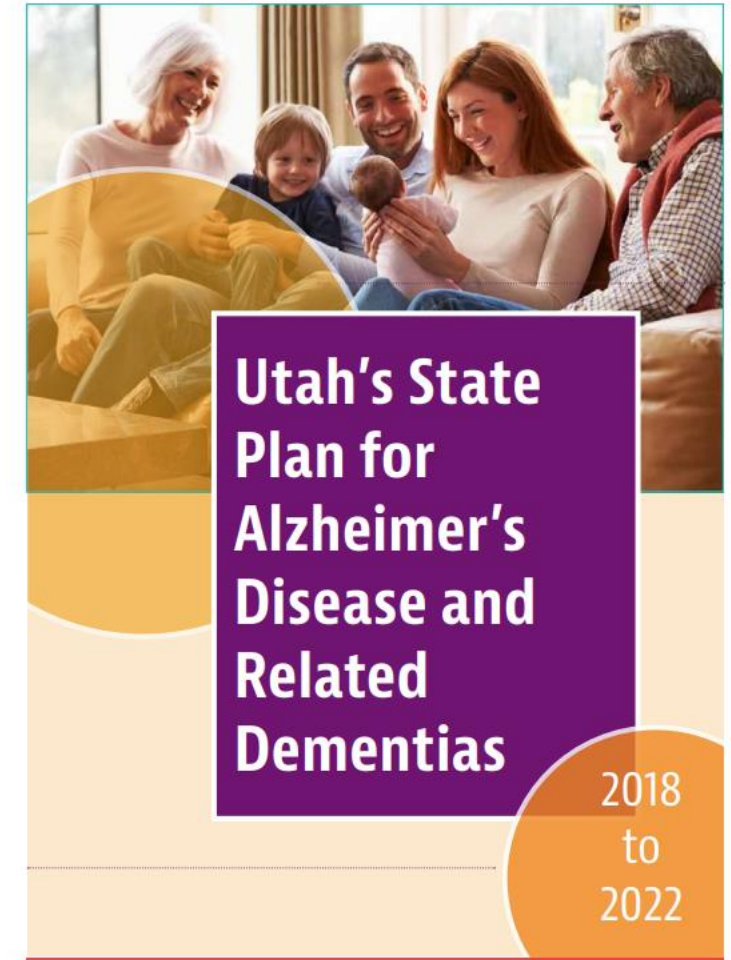
ADRD State Plan

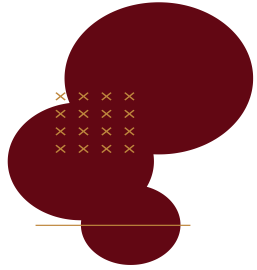
Current goals

1. Dementia Aware Utah
2. Support and Empower Family and Other Informal Caregivers
3. Dementia-Competent Workforce
4. Expanded Research in Utah

New goal

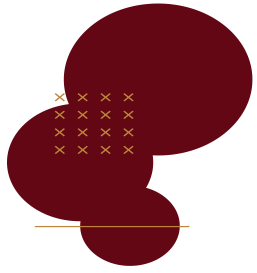
- Living Well with Dementia





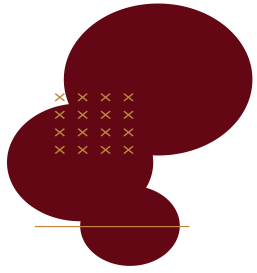
1. Dementia Aware Utah

- Raise broad public awareness of ADRD through culturally appropriate education.
- Ensure that reliable, up-to-date disease and care information is disseminated.
- Provide Utah citizens with the best evidence on how to reduce their own risk for cognitive decline.
- Improve access to a timely diagnosis, differential treatment and supportive services.
- Website Under Construction: UtahAging.org



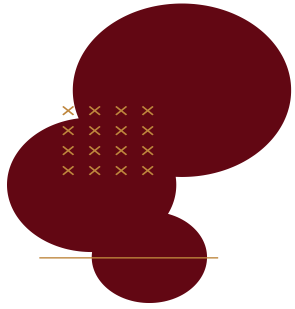
2. Support and Empower Family and Other Informal Caregivers

- Advocate for and promote education on the vital role of informal caregivers with guidance on quality care and the best utilization of resources throughout the process of the disease.
- Increase the utilization of existing caregiver education programs and support systems.
- Address the needs of working caregivers.



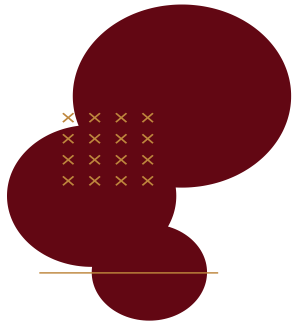
3. Dementia-Competent Workforce

- Develop a dementia-capable and culturally competent professional healthcare workforce who cares for older adults and people with dementia through the continuum of care.
- Improve dementia care capacity, competency and proficiencies of healthcare providers.
- Train professionals in non-healthcare fields who interface increasingly with people who have dementia.
- Coordinate efforts and improve communication between healthcare professionals, healthcare providers and professionals in non-healthcare fields that interact with individuals with dementia.



4. Expanded Research in Utah

- Engage in a public health approach to address the significant projected growth in ADRD in Utah.
- Advocate for research funding.
- Promote participation in research and clinical trials.



Contact Information

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Utah Department of Health & Human
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Alzheimer's Association, Utah Chapter

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Website: alz.org/Utah



Arkansas

Becky Adams

Director, Partnership and Policy Support
Section Chief, Nutrition, Physical Activity and
Obesity
Arkansas Department of Health



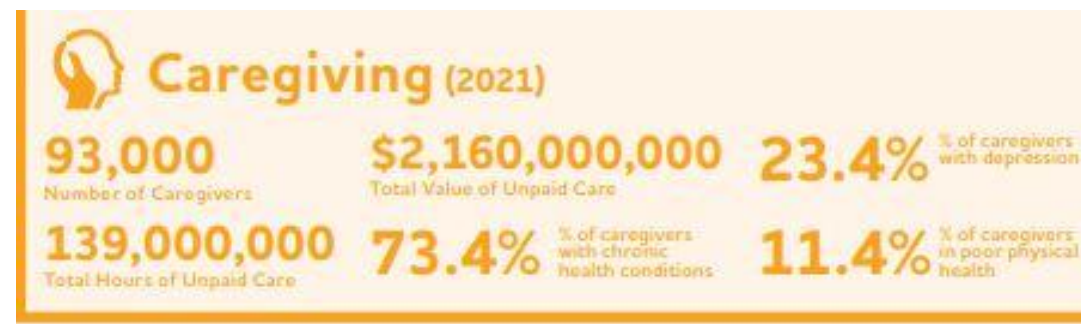
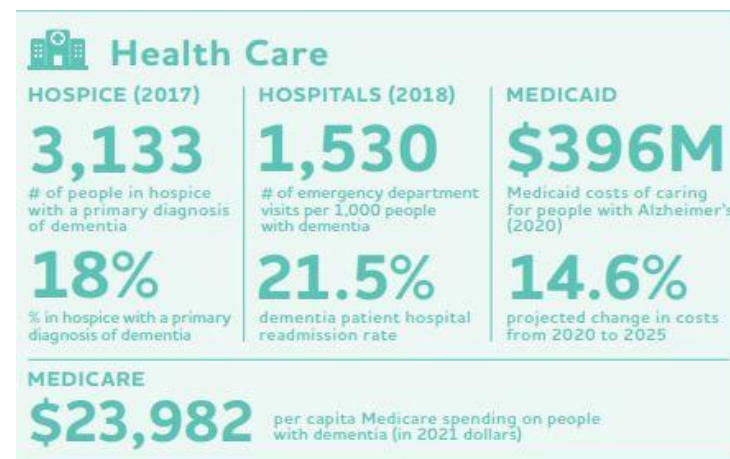
David Cook

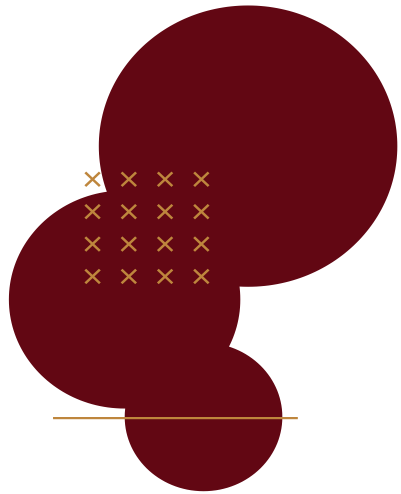
Senior Policy Manager
Alzheimer's Association
Arkansas Chapter



BOLD
PUBLIC HEALTH
CENTER OF EXCELLENCE
ON DEMENTIA
CAREGIVING

The Impact of Alzheimer's on Arkansas Families





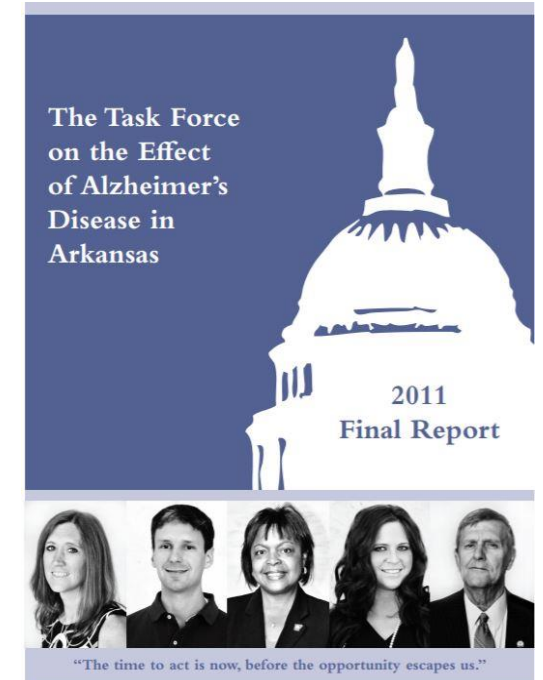
Arkansas' Historical Response to Dementia

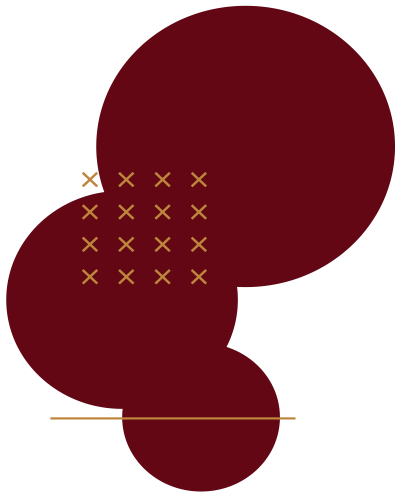
2009: State Appoints Task Force to begin State Plan Work

2011: State releases its first state plan

***2014: Creation of Alzheimer's Advisory Council
(Sunset 2016)***

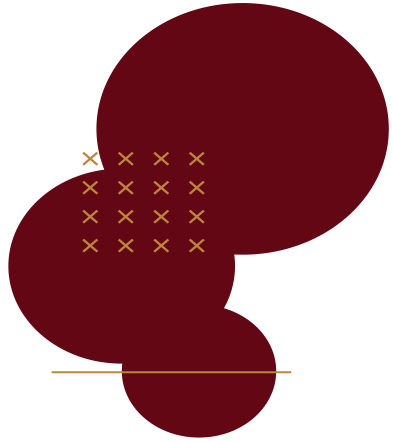
***2018: Stakeholder group was convened to begin
the process of updating the state plan.***





Independent Stakeholder Group

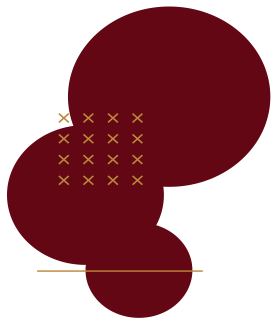
- **AARP**
- **Alzheimer's Association - Arkansas Chapter**
- **Alzheimer's Arkansas**
- **Arkansas HealthCare Association**
- **Arkansas Hospital Association**
- **Broyles Foundation**
- **Homecare Association of Arkansas**
- **Hospice and Palliative Care Association of Arkansas**
- **The University of Arkansas for Medical Sciences Centers on Aging**
- **State Agency Partners**
- **AR Department of Health**
- **AR Minority Health Commission**
- **AR. Dept. of Human Services**



Arkansas' Historical Response to Dementia

2020: State plan update adopted and released

***2021: Act 391 established a permanent Alzheimer's and Dementia
Advisory Council***



State Plan Priorities

1. Public Awareness and Education (Educate and Empower)

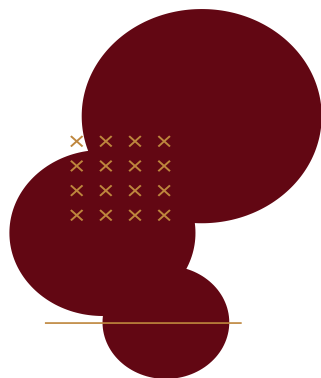
- *Establish a Permanent Alzheimer's and Dementia Advisory Council (2021) (P-3)*

2. Dementia Training and Workforce Development (Educate and Empower)

- *Increase collaboration between the non-profit sector and the medical community to ensure they are aware of the resources available to them and to caregivers. (W-1)*

3. Building support for family caregivers

4. Access and Quality of care for persons with dementia



Thank You

Becky Adams

Director, Partnership and Policy Support
Section Chief, Nutrition, Physical Activity
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David Cook

Senior Policy Manager
Alzheimer's Association
Arkansas Chapter

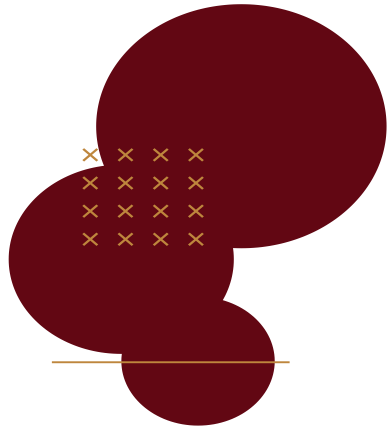
dmcook@alz.org

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QUESTIONS



1. What similar processes or goals for systems change in dementia caregiving are in your plans?
1. How do you see these goals that address changes to systems, environment and policies as different than other, more individual programmatic goals?



UTAH

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THANK YOU

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Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Division of Population Health
The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.