BOLD PUBLIC HEALTH CENTER OF EXCELLENCE ON DEMENTIA CAREGIVING

Partnering with Community Health Workers to Support Dementia Caregivers: *Opportunities for Public Health*

September 12th, 2023

Welcome from...

Elma Johnson, MPH

Coordinator,

BOLD Public Health Center of Excellence on Dementia Caregiving (PHCOE-DC)

Center for Healthy Aging and Innovation (CHAI)

University of Minnesota

Land acknowledgement

The University of Minnesota Twin Cities is located on traditional, ancestral, and contemporary lands of Indigenous people. We acknowledge with gratitude the Land itself and the People. We take to heart and commit through action to learn and honor the traditional cultural Dakota Values: Courage, Wisdom, Respect and Generosity.

The BOLD Public Health Center of Excellence on Dementia Caregiving (PHCOE-DC)

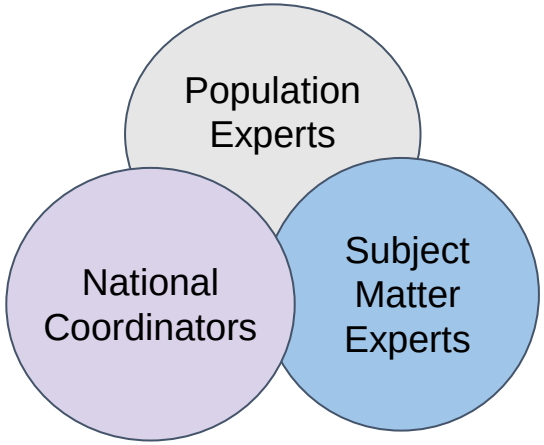
Designed to support state, tribal and local public health agencies nationwide in developing their dementia caregiving-focused programs and initiatives, by…

- Improving access to evidence-based programs and best practices.
- Facilitating connections and collaboration among public health agencies and a wide range of service organizations.
- Providing technical assistance for identifying, selecting implementing effective public health interventions and strategies.

HBI Collaborative

Multi-component approach to fully integrate dementia, cognitive health and caregiving into public health practice

HBI Collaborative



Find us online

- About the HBI Collaborative
- Participating Members
- Contact Information

hbicollaborative.org

THE NEW HBI ROAD MAP IS NOW AVAILABLE

- Expert-developed guidebook for **state and local public health practitioners**

- Flexible menu of **24 readymade actions** to advance health equity, increase community partnerships, and track progress

- Life course approach to maximize impact

alz.org/HBIRoadMap

cdc.gov/aging

Poll Question

In what capacity are you attending this event?

- BOLD Public Health Agency
- Non-BOLD Public Health Agency
- Community organization/service provider
- Person living with dementia
- Interested caregiver and/or community member
- Care/clinical professional
- Other

Reminders for the Webinar

- **Submit your questions for the speakers into the Q&A feature.**

  Questions will be addressed at the end of the presentation.
- Use the **CHAT to share comments, resources, links, and ideas.**
- Feel free to use your reaction buttons!
- **Please complete the survey at the end of this event** (linked in chat).

  We greatly appreciate your feedback!
- The recording, slides and resources will be shared after the event.

Welcome our presenters!

Shelby Rowell, MPA (C)
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Partnering with Community Health Workers to Support Dementia Caregivers: Opportunities for Public Health

Shelby Rowell, MPA (C)

September 12, 2023

ASTHO Members & Mission

ASTHO is the national, nonpartisan organization representing the nation's state and territorial public health officials and the agencies they serve.

ASTHO's mission: To support, equip, and advocate for state and territorial health officials in their work of advancing the public's health and well-being.

Who is a Community Health Worker?

A community health worker is a frontline public health worker who is a **trusted member** of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a **liaison/link/intermediary between health/social services and the community** to facilitate access to services and improve the quality and cultural competence of service delivery.

American Public Health Association

Role Definition and Titles

CHW Roles

- Cultural Mediation Among Individuals, Communities, and Health Systems
- Providing Culturally Appropriate Health Education and Information
- Care Coordination, Case Management, and System Navigation
- Providing Coaching and Social Support
- Advocating for Individuals and Communities
- Building Individual and Community Capacity
- Providing Direct Service
- Implementing Individual and Community Assessments
- Conducting Outreach
- Participating in Evaluation and Research

https://www.c3project.org/roles-competencies

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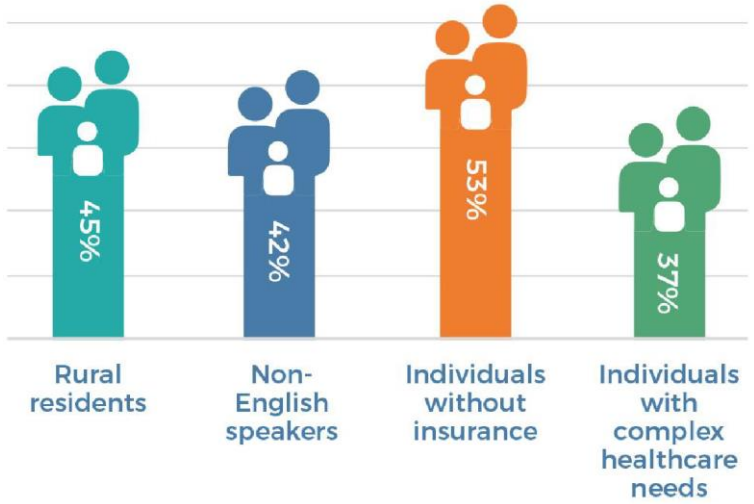
CHWs are the Bridge to Marginalized Communities

Top Four Populations CHWs Serve



Source: NACHW Data for Action National Survey, 2022;
https://nachw.org/nachw-national-chw-survey-summit/

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CHWs Work in Diverse Settings and Sectors





Housing (Shelter, Transitional, etc.)	Community Based Organizations	Health Systems	Food Insecurity (Pantries, soup kitchen, delivery)	Health Departments (State, Tribal, Local, etc.)
34%	82%	33%	56%	36%

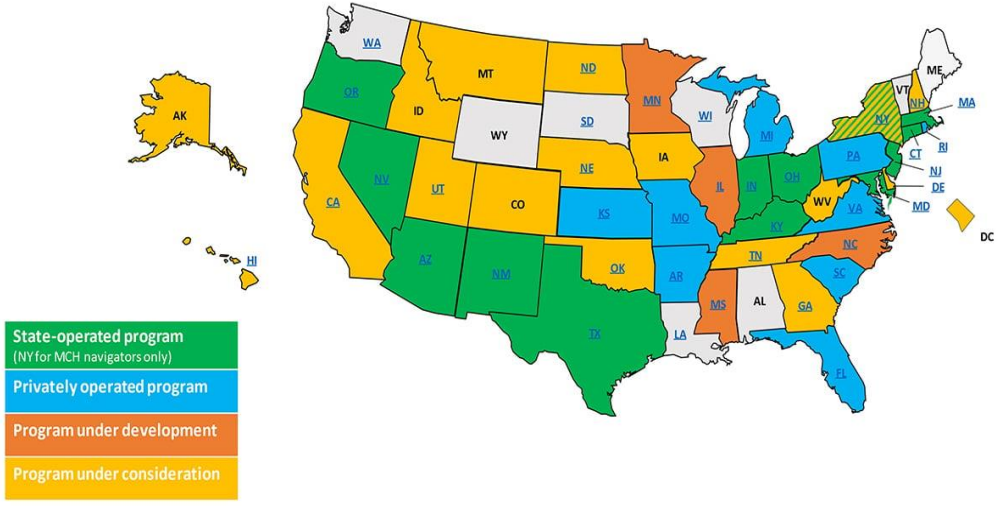
867 CHWs were asked, in the past five years, what organizations and sectors have you partnered with to accomplish your role as a CHW?

Source: NACHW Data for Action National Survey, 2022;
https://nachw.org/nachw-national-chw-survey-summit/

CHW Training and Certification

Certification: An issuing authority confirms individual CHWs have certain qualifications.

- State-level programs with a range of structures, requirements, administrative bodies, fees, etc.
- Certification is not typically required to practice.
- Should be developed with CHWs to avoid barriers to entry into the workforce.



Source: ASTHO Certification Map, 2022; https://www.astho.org/topic/brief/state-approaches-to-community-health-worker-certification/

Training: A training provider ensures CHWs have the proper education and skills to perform or advance in their roles.

- Can be foundational and based on core competencies or more specialized/advanced.

Source: NACHW Data for Action National Survey, 2022; https://nachw.org/nachw-national-chw-survey-summit/

Public Health Agencies are an Important Partner to CHWs

Objective	Public Health Action
CHWs hired into the governmental public health workforce	• Require CHW hiring decisions be made after approval of peer CHWs to ensure the candidate is fit for the community • Focus recruitment efforts at community events and conduct group hiring events • Partner with CHW networks to determine which job titles/career categories align best with nationally recognized CHW roles and competencies
Financial sustainability for CHW positions across sectors	• Partner with CHW network organizations and Medicaid agencies to secure Medicaid reimbursement for CHW services • Work with CHW networks and community-based organizations to identify and apply for federal and state grants
Robust CHW workforce development and training	• Develop training/certification programs based on CHWs' needs, experiences, and goals • Contract with local and state CHW network organizations to support workforce development strategies, including expanding and deepening their network
Centering CHW voices in policy and program development	• Use a collaborative approach to developing and implementing CHW policies • Follow APHA guidelines for membership on all CHW committees or workgroups to be at least 50% CHWs.

CHW Role in Supporting Dementia Caregivers

Care Coordination, Case Management, and System Navigation	Provide caregiver support both in managing medication lists, scheduling appointments, and making connections to medical and social services and supporting the well-being of the caregiver themself. Support patient transitions between care settings.
Providing Coaching and Social Support	Take time to meet with caregiver to discuss their needs, the plan for the week/month, and opportunities for professional support or peer support groups. Provide direct peer coaching for caregiver and direct support to empower the caregiver to prioritize their own physical, mental, and emotional well-being.
Advocating for Individuals and Communities	Provide advocate support role when discussing care plans and next steps for patient. Serve as an intermediary between the patient/caregiver and health system to build trust.
Building Individual and Community Capacity	Provide relevant training or resources or referrals to relevant training/resources for the caregiver so that they can adequately support the needs of their loved ones confidently. Identifying individuals with early signs of dementia and making referrals to screening providers.
Providing Direct Services	Support caregiver by providing home-based tasks, such as taking blood pressure or ensuring patient is adhering to medication for both the dementia patient and the caregiver to support the physical, mental, and emotional well-being of all CHW clients. Attend appointments with patient and caregiver.

Resources

Contact Information

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Helpful Links

www.astho.org/community-health-workers

www.nachw.org

Training CHWs on the Broad Spectrum of their Roles to Support Dementia Caregivers

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Partnering with Community Health Workers to Support Dementia Caregivers: Opportunities for Public Health (Webinar)

BOLD Public Health Center of Excellence on Dementia Caregiving
September 12, 2023 | 11:30am – 1:00pm ET | Zoom

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OBJECTIVES & ACKNOWLEDGEMENTS

Content

- CHW Programs and Trainings addressing Brain Health, Dementia, and Caregiving
- Dementia Training for CHWs in Oklahoma (and Beyond)
- CHW Roles in Supporting Family Caregivers of People Living with Dementia (PLWD)

Funding

- Health Resources and Services Administration (HRSA) of the USDHHS
- Grant Number U1QHP33082
- Dr. Lee Jennings, Principal Investigator
- Geriatric Workforce Enhancement Program (GWEP)

Collaborators

- Colleagues, graduate research assistants, community partners and community health workers

CHW PROGRAMS & TRAININGS ADDRESSING BRAIN HEALTH, DEMENTIA, AND CAREGIVING

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Please share:

Your knowledge of CHW trainings or programs related to

- **Brain health**
- **Dementia**
- **Caregiving**

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CHW Programs Addressing Brain Health, Dementia, & Healthy Aging

- **Scoping review showed CHWs' potential to address dementia on several levels**
  - Alam et al. (2021). Role of CHWs in addressing dementia: A scoping review and global perspective. *Journal of Applied Gerontology*, *40*(12), 1881–1892.

- **Assist INDIVIDUALS with accessing dementia care services and resources**
  - Boughtwood, et al. (2013) The role of the bilingual/bicultural worker in dementia education, support and care. *Dementia*, *12*(1), 7–21.
  - Litzelman, et al. (2017) Impact of CHW on elderly patients' advance care planning and health care utilization: Moving the dial. *Medical Care*, *55*(4), 319–326.
  - Verhagen, et al. (2014) CHW interventions to improve access to HC services for older adults from ethnic minorities: A systematic review. *BMC Health Serv Res*, *14*, 497.
- **Promote healthy aging and risk reduction**
  - AA/ASTHO. (2021). *CHWs: A resource for healthy aging and addressing dementia. Community Health Workers Resource Guide*. Retrieved from https://www.alz.org/media/Documents/community-health-workers-a-resource-forhealthy-aging-and-addressing-dementia.pdf

- **Offer education and support for CAREGIVERS**
  - Boughtwood, et al. (2013) The role of the bilingual/bicultural worker in dementia education, support and care. *Dementia*, *12*(1), 7–21.

- **Provide awareness and screening at the COMMUNITY level**
- Askari, et al. (2018) Dementia awareness campaign in the Latino community: A novel community engagement pilot training program with promotoras. *Clin Gerontol*, *41*(3), 200–208.
- Han et al. (2013) Feasibility and validity of dementia assessment by trained CHW based on clinical dementia rating. *JAGS*, *61*(7), 1141– 1145.
- Jacob, et al. (2007) Can health workers diagnose dementia in the community? *Acta Psychiatr Scand*, *116*(2), 125–128.

Trainings for CHWs to Address Brain Health, Dementia, and Healthy Aging

- **Existing models provide CHWs with training**
  - About dementia, risk factors, impact on communities, community services and educational resources
  - To support persons with dementia and their caregivers
  - Program-specific trainings

AA/ASTHO, 2021; Askari et al., 2018; Boughtwood et al., 2013; Han et al., 2013; Jacob et al., 2007; Litzelman et al., 2017; Verhagen et al., 2014

- **New, comprehensive, role-based dementia training for CHWs**
  - Prepares CHWs in all 10 CHW core roles (https://www.c3project.org/resources)
    - To provide services in dementia prevention, identification, and care of PLWD and their caregivers
  - Offers dementia-specific certification
    - Completion or CEU where applicable

Reinschmidt KM, Philip T, Alhay Z, Braxton T, Jennings L. Training Community Health Workers to Address Disparities in Dementia Care: A Case Study from Oklahoma with National Implications. *J Ambulatory Care Manage* 2023 Mar 21. doi: 10.1097/JAC.0000000000000470. *Online ahead of Print.*

DEMENTIA TRAINING FOR CHWS IN OKLAHOMA (AND BEYOND)

Reinschmidt KM, Philip T, Alhay Z, Braxton T, Jennings L. **Training Community Health Workers to Address Disparities in Dementia Care: A Case Study from Oklahoma with National Implications.** *J Ambulatory Care Manage* 2023 Mar 21. doi: 10.1097/JAC.0000000000000470. *Online ahead of Print.*

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Older Populations and Disparities in Oklahoma

Oklahoma ranks
- 46th for health outcomes
- 49th for early death among older adults

178.2% increase in Oklahoma Alzheimer deaths, 2000 – 2019

U.S. Alzheimer disease projected to nearly triple (5 mill. in 2014 to 14 mill. in 2060)

Disproportionally affects minority populations

Oklahoma has diverse aging population

39 federally recognized American Indian Nations

65% of seniors are geographically distant from specialized geriatric or neurologic care

OK has a need for a 557.7% increase in geriatricians to meet the demand in 2050

Full extent of dementia disparities across Oklahoma to be documented

OKC & OK County stats (2021): Age-adjusted death rate from Alzheimer disease was 52.4 deaths per 100 000 population among American Indians compared to state (37.8) and national (30.6) age-adjusted rates

CHWs can help fill gaps in health care and support dementia prevention and care in culturally sensitive and relevant ways

Geriatrics Workforce Enhancement Program

HRSA

2019- 2024

OkDCN
Oklahoma Dementia Care Network

https://www.ouhealth.com/oklahoma-center-for-geroscience/healthy-aging-services/oklahoma-dementia-care-network-okdcn-/

The Oklahoma Dementia Care Network (OkDCN) is a collaborative statewide program to improve the care and health outcomes of older adults living with Alzheimer's disease and other dementias and their family and friend caregivers. Our mission is to enhance the care and support for the growing number of Oklahomans affected by all types of dementia.

Our Goals Are To:

- Promote a statewide network of organizations and people dedicated to improving the care of persons living with dementia and their caregivers
- Train primary care providers to assess and address the needs of older adults with dementia
- Transform primary care and long-term care settings to be age-friendly and dementia-friendly
- Deliver community-based education and training to improve dementia care and support

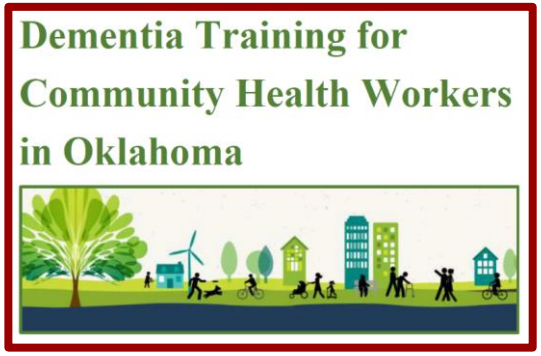
Goal of Dementia Training for CHWs:
Increase CHW ability to promote brain health, be familiar with dementia, refer to care and community resources, support the care of persons with dementia and their family caregivers, and help create dementia-friendly communities

Dementia Training for Community Health Workers in Oklahoma (and Beyond)

OkDCN

HRSA

2019- 2024



Basic Information on Dementia

C3 Project-based CHW Roles in Addressing Dementia

https://www.c3project.org/

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CHW support for caregivers is woven throughout the curriculum

Introduction to the Training

Basic Information on Dementia

CHW Roles in Addressing Dementia

Appendices

Dementia Training for CHWs in Oklahoma

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Reinschmidt KM, Philip T, Alhay Z, Braxton T, Jennings L. Training Community Health Workers to Address Disparities in Dementia Care: A Case Study from Oklahoma with National Implications. *J Ambulatory Care Manage* 2023 Mar 21. doi: 10.1097/JAC.0000000000000470. *Online ahead of Print.*

* 12 trainings with 234 trainees who completed the demographic survey; Jun 2020 - Feb 2023

Descriptive Summary of Trained CHWs/CHRs, 2020-2023*

DEMOGRAPHICS	Combined Trainings	
	Frequency	Percentage (%)
Gender		
Male	25	11%
Female	165	71%
Other	1	0.40%
Unknown	43	18%
Age		
20-29 years	27	12%
30-39 years	44	19%
40-49 years	50	21%
50-59 years	46	20%
60 years and older	33	14%
Unknown	34	15%
Race		
White or Caucasian	60	26%
White or Caucasian; American Indian or Alaska Native	3	1%
White or Caucasian; Black or African American	1	0.40%
White or Caucasian; Native Hawaiian or other Pacific Islander	1	0.40%
Black or African American	18	8%
Asian	2	1%
American Indian or Alaska Native	99	42%
Native Hawaiian or other Pacific Islander	3	1%
Unknown	47	20%
Ethnicity		
Hispanic	37	16%
Non-Hispanic	137	59%
Unknown	60	26%
	234	

CHWs/CHRs Dementia Training Reach January-February 2023

Number of Trainees, Jan-Feb 2023

- A total of **160** potential participants **registered** for the training.
- A total of **124** trainees attended the **1st day** of the training on January 31, 2023.
- A total of **116** trainees attended the **2nd day** of the training on February 2, 2023.
- A total of **96** trainees completed the 7 hours required for a **certification of completion**.

Why Provide Training for CHWs to Address Dementia?

Feasibility	• Training CHWs to address dementia within their scope of practice • CHWs are effective trainers for their peers
Effectiveness	• Among training participants (N=234), the mean difference of knowledge percent of change from pretest to post test was 8. • There was a significant difference in dementia knowledge at the post-test (p-value 0.0134, with 95% confidence limit 1.7699-14.1178).
Team Integration	• First step to integrate dementia knowledge and roles into CHWs workflows • Support dementia prevention and care in culturally appropriate ways • Reduce health disparities and promote health equity
Sustainability	• Training provides professional standards dementia-specific certification • However, for CHWs to provide dementia-specific services, employing organizations need to support CHWs and find ways to pay for these services

CHW ROLES IN SUPPORTING FAMILY CAREGIVERS OF PEOPLE LIVING WITH DEMENTIA

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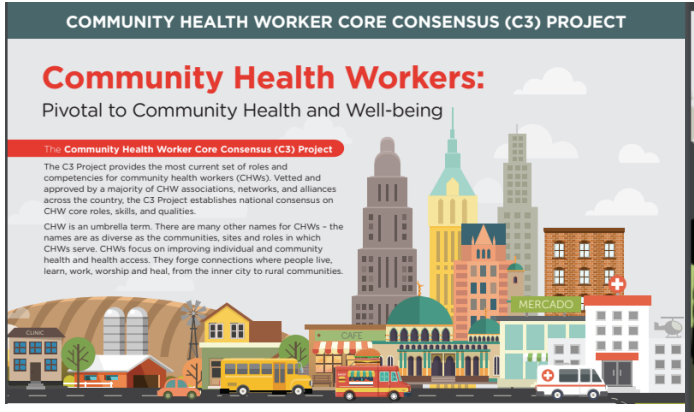


https://www.c3project.org/

Please share:

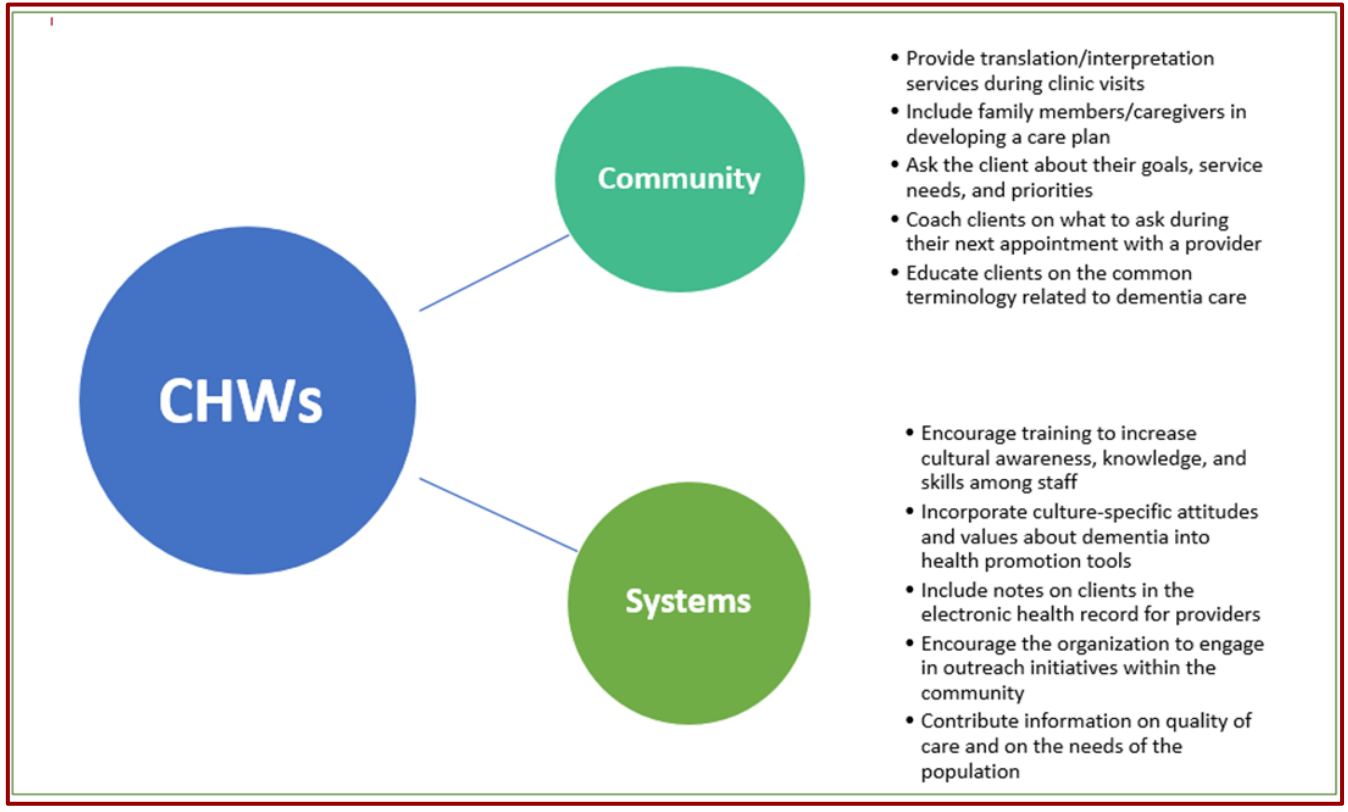
Which roles do the CHWs/CHRs in your programs have?

What examples other than the ones shared do you have?

CHW Role #1: Cultural Mediation among Individuals, Communities, and Health and Social Service Systems

The C3 Project Definition:

- Educating individuals and communities about how to use health and social service systems …
- Educating systems about community perspectives and cultural norms …
- Building health literacy and cross-cultural communication



CHW Role #2: Providing Culturally Appropriate Health Education and Information

The C3 Project Definition:

- Conducting health promotion and disease prevention education in a manner that matches linguistic and cultural needs of participants or community
- Providing necessary information to understand and prevent diseases and to help people manage health conditions

Provide education and/or educational resources to caregivers

Basics of Dementia

Gear education towards cultural beliefs and practices

Who is the caregiver? Who is allowed to speak for the PLWD?

Make sure caregiver receive culturally appropriate information

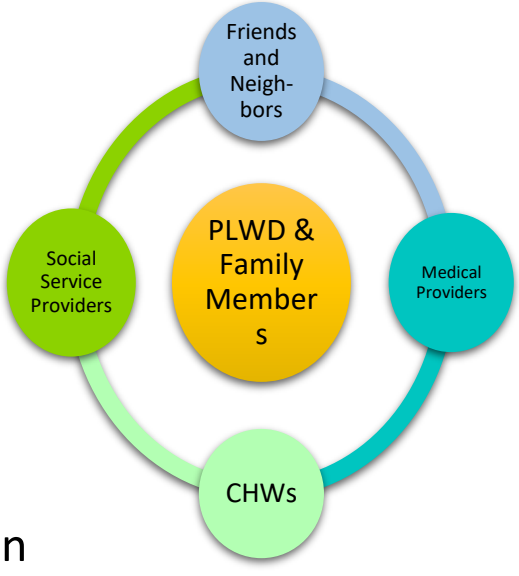
Address culturally sensitive issues of "placement" (care options) and end-of-life issues with PLWD and caregivers

CHW Role #3: Care Coordination, Case Management, and System Navigation

The C3 Project Definition:

- Participating in care coordination and/or case management
- Making referrals and providing follow-up
- Facilitating transportation to services and helping to address other barriers to services
- Documenting and tracking individual and population data
- Informing people and systems about community assets and challenges

- As fully integrated members of multidisciplinary care teams, CHWs can support **Care Coordination**
  - Help identify caregivers
  - Help caregivers build a support network
  - Ask caregivers what help they need to support PLWD
- Collaborate to develop and implement a Care Plan in support of **Case Management**
  - Identify current concerns
  - Identify community resources of support
- Support **System Navigation**
  - Refer to Alzheimer's Association



CHR Role #4: Providing Coaching and Social Support

The C3 Project Definition:

- Providing individual support and coaching
- Motivating and encouraging people to obtain care and other services
- Supporting self-management of disease prevention and management of health conditions (including chronic disease)
- Planning and/or leading support groups

Emotional Support

- CHWs can discuss feelings and recognize the impact they might have on controlling dementia
- Validate clients' feelings by asking open-ended questions, listening, and showing that they care

Social Support

- CHWs lead support groups for PLWD & caregivers
- Caregiver support groups allow people to identify needs and adjust to the challenges of a progressive illness like dementia

Coaching

- Model the appropriate ways to respond to challenging behaviors of PLWD
- Help clients and their families find balance in their lives and learn new ways to prioritize their self-care needs

CHW Role #5: Advocating for Individuals and Communities

The C3 Project Definition:

- Advocating for the needs and perspectives of communities
- Connecting to resources and advocating for basic needs (such as food and housing)
- Conducting policy advocacy

CHWs are a valued voice in advocating for a focus on the PLWD's abilities rather than their disabilities.

- Encourage caregivers to motivate PLWD to live as independently as possible

CHWs address stigma regarding dementia

- Helps create environments where PLWD and their caregivers continue to be included in their social networks

CHWs make sure that caregivers and family members have the tools to best care for a PLWD

- Connect caregivers to resources

CHWs advocate for the needs of PLWD and their caregivers

- Conducting outreach campaigns to raise awareness of dementia and healthy aging
- Compile local resource books for PLWD and their family members
- Collaborating with community agencies and local community leaders to develop policy recommendations for dementia-friendly care
- Educating legislators and administrators on community issues and needs

CHW Role #6: Building Individual and Community Capacity

The C3 Project Definition:

- Building individual capacity
- Building community capacity
- Training and building individual capacity with CHW peers and among groups of CHWs

CHWs help select satisfying activities for PLWD and their caregivers

Build on activities the PLWD always enjoyed

Aim for the "sweet spot" – not too easy, not too hard.

CHWs help create dementia-friendly communities for the PLWD and their caregivers, e.g.

Inspire creation of volunteer opportunities for PLWD

Help create neighborhoods and public spaces that are safe and supportive

CHW Role #7: Providing Direct Service

The C3 Project Definition:

- Providing basic screening tests
- Providing basic services
- Meeting basic needs

Meeting basic needs in support of caregivers

E.g. bring a bag of food from the clinic's food pantry while making a home visit

CHW Role #8: Implementing Individual and Community Assessments

The C3 Project Definition:

- Participating in design, implementation, and interpretation of individual-level assessments
- Participating in design, implementation, and interpretation of community-level assessments

Caregivers may not be aware of safety risks or when to intervene with their loved ones, therefore, CHWs play an important role in helping conduct the necessary assessments to protect PLWD. Comprehensive assessments of the PLWD, home safety, community resources, and common hazards allows CHWs to identify potential risks and educate caregivers on preventative measures.

Individual and Community Assessments

PLWD are at increased risk of injury due to numerous hazards and safety concerns including: [30, 31]

Personal Hazards
- Managing medications
- Driving
- Wandering and getting lost
- Smoking

Home Safety
- Firearms
- Falling
- Living alone
- Cooking
- Sharp objects
- Poisons

Community Hazards
- Inclement weather
- Staircases and lack of ramps
- Loud noises
- Sidewalks and other accessible spaces
- Vehicles

CHW Role #9: Conducting Outreach

The C3 Project Definition:

- Case-finding/recruitment of individuals, families, and community groups to services and systems
- Follow-up on health and social service encounters with individuals, families, and community groups
- Home visiting to provide education, assessment, and social support
- Presenting at local agencies and community events

CHW outreach activities benefit caregivers directly or indirectly

Co-ordinating, presenting at health fairs

Volunteering in respite care or senior centers

Organizing community programs for seniors, including PLWD

CHW Role #10: Participating in Evaluation and Research

The C3 Project Definition:

- Engaging in evaluating CHW services and programs
- Identifying and engaging community members as research partners, including community consent processes
- Participating in evaluation and research

Participate in evaluation of program benefits to caregivers

Participate in community-based participatory research with caregivers

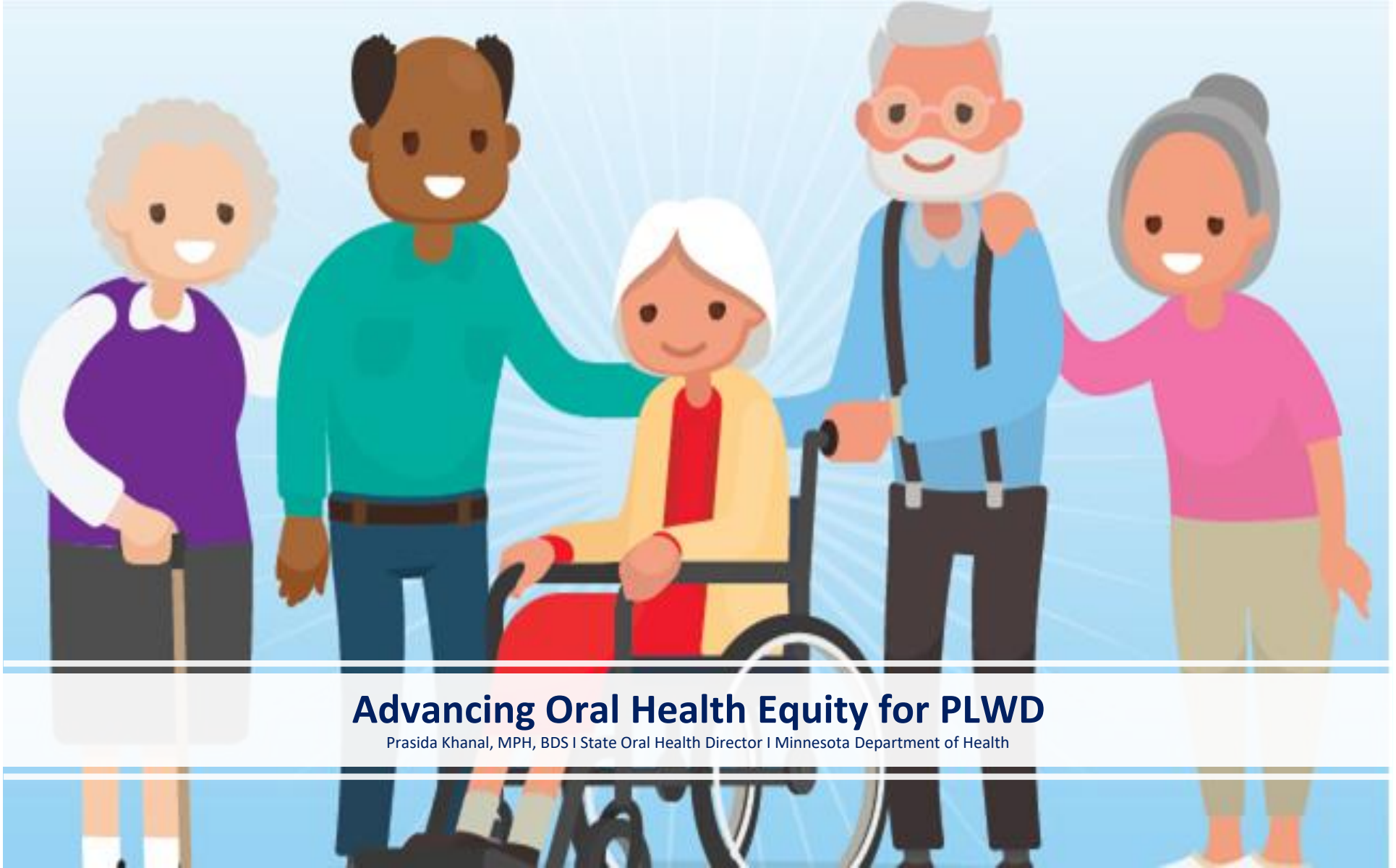
Facilitate focus groups with caregivers

Collect caregiver stories

Identify caregiver case studies

Thank you

Kerstin-Reinschmidt@ouhsc.edu

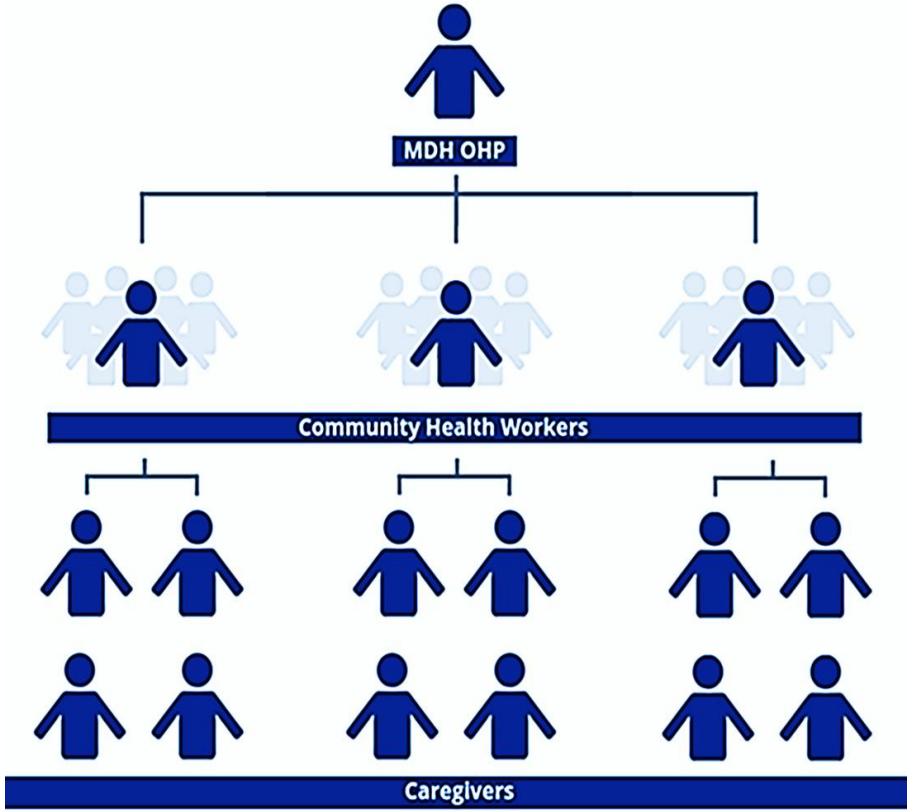


Advancing Oral Health Equity for PLWD

Prasida Khanal, MPH, BDS I State Oral Health Director I Minnesota Department of Health

Objectives

- Share how MDH is using the ToT model as an approach for promoting oral health equity for people living with dementia (PLWD).
- Share lessons learned and future outlook.



State and Local Public Health Partnerships to Address Dementia: The 2018-2023 Road Map

E = EDUCATE & EMPOWER

P = DEVELOP POLICIES & MOBILIZE PARTNERSHIPS

W = ASSURE A COMPETENT WORKFORCE

M = MONITOR & EVALUATE

A national framework for the promotion of cognitive health

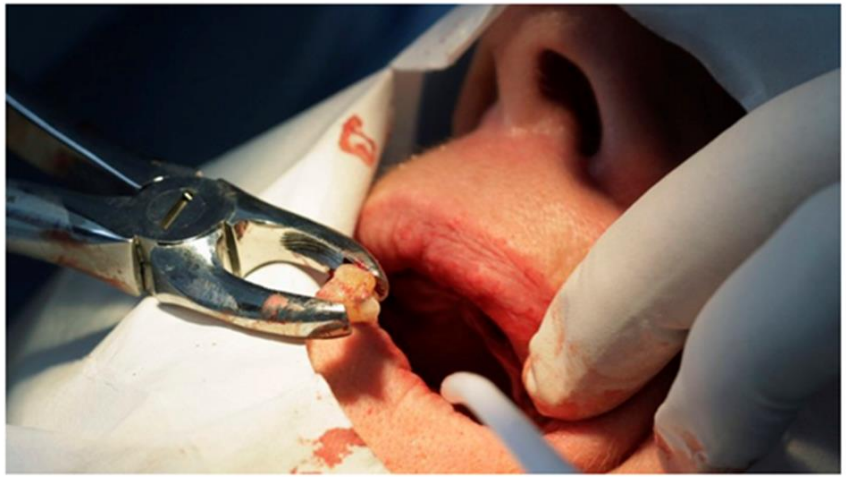
Referenc
e

Growing Inequities In Geriatric Oral Health Care

Why Dentistry Is Separate From Medicine

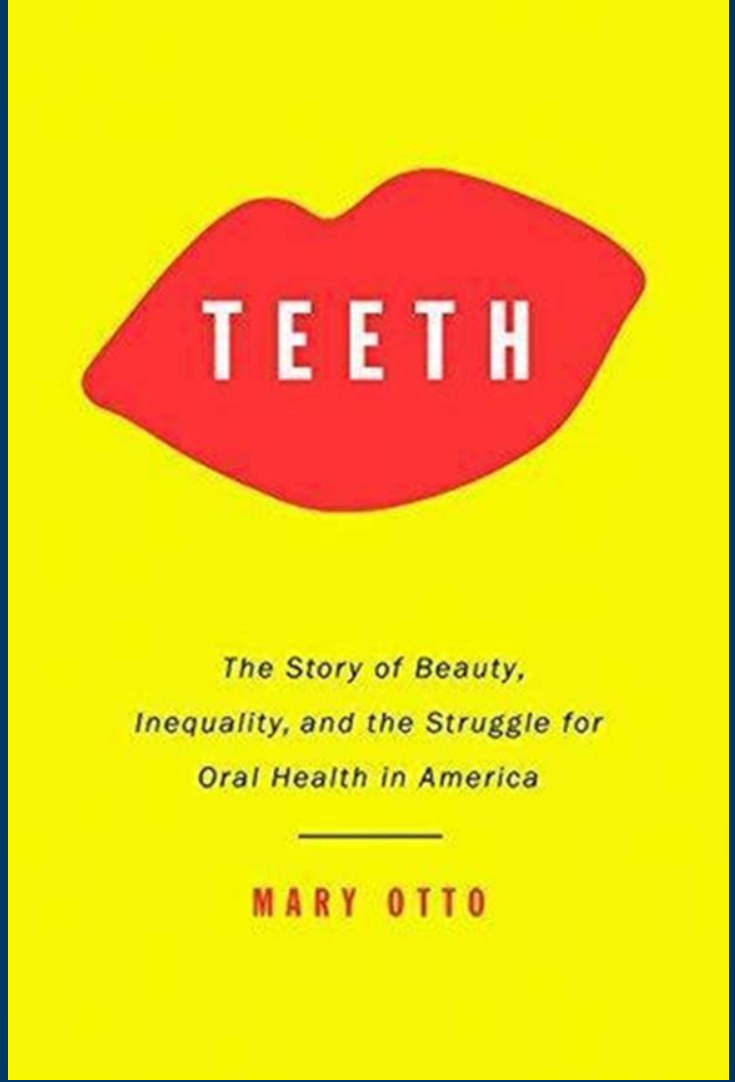
The divide sometimes has devastating consequences.

JULIE BECK MAR 9, 2017

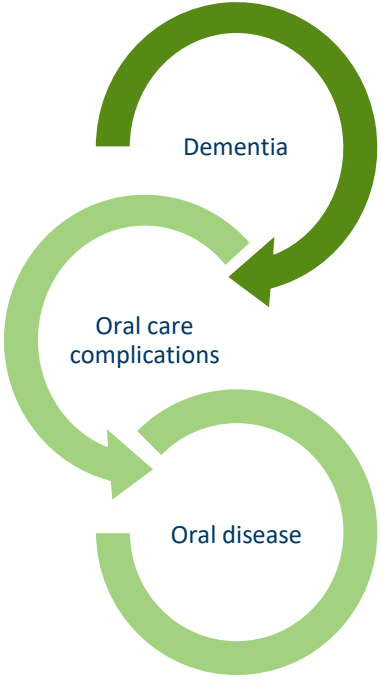


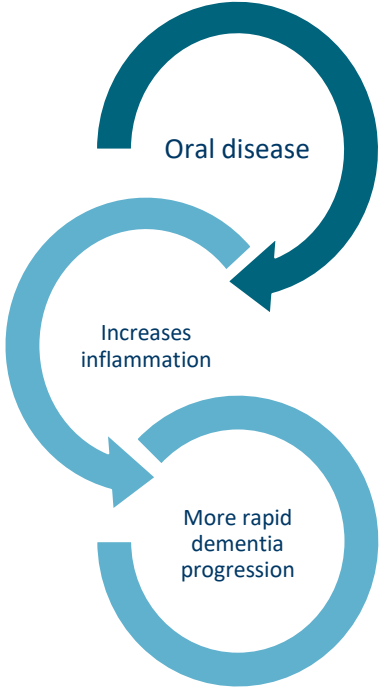
JUAN CARLOS ULATE / REUTERS

Doctors are doctors, and dentists are dentists, and never the twain shall meet. Whether you have health insurance is one thing, whether you have dental insurance is another. Your doctor doesn't ask you if you're flossing, and your dentist doesn't ask you if you're exercising. In America, we treat the mouth separately from the rest of the body, a bizarre situation that Mary Otto explores in her new book, *Teeth: The Story of Beauty, Inequality, and the Struggle for Oral Health in America*.



Mouth Brain Connection



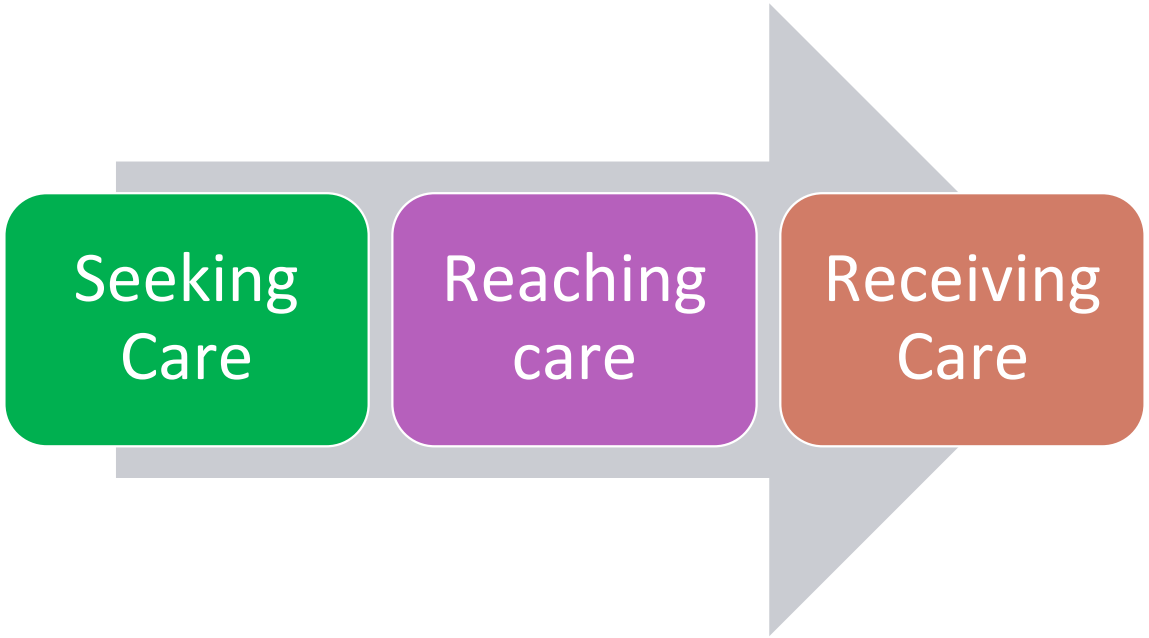


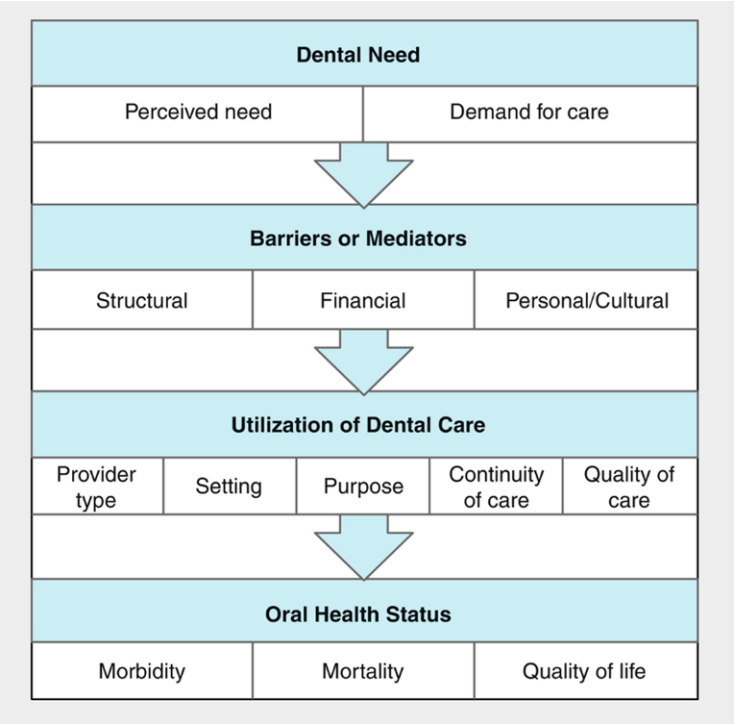
Beydoun, M. A., Beydoun, H. A., Hossain, S., El-Hajj, Z. W., Weiss, J., & Zonderman, A. B. (2020). Clinical and Bacterial Markers of Periodontitis and Their Association with Incident All-Cause and Alzheimer's Disease Dementia in a Large National Survey. *Journal of Alzheimer's disease : JAD*, *75*(1), 157–172. https://doi.org/10.3233/JAD-200064

Disparities in Oral Health

Link

Although there is much to celebrate about ongoing improvements in oral health, many older adults still suffer from chronic oral conditions and lack of access to the dental care they need.

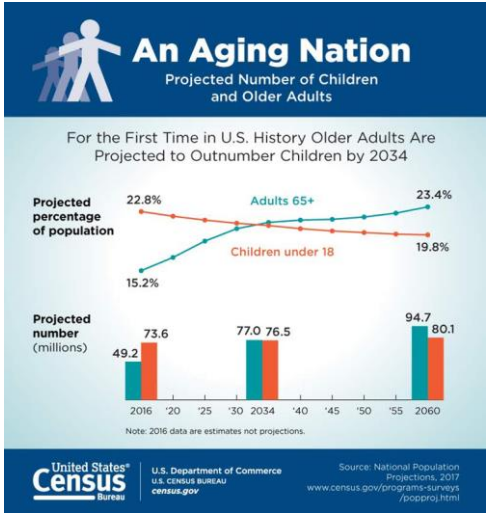




Burt and Eklund's Dentistry, Dental Practice, and the Community, 7th Edition

Barriers to Dental Care Access

CHW ToT: Why is it Important—and Why Now?



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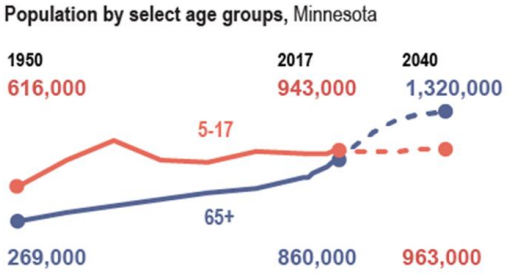


Reference

- One in four older adults in Minnesota continue to work.
- They volunteer at rates much higher than national. 42% percent of residents aged 65-74, and about 25% of people age 75+ give unpaid time to organizations each year.
- Most likely of any age group to vote.
- 74% report helping or being helped by a neighbor in the past year.

Wilder Foundation

The Graying of America

More than **6 million** Americans are living with Alzheimer's. By 2050, this number is projected to rise to nearly 13 million.

1 in 3 seniors dies with Alzheimer's or another dementia. It kills more than breast cancer and prostate cancer combined.

In 2020, COVID-19 contributed to a **17% increase** in Alzheimer's and dementia deaths.

Increasing Impact of Cognitive Decline

In 2022, Alzheimer's and other dementias will cost the nation **$321 billion**. By 2050, these costs could reach nearly $1 trillion.

More than **11 million** Americans provide unpaid care for people with Alzheimer's or other dementias.

In 2021, these caregivers provided more than **16 billion** hours of care valued at nearly $272 billion.

Reference

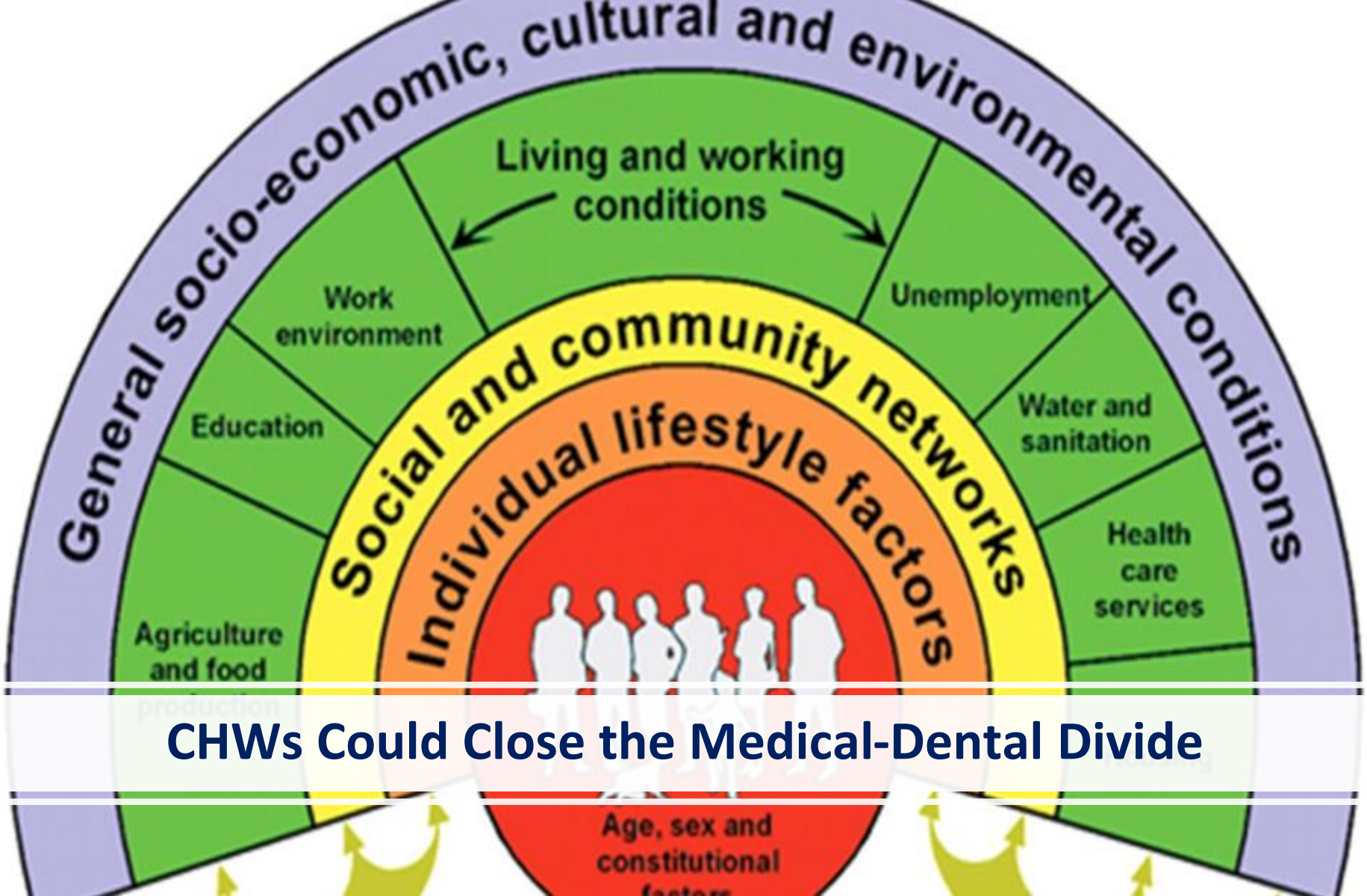
Burden on the Caregivers

Many Minnesotans are caregivers

- 17% of adults (est. 730,000)
- 59% are female
- Represent all races and ethnicities,
  83% are non-Hispanic white
- 76% are <65 years and more than half of these are 45-64 years old
- 59% are employed
- 24% are retired

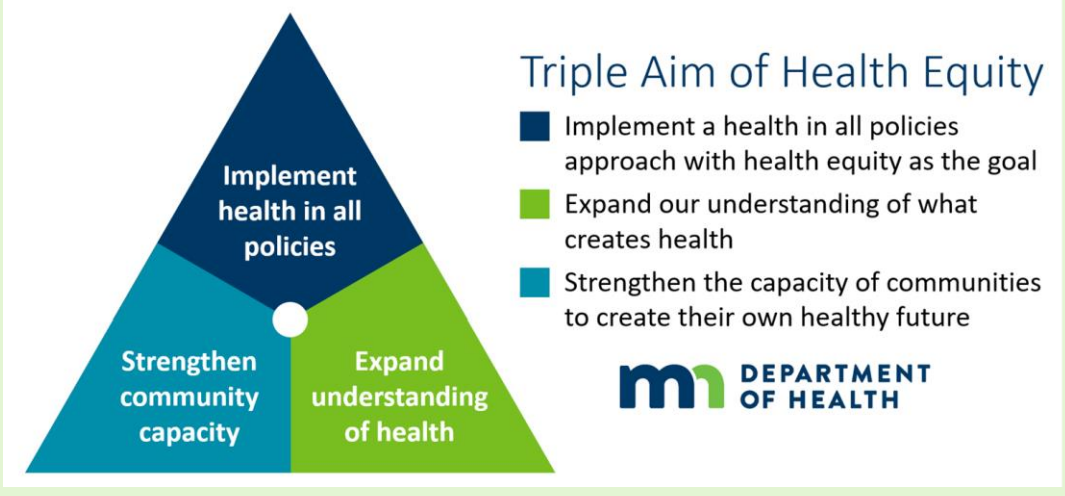
Their caregiving role

- 85% care for a family member
  - 37% care for a parent
  - 17% care for a spouse or partner
- 28% spend 20+ hours per week providing care
- 31% have been caregiving for 5+ years



CHWs Could Close the Medical-Dental Divide

How can CHWs Contribute?



- Community health workers (CHWs) can help MDH achieve population health outcomes.
- CHWs frequently share the same culture and background as the individuals they serve and are well versed in resources and support services available in their areas.
- Working with CHWs creates opportunity for a more accessible, affordable, sustainable, culturally-relevant and competency-based workforce development.

Training of Trainers (ToT) Model

Training of Trainer (ToT) Framework

Healthy Brain Initiative: An Innovative Train-the-Trainer (TTT) Model to Advance the Oral Health of Minnesota's Aging Population

DEPARTMENT OF HEALTH

Background

Maintaining good oral health is a particular challenge for people with Alzheimer's and other related dementia. They may forget how to practice oral health self-care, or be resistant to help. Caregivers play an important role in the routine care of people with memory loss, but may not have the knowledge or support to do so. Community health workers (CHWs) can help educate caregivers to accommodate the special care needs of people with dementia.

Rationale

The Healthy Brain Initiative's 2018-2023 Road Map identifies workforce competency as a key public health domain. The Oral Health Program (OHP) sought to expand the role of community health workers (CHWs) in Alzheimer's disease education and care with a focus on oral health.

- Minnesota's aging population and their caregivers are becoming increasingly diverse. CHWs are often from the community that they serve and can deliver culturally-competent services to Alzheimer's caregivers who may not have been reached by more conventional methods.

- The "Train the Trainer" (TTT) model maximized reach with available resources, focusing on training CHWs who could then work with many members of their community in a more sustainable, culturally-competent way.

Funding

This project was supported by the Alzheimer's Association.

Acknowledgements

Molly French (Director of Public Health at Alzheimer's Association), Beth MCMullen (Vice President of Government Affairs at Alzheimer's Association Minnesota-North Dakota Chapter), Minnesota Board on Aging, Muneera Hassan (MDH Healthy Aging Associate), Monisha Washington (CHW), MDH OHP Trainers, Volunteers of America, Summit Academy OIC

Methods

MDH collaborated with health professionals and community partners to:

- Identify and develop educational modules related to the management of oral health of people living with Alzheimer's disease and other related dementia.
- Foster partnership with CHW schools and nonprofits to deliver the training to student and professional level CHWs.

Trainings provided to the CHWs:

- Skills to meet accepted standards of chronic disease management practice.
- Knowledge about oral health literacy, oral health aging, home oral care skills, medical-dental care coordination, and common oral health conditions.
- Ongoing assistance with care options.
- Access to information about services.

Outcomes

The OHP established strong partnerships, expanded its own training capabilities and expanded the role of CHWs in addressing the needs of individuals with Alzheimer's and their caregivers.

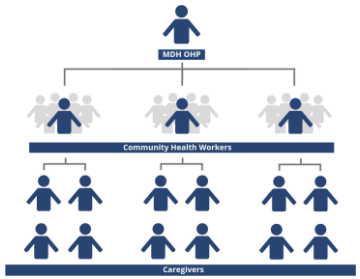
- MDH developed a curriculum that covers a broad range of topics. MDH also created a flip chart to facilitate future trainings and that CHWs can use to educate caregivers in the community.

- MDH delivered the educational modules to 10 practicing community health workers (CHWs) and 25 CHW students.

- CHWs with the Volunteers of America recruited approximately 75 unpaid caregivers attending the organization's "Breakfast with Caregivers" to be trained in oral healthcare for older adults, including adults with Alzheimer's or other dementias.

- Engaged outreach efforts to disseminate success of project at the CHW Alliance Annual Conference

Train-the-Trainer (TTT) Model



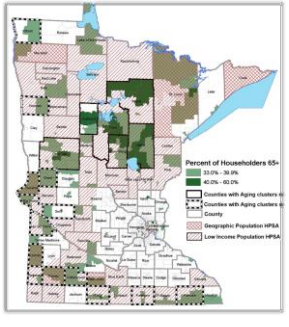
CHW Monisha Washington demonstrates tooth brushing technique for caregivers

Primary prevention through workforce capacity building in dental public health has been an area of focus for the OHP. Based on the pilot project presented here, a TTT model is a viable method for moving upstream to prevent dental disease. The CHWs, as members of a collaborative team, have the dedication, skills, connection and cultural competency to empower caregivers of Alzheimer's disease. The framework for the TTT model – consisting of the educational modules , flip chart for trainers, home oral care skills and extensive references, resources and appendices related to the training program – has tremendous potential to be adapted for community based management of other chronic diseases.

Discussion

The pilot project suggests many benefits and lessons of the TTT including 1) the advantage of local CHW trainers who are more familiar with socio-cultural contextual issues to allow tailoring of the training; 2) enhanced collaboration among CHWs and dental homes to ensure early detection and prompt referral; 3) a more convenient, less costly and competency-based workforce development ; and 4) specific examples of how to improve the course in the future. The evaluation suggests that the TTT method increased the capacity of CHWs
trained in oral health and Alzheimer's disease while improving access to preventive oral health care among diversity of the underserved population.

Future



The use of GIS to identify Naturally-Occurring Retirement Naturally Occurring Retirement Communities (NORCs) as a proxy for high risk communities has reframed the OHP's approach to promote healthy aging. Potential intervention efforts can be tailored to specific community needs. Above, a map of NORCs is overlaid with Dental Health Professional Shortage Areas. Areas in common may be opportune communities for CHWs trained in older adult oral health to help fill this shortage.

What Principles did We Embrace?

Trainers

CHWs at a community organization

CHW student cohorts

Training

Educational modules

Case-based learning, skills-testing

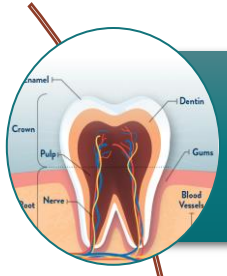
Teaching

Breakfast with caregivers' education session

Health fair

- A firm grounding in evidence-based guidelines
- An emphasis on primary prevention
- Cultural competency
- Community-clinical linkages
- A community and population approach
- A commitment to eliminating disparities

What did We Accomplish?



Educational modules and tools developed

Training integrated into the pilot school's curriculum

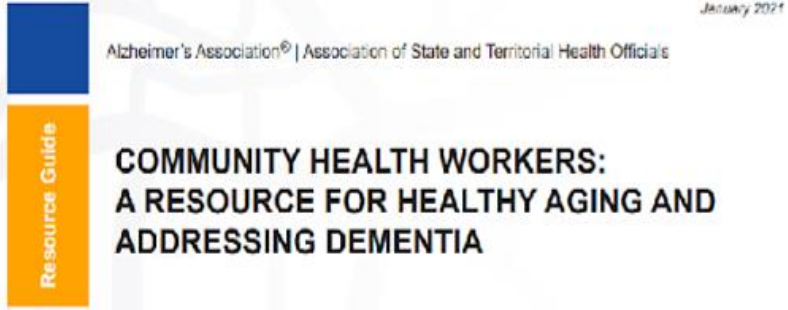
25 CHW students trained

75 unpaid caregivers educated

Improved infrastructure and capacity for ToT

Increased opportunity for CHW pathway into geriatric oral health promotion

Cultural responsiveness to the ToT



January 2021

Alzheimer's Association® | Association of State and Territorial Health Officials

Resource Guide

COMMUNITY HEALTH WORKERS: A RESOURCE FOR HEALTHY AGING AND ADDRESSING DEMENTIA

Community Health Workers: A Resource for Healthy Aging and Addressing Dementia | CASE STUDY

PROMOTING ORAL HEALTH FOR PEOPLE LIVING WITH ALZHEIMER'S AND DEMENTIA

Minnesota Department of Health

Tooth decay, gum disease, and tooth loss are serious problems for older Americans as Medicare lacks routine dental care, and transportation to the doctor may be limited or difficult. Poverty and low health literacy may be challenging factors as well.

Maintaining good oral health is even more difficult for people living with Alzheimer's and other dementias due to cognitive impairment or caregiving-related challenges. To address this issue, the Minnesota Department of Health (MDH), Oral Health Program developed a train the trainer curriculum and five evidence based educational models to train non-dental care providers in basic oral health care for older adults with a special focus on adults with Alzheimer's or other dementias.

This train-the-trainer curriculum is geared toward CHWs. It utilizes tools including low-literacy levels and hands-on activities to educate CHWs about common oral health conditions, oral hygiene skills, medical-dental care coordination, oral health literacy, cultural competency, aging, and other topics. The Oral Health Program also developed a flip chart that CHWs can use to educate family caregivers about the oral health needs of people living with dementia.

MDH has educated dozens of health professionals and even more caregivers by delivering this initiative in a variety of ways. MDH trained 10 CHWs, and 26 CHW students enrolled in a vocational school.

The purpose of the training is to improve CHWs' knowledge, attitudes, and practices about cognitive health and dementia and to improve their skills in teaching caregivers about oral hygiene for people living with dementia. Students at the school took the information learned from the program and developed an educational poster on aging and oral health care to display at the school's health fair.

The CHWs recruited approximately 75 unpaid caregivers with Volunteers for America and trained them in oral health care for older adults, including adults with Alzheimer's or other dementias.

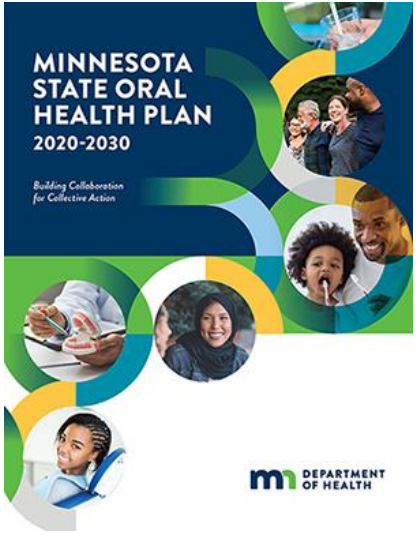
Contact: Prasida Khanal, BDS, MPH, Minnesota Department of Health, prasida.khanal@state.mn.us

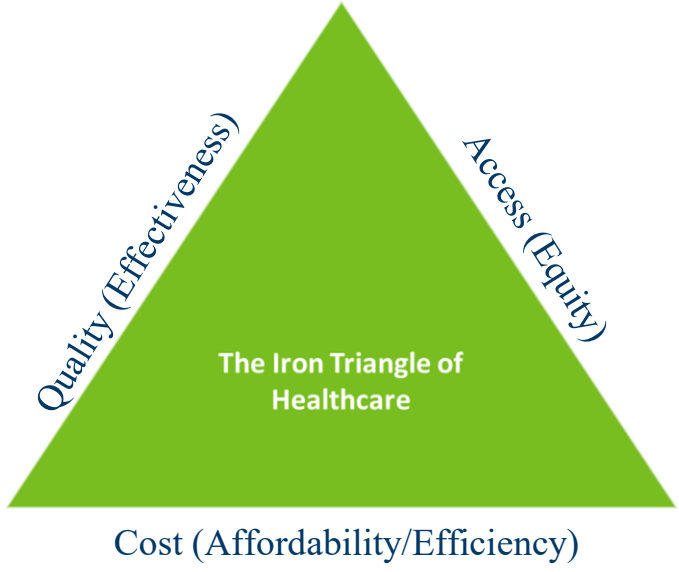
Reference

Lessons Learned

A clear pathway for entry into the oral health workforce and reimbursement for education, preventive services and community-clinical linkages must be considered.

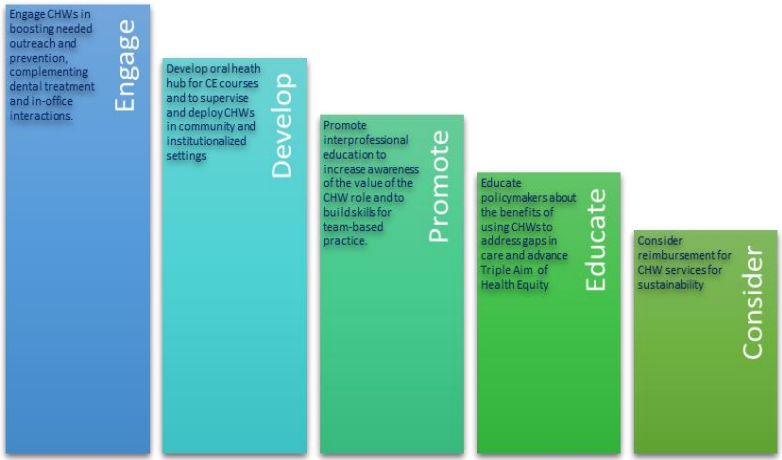
Future Direction





Minnesota strives to build and protect a dental public health system that works for everyone, a system that puts oral health equity at the center.

Age-Friendly Health System Initiative



Work Upstream for Greater Impact

Improve screening for cognitive impairment

- Only 4 in 10 MN adults reporting they felt they had trouble with their memory have talked about it with a healthcare provider.
- Establish community-based dementia screening and referral programs that link clinic and community supports state-wide.

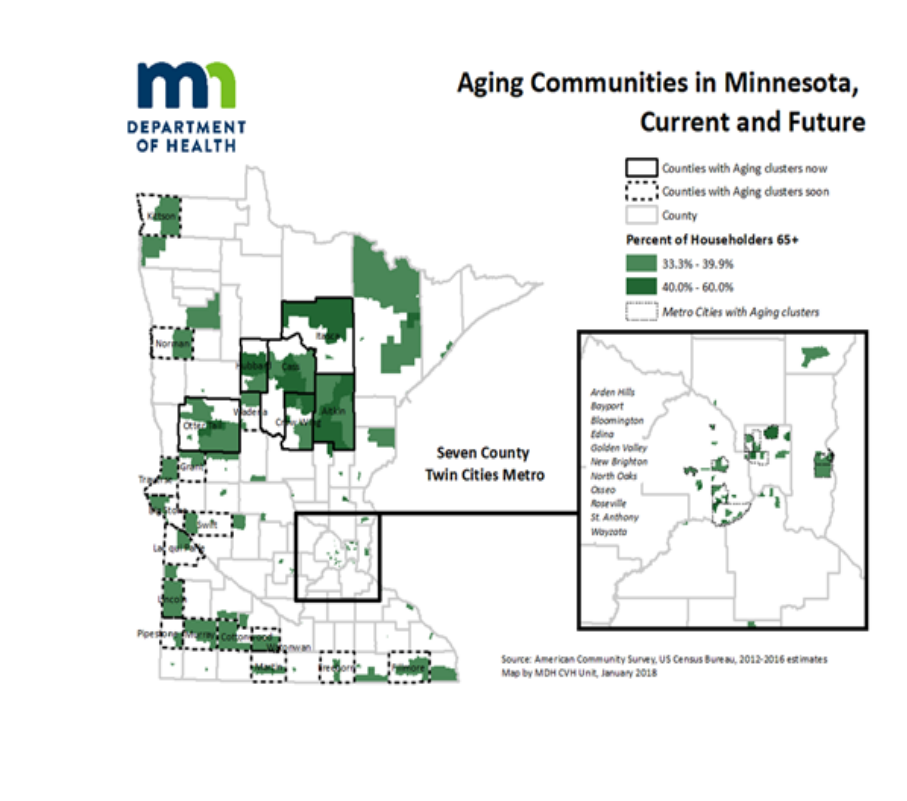
Collaborate with the UMN Center for Healthy Aging and Innovation (CHAI) and BOLD Center of Excellence on Dementia Caregiving on caregiver support initiatives

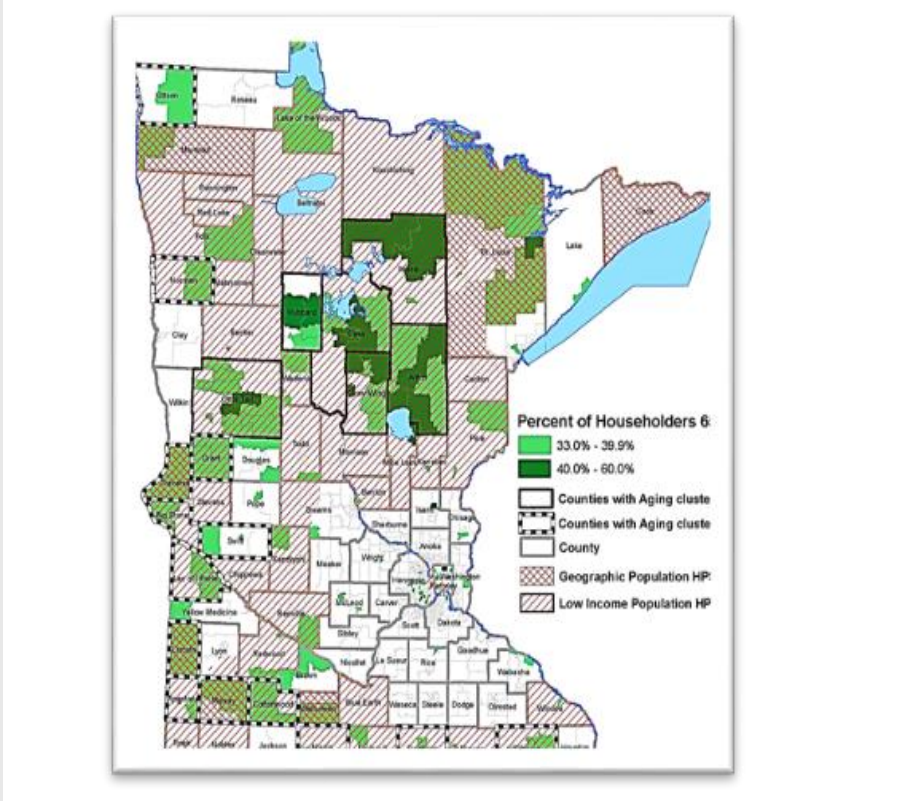
- Developing dementia/oral health continuing education for CHWs.
- Developing competent dental workforce.

Engage community partners

- Establish partnerships to reach PLWD in non-institutionalized settings.
- Build bi-directional referral systems with community housings.
- Incorporating dementia and oral health disease screening in community health screenings.
- Establish a dental home.

Mobilizing CHWs in NORCs for Community-Clinical Linkages





NORCS in Dental-HPSAs

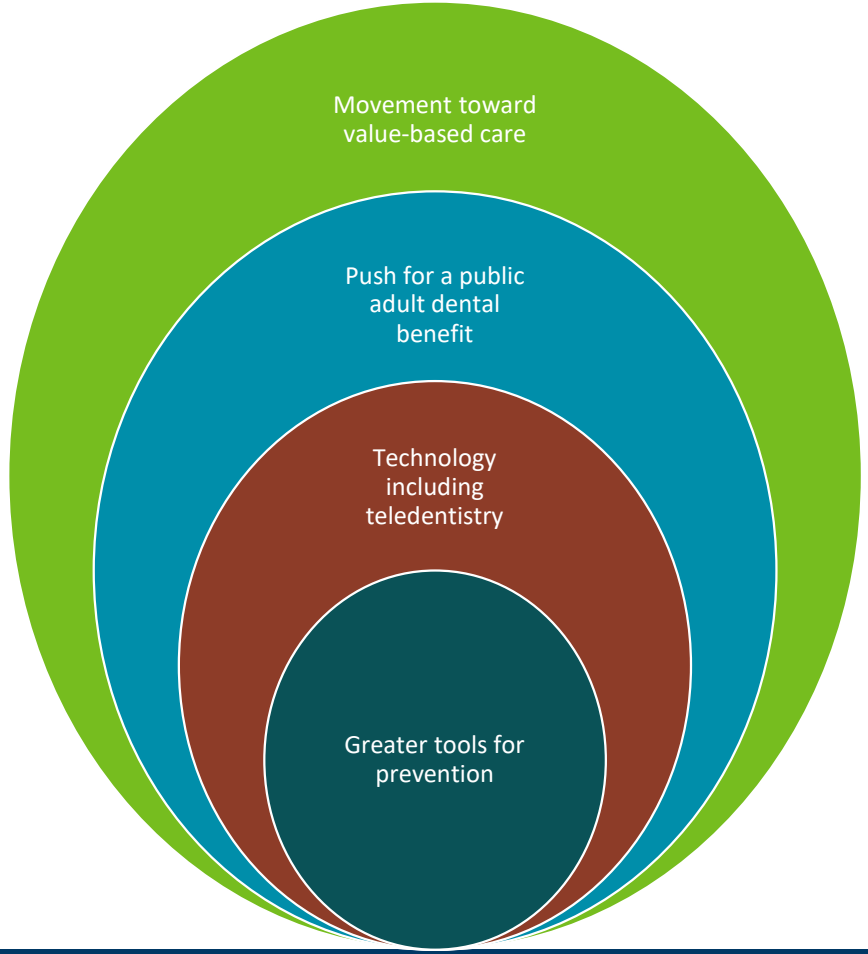
System Approach

Strategies

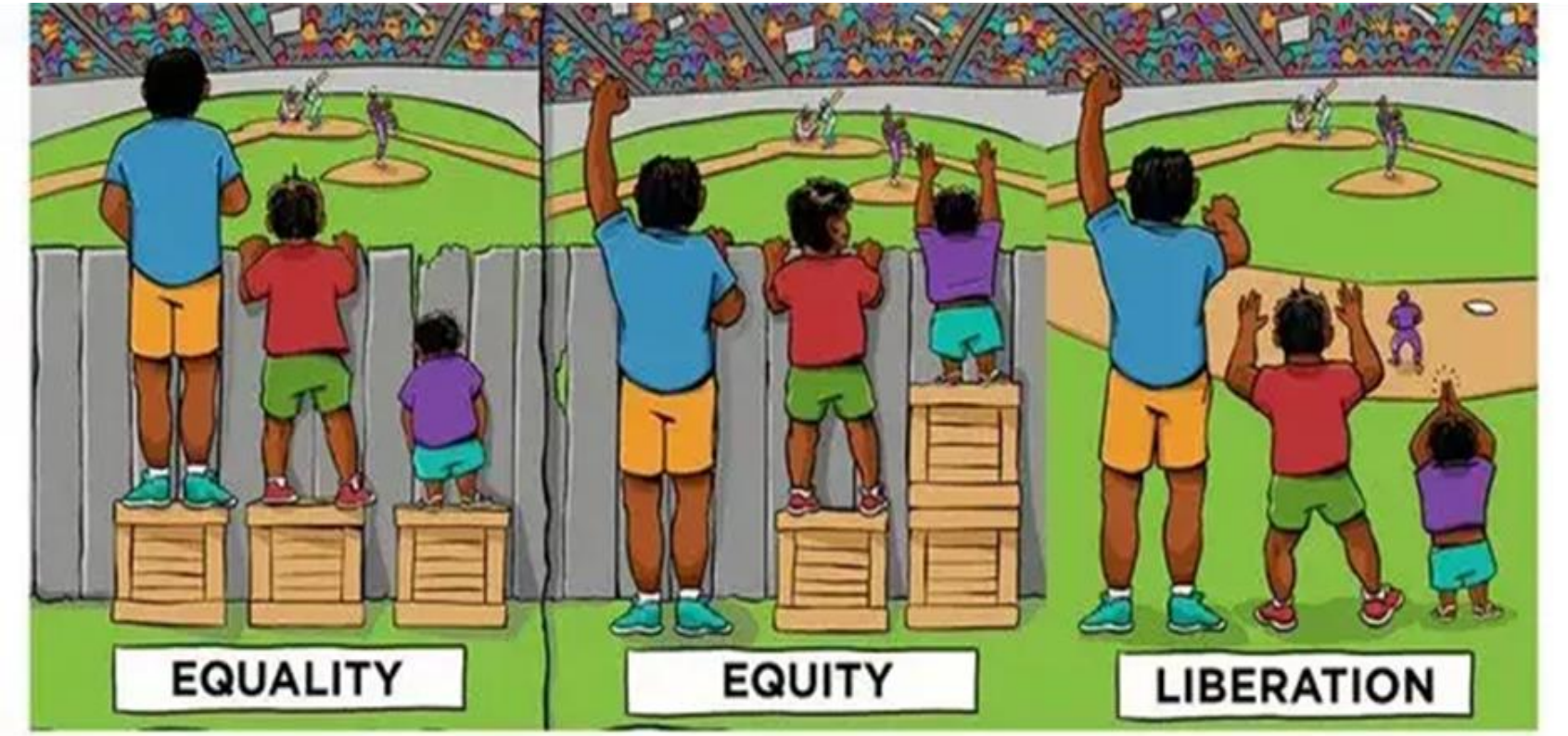
- Promote health care systems and practice changes to reach PLWD using CHWs
- Expand community clinical linkages
- Develop place-based strategies
- Advance community-led approaches

Opportunities for Greater Impact

- Increase access and availability of prevention and management programs to reach PLWD most in need
- Address barriers to participation
- Secure sustainable funding sources and efficient payment systems for CHWs

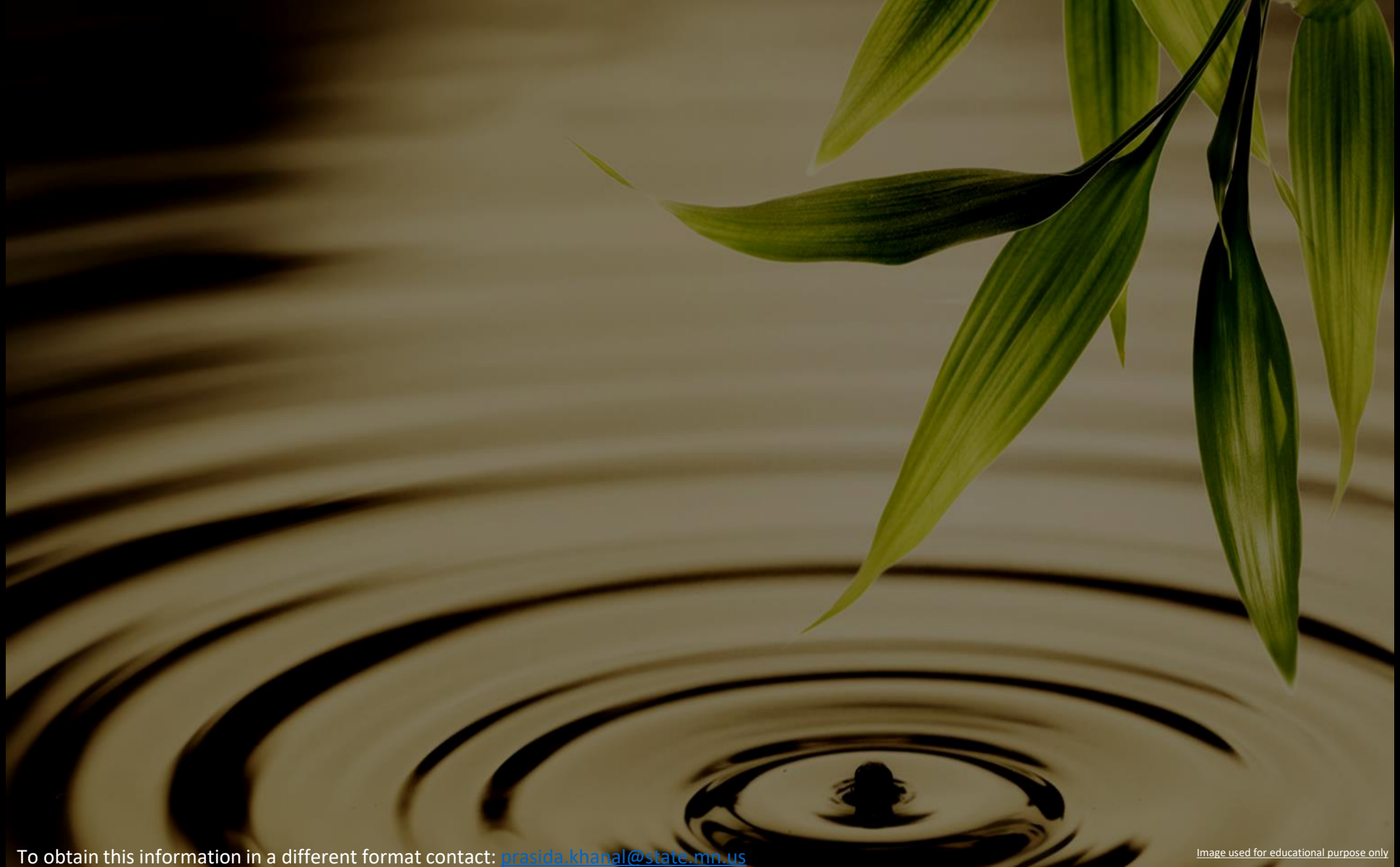


The CHWs will have more opportunities to connect with PLWD in new ways



Source

Let’s not just tell the different version of the same story. Let’s change the story!



To obtain this information in a different format contact: prasida.khanal@state.mn.us

Image used for educational purpose only

CAlz Connect

Michelle Johnston, MPH
Program Director, Dementia Initiatives

Project Overview

Objectives

- Create and sustain a dementia-capable home and community-based services system for people living with Alzheimer's disease and related conditions and their caregivers, using a no wrong door (NWD) approach.
- **Ensure access to a comprehensive, sustainable set of quality services that are dementia-capable and provide innovative services to people living with dementia and their caregivers.**

Funding Acknowledgement

This project is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $750,000 with 100% funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

Project Partners

California Department of Aging (CDA)

Pilot Counties

- Imperial (Area Agency on Aging)
- Marin (Center for Independent Living)
- Ventura (Area Agency on Aging)

Clinical Support

- Partners in Care Foundation (HomeMeds & Nurse)
- Alzheimer's Los Angeles (Social Worker)

Evaluator – The Gigas Group

Approach

Offer UC San Francisco's evidence-based Care Ecosystem program in a community setting

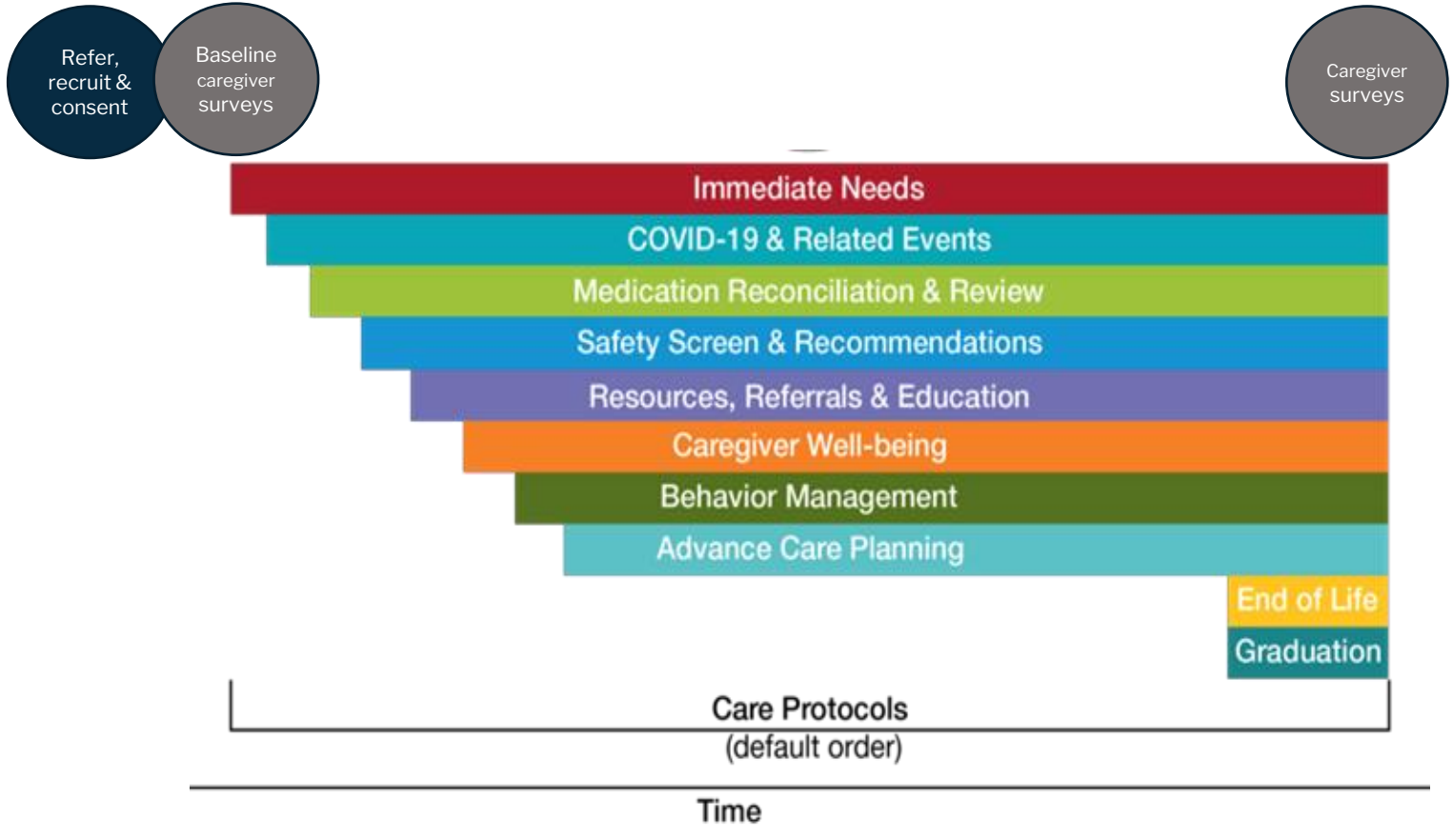
- Staffed by bilingual Community Health Workers (CHWs) trained as Care Team Navigators
- CHWs provide specialized dementia education, work with the dyad to develop a plan of care, connect participants with community services/supports, and aid in care transitions
- CDA contracting for clinical support

Care Ecosystem Core Components

Care Team Navigators (Community Health Workers)	CTNs/CHWs build rapport and learn their dyads' stories, values, preferences, resources, and living situation in order to personalize care. They provide monthly follow-up calls to monitor for changes, provide support and extend reach of dementia specialist clinicians.
Clinical Team with Dementia Expertise	CTNs/CHWs meet at least weekly to discuss cases with a multidisciplinary clinical team with dementia expertise in nursing, social work, and pharmacy. The clinical team is available for consultation.
Information & Resources	Care Ecosystem teams continually update and expand shared databases of local resources, support services, and vetted caregiver educational information.

Adapted from the Care Ecosystem, memory.ucsf.edu/Care-Ecosystem

Care Ecosystem Protocols



Why Community Health Workers

UCSF model

More commonly used than care team navigator

Medi-Cal CHW benefit – potential for sustainability

- Launched in July 2022
- Covers CHW services as preventive services and on the written recommendations of a physician or other licensed practitioner
- May address issues that include, but are not limited to, the control and prevention of chronic conditions...aging.
- CHW may assist in developing plan of care with licensed provider.
- CHWs may be supervised by a community-based organization (CBO) or local health jurisdiction (LHJ) that does not have a licensed provider on staff.

Planning Process

- Securing grant, contracting with partners, updating plans, etc.
- Set up systems and document processes to be used throughout project (e.g., referrals, enrollment, data collection)
- Pilot counties each recruit and hire 1.0 FTE bi-lingual (English & Spanish) CHW to serve as care team navigators
- Train CHWs and agency staff who will be handling referrals
- Resource materials available through UCSF CE and local partners
- Develop outreach materials and plan (English and Spanish)

Implementation – Starts Fall 2023

- Sites will conduct outreach to promote program
- Trained staff will process referrals
- Community health workers will:
  - Enroll approximately 240 dyads per county (person with dementia and care partner) over 2 years
  - Conduct regular calls to assess needs, provide education, make referrals and follow up on whether needs have been met, using Care Ecosystem protocols and resource materials
  - Collect information for HomeMeds medication reconciliation (with pharmacist consult) and for project evaluation
  - Create and update care plans as needed

Ongoing monitoring and development

- Clinical support team will conduct weekly huddles with the community health workers for case reviews, ongoing professional development and to raise and address issues
- Training will be conducted with the referral staff annually
- Project team will meet 1-2 times per month to assess progress, discuss best practices, identify issues and plan for sustainability
- Steering Committee will meet quarterly
- Implement evaluation plan and provide reports every 6 months

Considerations for Public Health

- Existing community health worker programs in area?
- Existing programs supporting dementia caregivers where CHWs could be added?
- Program models you can use (e.g., Care Ecosystem)?
- Remote and/or in-person services?
- CHW training & supervision?

Care Ecosystem Sites (from UCSF)

Health System/Organization	Location	Implementation Phase
HealthPartners	St. Paul, MN	Continuing operations
Mass General Brigham	Boston, MA	Continuing operations
Cooley Dickinson	Northampton, MA	Continuing operations
UCHealth	Denver, CO	Continuing operations
Ochsner	New Orleans, LA	Continuing operations
Dept of Health Los Angeles	Los Angeles, CA	Continuing operations
Providence Health	Portland, OR	Continuing operations
Sentara Health	Norfolk, VA	Continuing operations
Virginia Commonwealth	Richmond, VA	Continuing operations
Hospice of the Valley	Phoenix, AZ	Continuing operations?
OCCK	Salina, Kansas	Continuing operations?
Mayo Clinic	Rochester, MN	Planning
Cleveland Clinic Lou Ruvo Center	Las Vegas, NV	Planning
University of Utah Health	Salt Lake City, UT	Planning
MaineHealth	Portland, ME	Start-up
UT San Antonio Biggs Institute	San Antonio, TX	Start-up
Dept of Aging State of California	Imperial, Marin & Ventura	Start-up
Dept of Aging State of New Mexico	New Mexico	Start-up
Memory Home Care Solutions	St. Louis, MI	Start-up
Alzheimer's Orange County	Irvine, CA	Start-up

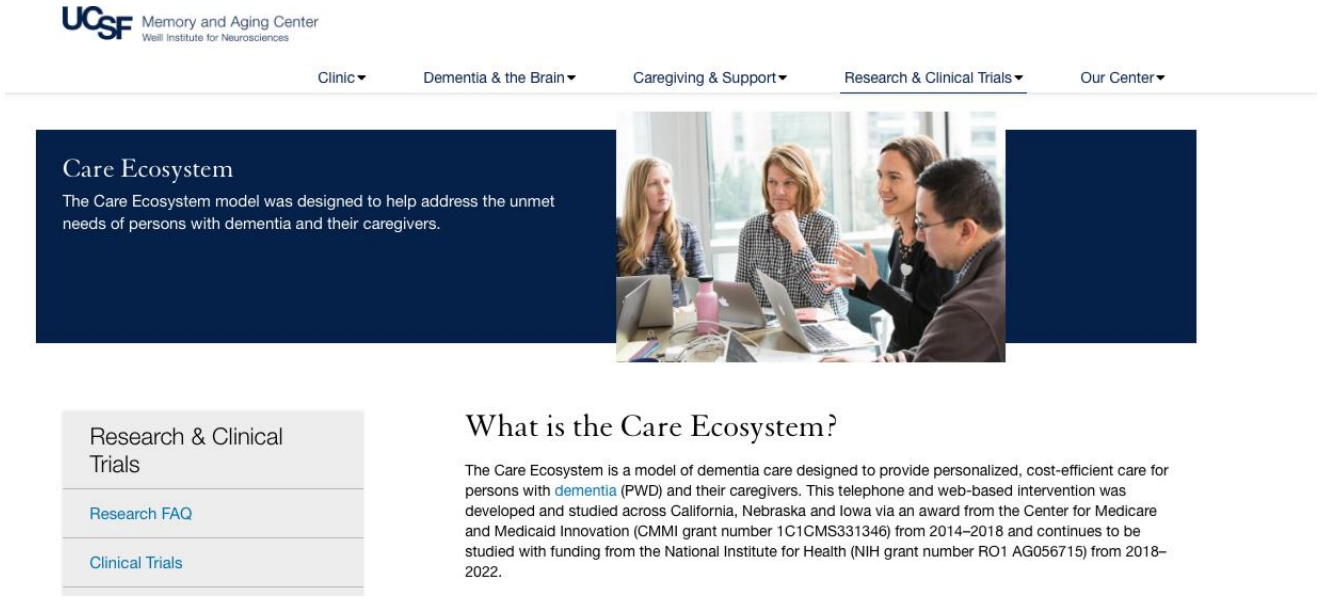
UCSF CE Randomized Clinical Trial Results

- ✓ Improved caregiver well-being
- ✓ Improved patient quality of life
- ✓ Reduced emergency room visits
  - *Possin et al., JAMA Internal Medicine, 2019*
- ✓ Address vulnerabilities to financial mismanagement and abuse
  - *Madhumitha Manivannan, Winston Chiong, JAD, 2022*
- ✓ Improved caregiver self-efficacy
  - *Jennifer Merrilees, Dementia, 2020*
- ✓ Reduced potentially inappropriate medication use
  - *Liu et al., Alzheimer's & Dementia, 2022*
- ✓ Reduced total cost of care based on Medicare claims
  - *In progress, Elan Guterman, Rachel Kiekhofer, Elaine Allen*
- ✓ Improve caregiver self efficacy prior to patient death
  - *In progress, Lauren Hunt & Krista Harris*

Possin et al., JAMA Internal Medicine, 2019

Resource Materials

- **Care Ecosystem toolkit, care protocols, and CTN training program are available at: memory.ucsf.edu/care-ecosystem**



Questions?

Q&A

Please, submit your questions in the Q&A Zoom feature!

Connect with us!

Visit us online at https://bolddementiacaregiving.org to....

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